Product Updates Notification
Effective 1st July 2025

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st JULY 2025

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Dabigatran Etexilate (Clonmel) Hard Caps. 110 mg. 60 (A)	S1B	26.20	67339
Dabigatran Etexilate (Clonmel) Hard Caps. 150 mg. 60 (A)	S1B	26.31	67341
(Non-Proprietary Name Index: Dabigatran Etexilate)			
Desunin Soft Caps. 25,000 IU 4 (A)	S1B	7.04	67343
(Non-Proprietary Name Index: Colecalciferol)			
Methotrexate (Orion Pharma) Tabs. 2.5 mg. 24 (A)	S1A	3.22	67344
Methotrexate (Orion Pharma) Tabs. 10 mg. 50 (A)	S1A	22.33	67345
(Non-Proprietary Name Index: Methotrexate)			
Oramox Hard Caps. 500 mg. 21 (A)	S1A	3.39	67346
(Non-Proprietary Name Index: Amoxicillin)			
Ovestin Vaginal Cream 1 mg./ml. 15 G. c. Applicator Pack 1 (A)	S1B	8.07	67347
Code the number of packs dispensed			
(Non-Proprietary Name Index: Estriol)			
Ticagrelor (KRKA Pharma) Film Coated Tabs. 90 mg. 56 (A)	S1B	25.29	67348
(Non-Proprietary Name Index: Ticagrelor)			
Zirpine Oral Soln. 1 mg./ml. 100 ml. (B)	P	1.98	67349
(Non-Proprietary Name Index: Cetirizine Dihydrochloride)			
Zonisamide Desitin Oral Susp. 20 mg./ml. 250 ml. (B)	S1B	191.66	67351
(Non-Proprietary Name Index: Zonisamide)			

DELETIONS

Desmospray Nasal Spray 6 ml. Pack 1	21114

ADDITIONS/CHANGES TO LIST OF REIMBURSABLE NON DRUG ITEMS
IN THE GMS SCHEME EFFECTIVE 1st JULY 2025

ADDITIONS
DIABETES CONSUMABLES
Code the number of individual items supplied e.g. pieces, sensors, sets, strips, needles etc.

Add	mylife YpsoPump Orbitmicro Infusion Set 2.0 (5.5 mm./45 cm.) MYOYP2-1851 10 (A)	85.00	94422
Add	mylife YpsoPump Orbitmicro Infusion Set 2.0 (5.5 mm./60 cm.) MYOYP2-2451 10 (A)	85.00	94424
Add	mylife YpsoPump Orbitmicro Infusion Set 2.0 (8.5 mm./60 cm.) MYOYP2-2481 10 (A)	85.00	94432
Add	mylife YpsoPump Orbitmicro Infusion Set 2.0 (5.5 mm./80 cm.) MYOYP2-3151 10 (A)	85.00	94436
Add	mylife YpsoPump Orbitmicro Infusion Set 2.0 (8.5 mm./80 cm.) MYOYP2-3181 10 (A)	85.00	94438

CHANGES
CHANGES UNDERLINED
OSTOMY & URINARY PRODUCTS

Change	Pat Coakley Aquaflush Monthly Compact Kit AFCM 1	93966
To Read	Aquaflush Monthly Compact Kit AFCM 1	93966
Change	Pat Coakley Aquaflush Monthly Compact Starter Kit AFCS 1	93967
To Read	Aquaflush Monthly Compact Starter Kit AFCS 1	93967
Change	Pat Coakley Aquaflush Extension Tube 50 cm. for Compact & Stoma Products AFExtn 1	93969
To Read	Aquaflush Extension Tube 50 cm. for Compact & Stoma Products AFExtn 1	93969
Change	ConvaTec Diamonds Gelifing Agent & Odor Control TR105 420791 100	93694
To Read	ConvaTec Esenta Diamonds Gelifing Agent & Odor Control TR105 420791 100	93694

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st JULY 2025

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Axitinib (Accord Healthcare Ltd.) Film Coated Tabs. 1 mg. 56 (A)	89426	Axitinib	€316.45	Accord Healthcare Ltd.	Uniphar/United Drug
Axitinib (Accord Healthcare Ltd.) Film Coated Tabs. 5 mg. 56 (A)	89427	Axitinib	€1,582.56	Accord Healthcare Ltd.	Uniphar/United Drug
Pomalidomide (Rowex) Hard Caps. 2 mg. 21 (A)	89428	Pomalidomide	€3,460.82	Rowex Ltd.	United Drug
Pomalidomide (Rowex) Hard Caps. 3 mg. 21 (A)	89429	Pomalidomide	€3,543.81	Rowex Ltd.	United Drug
Pomalidomide (Rowex) Hard Caps. 4 mg. 21 (A)	89430	Pomalidomide	€3,553.23	Rowex Ltd.	United Drug

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Hyrimoz Soln. for Inj. in Pre-filled Pen 40 mg./0.8 ml. 2	89200	Adalimumab	Rowex Limited
Praluent Soln. for Inj. in Pre-filled Pen 75 mg./ml. 1 ml. 2	89070	Alirocumab	Sanofi Aventis Ireland Ltd.
Tenofovir Disoproxil (Accordpharma) Film Coated Tabs. 245 mg. 30	89027	Tenofovir Disoproxil	Accord Healthcare Ltd.

Product Updates Notification
Effective 1st June 2025

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st JUNE 2025
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Abilify (iMED Healthcare Ltd.) Oral Soln. 1 mg./ml. 150 ml. (B) *(Non-Proprietary Name Index: Aripiprazole)*	S1A	71.96	67303
Abilify Maintena (BModesto B.V.) Powder and Solvent for Prolonged Release Susp. for Inj. in Pre-filled Syr. 400 mg. 1 (A) *Code the number of pre-filled syringes dispensed* *(Non-Proprietary Name Index: Aripiprazole)*	S1A	285.71	67304
Abilify Maintena (P.C.O. Mfg.) Powder and Solvent for Prolonged Release Susp. for Inj. in Pre-filled Syr. 400 mg. 1 (A) *Code the number of pre-filled syringes dispensed* *(Non-Proprietary Name Index: Aripiprazole)*	S1A	285.71	67305
Actos (iMED Healthcare Ltd.) Tabs. 30 mg. 28 (A) *(Non-Proprietary Name Index: Pioglitazone)*	S1B	26.16	67306
Aldactone (iMED Healthcare Ltd.) Film Coated Tabs. 100 mg. 100 (A) *(Non-Proprietary Name Index: Spironolactone)*	S1A	23.82	67307
Aromasin (iMED Healthcare Ltd.) Coated Tabs. 25 mg. 30 (A) *(Non-Proprietary Name Index: Exemestane)*	S1A	56.57	67308
Bisoprolol Zentiva Tabs. 1.25 mg. 28 (A)	S1B	2.40	67310
Bisoprolol Zentiva Tabs. 2.5 mg. 28 (A)	S1B	1.40	67311
Bisoprolol Zentiva Tabs. 3.75 mg. 28 (A)	S1B	3.36	67312
Bisoprolol Zentiva Tabs. 5 mg. 28 (A)	S1B	1.40	67313
Bisoprolol Zentiva Tabs. 7.5 mg. 28 (A)	S1B	4.20	67314
Bisoprolol Zentiva Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Bisoprolol)*	S1B	2.24	67315
Briviact (Originalis B.V.) Film Coated Tabs. 25 mg. 56 (A)	S1A	104.67	67316
Briviact (Originalis B.V.) Film Coated Tabs. 50 mg. 56 (A)	S1A	104.95	67317
Briviact (Originalis B.V.) Film Coated Tabs. 100 mg. 56 (A) *(Non-Proprietary Name Index: Brivaracetam)*	S1A	106.37	67319
Crestor (iMED Healthcare Ltd.) Film Coated Tabs. 20 mg. 28 (A)	S1B	26.81	67322
Crestor (iMED Healthcare Ltd.) Film Coated Tabs. 40 mg. 28 (A) *(Non-Proprietary Name Index: Rosuvastatin)*	S1B	27.54	67323
Cymbalta (BModesto B.V.) Hard Gastro Resistant Caps. 60 mg. 28 (A) *(Non-Proprietary Name Index: Duloxetine)*	S1A	17.90	67324
Cymbalta (iMED Healthcare Ltd.) Hard Gastro Resistant Caps. 60 mg. 28 (A) *(Non-Proprietary Name Index: Duloxetine)*	S1A	14.08	67325
Efient (iMED Healthcare Ltd.) Film Coated Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Prasugrel)*	S1B	23.41	67326
Flucloxacillin (Athlone Labs.) Caps. 500 mg. 28 (A) *(Non-Proprietary Name Index: Flucloxacillin)*	S1A	9.07	67327
Imuran (iMED Healthcare Ltd.) Film Coated Tabs. 25 mg. 100 (A) *(Non-Proprietary Name Index: Azathioprine)*	S1A	18.55	67328

Innovace (iMED Healthcare Ltd.) Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Enalapril Maleate)*	S1B	5.23	67329
Keppra (iMED Healthcare Ltd.) Film Coated Tabs. 1000 mg. 60 (A) *(Non-Proprietary Name Index: Levetiracetam)*	S1B	56.54	67330
Ondansetron (Kora Healthcare) Syrup 4 mg./5 ml. 50 ml. (B) *(Non-Proprietary Name Index: Ondansetron)*	S1A	15.89	67331
Rivaroxaban (Rowex) Film Coated Tabs. 10 mg. 28 (A)	S1B	24.55	67332
Rivaroxaban (Rowex) Film Coated Tabs. 15 mg. 28 (A)	S1B	23.94	67333
Rivaroxaban (Rowex) Film Coated Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Rivaroxaban)*	S1B	24.22	67335
Ticagrelor (Rowex) Film Coated Tabs. 90 mg. 56 (A) *(Non-Proprietary Name Index: Ticagrelor)*	S1B	25.29	67336
Ticagrelor Teva Film Coated Tabs. 90 mg. 56 (A) *(Non-Proprietary Name Index: Ticagrelor)*	S1B	25.79	67337
Zonisamide (Rowex) Hard Caps. 100 mg. 56 (A) *(Non-Proprietary Name Index: Zonisamide)*	S1B	21.58	67338

DELETIONS

Alendronic Acid (Accord Healthcare Ltd.) Once Weekly Tabs. 70 mg. 4	12007
Ciproxin Tabs. 500 mg. 10	18953
Differin Cream 0.1% 30 G.	20762
Histaclar Tabs. 10 mg. 30	27256
Ikorel Tabs. 10 mg. 60	28713
Irbesartan (Accord Healthcare Ltd.) Film Coated Tabs. 75 mg. 28	54330
Irbesartan (Accord Healthcare Ltd.) Film Coated Tabs. 150 mg. 28	54331

ADDITION/DELETIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS EFFECTIVE IN THE GMS SCHEME 1st JUNE 2025

ADDITIONS

CLINICAL NUTRITONAL PRODUCTS

Code the number of bottles, boxes, packs, pots, pouches, sachets, tins or tubs dispensed

Add	Altrini Compact Fibre 125 ml. Pack 1 (A)	3.00	94421

DELETIONS

DIABETES CONSUMABLES

Delete	FreeStyle Libre Sensor 1	86900

OSTOMY & URINARY PRODUCTS

Delete	Coloplast Peristeen Anal Plug Small 1450 20	93683
Delete	Coloplast Peristeen Anal Plug Large 1451 20	93681

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st JUNE 2025

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Aranesp (BModesto B.V.) Soln. for Inj. in Pre-filled Pen Sureclick 300 mcg. 1 (A) *Code the number of pre-filled pens dispensed*	89418	Darbepoetin Alfa	€485.84	BModesto B.V.	Uniphar
Aranesp (BModesto B.V.) Soln. for Inj. in Pre-filled Syringe 300 mcg. 1 (A) *Code the number of pre-filled syringes dispensed*	89419	Darbepoetin Alfa	€478.97	BModesto B.V.	Uniphar
CellCept (BModesto B.V.) Film Coated Tabs. 500 mg. 50 (A)	89420	Mycophenolic Acid	€53.81	BModesto B.V.	Uniphar
Eligard (P.C.O. Mfg.) Powder and Solv. for Soln. for Inj. 22.5 mg. 1 (A) *Code the number of injections dispensed*	89421	Leuprorelin Acetate	€278.37	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.
Eligard (P.C.O. Mfg.) Powder and Solv. for Soln. for Inj. 45 mg. 1 (A) *Code the number of injections dispensed*	89422	Leuprorelin Acetate	€525.29	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.
Myfortic (iMED Healthcare Ltd.) Gastro Resistant Tabs. 360 mg. 120 (A)	89423	Mycophenolic Acid	€181.13	iMED Healthcare Ltd.	iMED Healthcare Ltd.
Wakix (BModesto B.V.) Film Coated Tabs. 18 mg. 30 (A)	89424	Pitolisant	€305.50	BModesto B.V.	Uniphar
Yuflyma Soln for Inj. in Pre-filled Syringe 20 mg./0.2 ml. 0.2 ml. 2 (A) *Code the number of pre-filled syringes dispensed*	89425	Adalimumab	€243.04	Celltrion Healthcare Ireland Ltd.	United Drug

Product Updates Notification
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HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st MAY 2025

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Alvesco Pressurised Inhalation Soln. for 80 mcg. per actuation 120 Dose 1 (A)	S1B	27.00	67287
Alvesco Pressurised Inhalation Soln. for 160 mcg. per actuation 120 Dose 1 (A)	S1B	37.70	67289
Code the number of inhalers dispensed			
(Non-Proprietary Name Index: Ciclesonide)			
Atorvas (Rowex) Film Coated Tabs. 10 mg. 28 (A)	S1B	1.80	67290
Atorvas (Rowex) Film Coated Tabs. 20 mg. 28 (A)	S1B	3.02	67291
Atorvas (Rowex) Film Coated Tabs. 40 mg. 28 (A)	S1B	3.63	67292
Atorvas (Rowex) Film Coated Tabs. 80 mg. 28 (A)	S1B	6.35	67293
(Non-Proprietary Name Index: Atorvastatin)			
Azelastine hydrochloride/Fluticasone Propionate (Rowex) Nasal Spray Susp. 137 mcg./50 mcg. per actuation, 23 G. Bottle 1 (A)	S1B	7.39	67294
Code the number of packs dispensed			
(Non-Proprietary Name Index: Fluticasone, Combinations)			
Furosemide (Pinewood) Tabs. 20 mg. 100 (A)	S1B	3.29	67296
Furosemide (Pinewood) Tabs. 40 mg. 100 (A)	S1B	2.11	67297
(Non-Proprietary Name Index: Furosemide)			
Mirtazapine (Bluefish) Film Coated Tabs. 15 mg. 30 (A)	S1A	3.60	67298
Mirtazapine (Bluefish) Film Coated Tabs. 30 mg. 30 (A)	S1A	4.80	67299
Mirtazapine (Bluefish) Film Coated Tabs. 45 mg. 30 (A)	S1A	7.80	67301
(Non-Proprietary Name Index: Mirtazapine)			
Naproxen/Esomeprazole (Rowex) Modified Release Tabs. 500 mg./20 mg. 60 (A)	S1B	7.50	67302
(Non-Proprietary Name Index: Naproxen and Esomeprazole)			

DELETIONS

Depo-Medrone c. Lidocaine Inj. 40 mg./ml. 1 ml. 10	20255
Feldene Gel 60 G.	24066
Femara (P.C.O. Mfg.) Film Coated Tabs. 2.5 mg. 30	24571
Fybogel Mebeverine Sachets 10	26300
Gaviscon Advance Chewable Tabs. 60	26572
Isomonit Retard Tabs. 60 mg. 30	31688
Komboglyze Film Coated Tabs. 2.5 mg./850 mg. 56	16739
Memantine LEK Film Coated Tabs. 10 mg. 56	32554
Memantine Mylan (Gerard Labs.) Film Coated Tabs. 10 mg. 56	32527
Metrotop Gel 30 G.	34762
NovoRapid (P.C.O. Mfg.) FlexPen 100 IU/ml. 3 ml. Pre-filled Pen 5	62720
Olmesartan Medoxomil (Gerard Labs.) Mylan Film Coated Tabs. 20 mg. 28	37638
Olmesartan Medoxomil (Gerard Labs.) Mylan Film Coated Tabs. 40 mg. 28	37639
Onglyza Tabs. 2.5 mg. 28	37535
Protopic Oint. 0.03% 60 G.	57375
Stesolid Rectal Tubes 5 mg. 5	45489
Stesolid Rectal Tubes 10 mg. 5	45497
Strattera Hard Caps. 80 mg. 28	47205

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st MAY 2025

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Balversa Film Coated Tabs. 3 mg. 84 (A)	89409	Erdafitinib	€8,765.90	Johnson & Johnson	Allphar
Balversa Film Coated Tabs. 4 mg. 56 (A)	89410	Erdafitinib	€8,765.90	Johnson & Johnson	Allphar
Balversa Film Coated Tabs. 5 mg. 28 (A)	89411	Erdafitinib	€8,765.90	Johnson & Johnson	Allphar
Betaferon (BModesto B.V.) Pdr. & Solv. for Soln. for Inj. 250 mcg./ml. 15 (A) *Code the number of injections dispensed*	89412	Interferon Beta-1b	€684.81	BModesto B.V.	Uniphar
Fintepla Oral Soln. 2.2 mg./ml. 120 ml. (B)	89413	Fenfluramine	€1,397.09	UCB (Pharma) Ireland Ltd.	United Drug
Fintepla Oral Soln. 2.2 mg./ml. 360 ml. (B)	89414	Fenfluramine	€4,191.26	UCB (Pharma) Ireland Ltd.	United Drug
Hepcludex Pdr. for Soln. for Inj. 2 mg. Vial 30 (A) *Code the number of vials dispensed*	89415	Bulevirtide	€8,846.48	Gilead Sciences Ireland Ltd.	Gilead Sciences Ireland UC
Lonquex TEVA Soln. for Inj. 6 mg./0.6 ml. Vial 1 (A) *Code the number of vials dispensed*	89416	Lipegfilgrastim	€529.74	TEVA Pharmaceuticals Ireland	United Drug Distributors
Mektovi Film Coated Tabs. 45 mg. 28 (A)	89417	Binimetinib	€2,446.05	Pierre Fabre Group	Allphar

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Cibinqo Film Coated Tabs. 200 mg. 28	89198	Abrocitinib	Pfizer Healthcare Ireland
Imraldi Soln. for Inj. in Pre-filled Syringe 40 mg. 2	88954	Adalimumab	Biogen Idec (Ireland) Ltd.
Translarna Granules for Oral Susp. 125 mg. Sachet 30	88946	Ataluren	PTC Therapeutics Ltd.
Translarna Granules for Oral Susp. 250 mg. Sachet 30	88948	Ataluren	PTC Therapeutics Ltd.
Translarna Granules for Oral Susp. 1000 mg. Sachet 30	88949	Ataluren	PTC Therapeutics Ltd.

Product Updates Notification
Effective 1st April 2025

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
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1st APRIL 2025

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Eplerenone (MSN) Film Coated Tabs. 25 mg. 28 (A)	S1B	9.98	67285
Eplerenone (MSN) Film Coated Tabs. 50 mg. 28 (A)	S1B	14.52	67286
(Non-Proprietary Name Index: Eplerenone)			

DELETIONS

Doxatan Tabs. 1 mg. 28	37622
Gerozac Caps. 60 mg. 30	26299
Levemir InnoLet 100 iu/ml. 3 ml. 5	63109
Lustral (iMED Healthcare Ltd.) Tabs. 50 mg. 28	32576
Lustral (iMED Healthcare Ltd.) Tabs. 100 mg. 28	32577
Septrin Susp. Paed. 50 ml.	54305
Strattera Caps. 25 mg. 28	47263

ADDITIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS
IN THE GMS SCHEME EFFECTIVE 1st APRIL 2025

ADDITIONS

CLINICAL NUTRITIONAL

Code the number of bottles, boxes, packs, pots, pouches, sachets, tins or tubs dispensed.

Add	Nutrison PlantBased 2 KCal HP Multi Fibre 500 ml. Pack 1 (A)	7.50	94402

OSTOMY & URINARY PRODUCTS

Add	B.Braun Softima Active O' Convex Closed Pouch 4612716E 10 (A)	40.40	94395
Add	B.Braun Softima Active O' Convex Drainable Pouch 4622715E 10 (A)	52.37	94397
Add	B.Braun Softima Active O' Convex High Flow Pouch 4632716E 10 (A)	57.20	94396
Add	B.Braun Softima Active O' Convex Urostomy Pouch 4642715E/25E/30E 10 (A)	37.10	94398

CORRECTION TO MARCH 2024 CLINICAL NUTRITIONAL ADDITIONS
CORRECTION UNDERLINED

Change	Modulen IDB 350 G. Pack 1 (A)	13.50	94394
To Read	Modulen IBD 350 G. Pack 1 (A)	13.50	94394

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ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Fingolimod (Clonmel) Hard Caps. 0.5 mg. 28 (A)	89398	Fingolimod	€670.28	Clonmel Healthcare Ltd.	Clonmel Healthcare/ United Drug/Uniphar
Fingolimod (Flynn Pharma) Hard Caps. 0.5 mg. 28 (A)	89399	Fingolimod	€615.06	Flynn Pharma Ltd.	Allphar
Fingolimod (Tillomed) Hard Caps. 0.5 mg. 28 (A)	89400	Fingolimod	€670.28	Azure Pharmaceuticals Ltd.	Azure Pharmaceuticals Ltd.
Fruzaqla Hard Caps. 1 mg. 21 (A)	89401	Fruquintinib	€1,188.00	Takeda Products Ireland Ltd.	United Drug
Fruzaqla Hard Caps. 5 mg. 21 (A)	89402	Fruquintinib	€4,752.00	Takeda Products Ireland Ltd.	United Drug
Fulvestrant (JED Pharma) Soln. for Inj. in Pre-filled Syringe 250 mg./5 ml. 5 ml. 2 (A) *Code the number of pre-filled syringes dispensed*	89403	Fulvestrant	€139.87	JED Pharma Ltd.	United Drug
Imuldosa (Accord Healthcare Ltd.) Soln. for Inj. in Pre-filled Syringe 45 mg./0.5 ml. 0.5 ml. 1 (A) *Code the number of pre-filled syringes dispensed*	89404	Ustekinumab	€1,634.66	Accord Healthcare Ltd.	Uniphar/United Drug
Imuldosa (Accord Healthcare Ltd.) Soln. for Inj. in Pre-filled Syringe 90 mg./1 ml. 1 ml. 1 (A) *Code the number of pre-filled syringes dispensed*	89405	Ustekinumab	€1,680.71	Accord Healthcare Ltd.	Uniphar/United Drug
Rebif (P.C.O. Mfg.) Soln. for Inj. in Pre-filled Syringe 44 mcg./0.5 ml. 12 (A) *Code the number of pre-filled syringes dispensed*	89406	Interferon Beta-1A	€917.68	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.
Saizen (P.C.O. Mfg.) Soln. for Inj. in Cartridge 8 mg./ml. 1.5 ml. 1 (A) *Code the number of cartridges dispensed*	89407	Somatropin	€302.29	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.
Skyrizi Soln. for Inj. in Cartridge 180 mg. 1 (A) *Code the number of cartridges dispensed*	89408	Risankizumab	€1,983.40	AbbVie Ltd.	Allphar

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Ibrance Hard Caps. 75 mg. 21	88896	Palbociclib	Pfizer Healthcare Ireland
Ibrance Hard Caps. 125 mg. 21	88898	Palbociclib	Pfizer Healthcare Ireland
Temodal Caps. 180 mg. 5	88253	Temozolomide	Merck, Sharp & Dohme IRL (Human Health) Ltd.

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1st MARCH 2025

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Aciclovir (Thame Laboratories) Oral Susp. 200 mg./5 ml. 125 ml. (B) *(Non-Proprietary Name Index: Aciclovir)*	S1A	11.77	67276
Blissel Vaginal Gel 50 mcg./G. 30 G. c. Applicator Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Estriol)*	S1A	17.82	67277
Clobazam Thame (Azure Pharmaceuticals) Oral Susp. 5 mg./5 ml. 150 ml. (B)	S1A	100.48	67278
Clobazam Thame (Azure Pharmaceuticals) Oral Susp. 10 mg./5 ml. 150 ml. (B) *(Non-Proprietary Name Index: Clobazam)*	S1A	100.48	67279
Invega (P.C.O. Mfg.) Prolonged Release Tabs. 9 mg. 28 (A) *(Non-Proprietary Name Index: Paliperidone)*	S1A	71.41	67280
Lamictal (P.C.O. Mfg.) Tabs. 25 mg. 56 (A)	S1B	13.21	67281
Lamictal (P.C.O. Mfg.) Tabs. 25 mg. 60 (A) *(Non-Proprietary Name Index: Lamotrigine)*	S1B	14.15	67282
Ozempic (BModesto B.V.) Once Weekly Soln. for Inj. in Pre-filled Pen 0.5 mg. (1 pre-filled 1 pen, 4 needles) Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Semaglutide)*	S1A	92.98	67283
Propranolol (P.C.O. Mfg.) Film Coated Tabs. 40 mg. 50 (A) *(Non-Proprietary Name Index: Propranolol)*	S1B	3.39	67284

DELETIONS

Amaryl Tabs. 3 mg. 30	12576
Aprovel Tabs. 75 mg. 28	12053
Ciproxin Tabs. 500 mg. 20	18961
Co-Aprovel Tabs. 300/12.5 mg. 28	54356
Co-Aprovel (P.C.O. Mfg.) Tabs. 300 mg./12.5 mg. 28	54375
Lantus Vial 100 IU/ml. 10 ml. Vial 1	69277
Lipertance Film Coated Tabs. 20 mg./5 mg./5 mg. 30	24507
Motilium Oral Susp. 1 mg./ml. 200 ml.	74314
Pravastatin Mylan (Gerard Labs.) Tabs. 20 mg. 28	60576
Pravastatin Mylan (Gerard Labs.) Tabs. 40 mg. 28	60577
Sibelium Tabs. 5 mg. 20	45988
Strattera Caps. 10 mg. 28	47229

ADDITION/DELETIONS/CHANGES TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1st MARCH 2025

ADDITIONS

CLINICAL NUTRITIONAL PRODUCTS

Code the number of bottles, boxes, packs, pots, pouches, sachets, tins or tubs dispensed.

Add	Modulen IDB 350 G. Pack 1 (A)	13.50	94394

DELETIONS

INSULIN INFUSION SETS

Delete	Medtronic Extended Wear Infusion Set 60 cm. Tubing 6 mm. and Medtronic Extended Reservoir 3 ml. BNIEWSR606 10	85575
Delete	Medtronic Extended Wear Infusion Set 80 cm. Tubing 6 mm. and Medtronic Extended Reservoir 3 ml. BNIEWSR806 10	85576
Delete	Medtronic Extended Wear Infusion Set 60 cm. Tubing 9 mm. and Medtronic Extended Reservoir 3 ml. BNIEWSR609 10	85577
Delete	Medtronic Extended Wear Infusion Set 80 cm. Tubing 9 mm. and Medtronic Extended Reservoir 3 ml. BNIEWSR809 10	85578

DRESSINGS

Delete	Leukomed Sorbact DACC Antimicrobial Dressing 8 cm x 10 cm BSN76199-08 1	86079

OSTOMY & URINARY PRODUCTS

Delete	Actreen Glys Catheter 225108E/18E 8-18 Ch. Male (Tiemann) 225208E/18E 8-18 Ch. Male & 225306E/16E 6-16 Ch. Female 30	93551
Delete	Almarys Twin+ Closed Pouch with Filter Transparent & Beige 037240E/80E & 037340E/80E 30	93717
Delete	Almarys Twin+ Convex Baseplate 036351E/85E 5	93054
Delete	Almarys Twin+ Flow Control Drainable Pouch with Filter Transparent & Beige 038840E/60E & 038740E/60E 30	93724
Delete	Almarys Twin+ Standard Baseplate 036240E/80E 10	93053
Delete	Biotrol C60 F05005E Pack 1	94126
Delete	Biotrol Elite Closed Bag Beige 36-810/70 30	98531
Delete	Biotrol Elite Closed Bag Petite Beige 37-310/45 30	95633
Delete	Biotrol Elite Closed Bag Transparent 30-810/70 30	93769
Delete	Biotrol Elite Closed Bag White 32-815/70 30	98590
Delete	Biotrol Elite Drainable Bag Petite Beige 37-710/45 30	95784
Delete	Biotrol Elite Drainable Bag Skin Tone 38-810/70 30	98558
Delete	Biotrol Elite Drainable Bag Transparent 31-810/70 30	93849
Delete	Biotrol Elite Drainable Bag White 34-815/70 30	98566
Delete	Biotrol Irrigation Set F05065E 1	98639
Delete	Biotrol Irrigation Sleeve F05066E 50	98647
Delete	Biotrol Lockring 2 Base Plate 22-135/62 5	93383
Delete	Biotrol Lockring 2 Base Plate 22-175 5	93395
Delete	Biotrol Lockring 2 Base Plate 24-235/75 5	95129
Delete	Biotrol Lockring 2 Closed Bag Beige & White 22-835/75 30	93181
Delete	Biotrol Lockring 2 Closed Bag Beige & White 22-335/75 30	93358
Delete	Biotrol Lockring 2 Drainable Bag Beige & White 22-535/75 & 22-435/75 30	93369
Delete	Biotrol Lockring 2 Paed. Base Plate 23-035 5	96675
Delete	Biotrol Lockring 2 Paed. Closed Pouch Beige & Clear 23-435 & 23-635 30	96699
Delete	Biotrol Lockring 2 Paed. Drainable Pouch Beige 23-735 30	96731
Delete	Biotrol Lockring 2 Paed. Urostomy Pouch Clear 23-835 & 23-935 10	96740
Delete	Biotrol Lockring 2 Urostomy Bag 22-635/50 10	93377
Delete	Biotrol Lockring 2 Wound Drainage Bag 22-775 10	93183
Delete	Biotrol Mini S Closed Bag Beige 33-025/40 30	99848
Delete	Biotrol Post Op. Bag Large Clear 32-215 30	98620
Delete	Biotrol Preference Closed Bag c. Filter Beige 36-615/60 30	98612
Delete	Biotrol Preference Closed Bag c. Filter White 32-610/60 30	97764
Delete	Biotrol Replacement Cone for Irrigation Set F05062E 1	93904
Delete	Biotrol Skin Protector 10 cm. x 10 cm. 32-076 10	97772
Delete	Biotrol Softima Closed Pouch Mini with Filter Beige 043216E 30	93137
Delete	Biotrol Softima Flow Control Drainable Pouch with Filter Transparent & Beige 043716E/45E & 043816E 30	93191
Delete	Draina S Fistula Bag Mini H08560E 30	93189
Delete	Draina S Fistula Bag Medium H28555E 20	93029
Delete	Draina S Fistula Bag Large H28556E 20	93033

CHANGES

CHANGES UNDERLINED

DRESSINGS

Change	Leukomed Sorbact DACC Antimicrobial Dressing 10 cm x 20 cm BSN76199-03 1	4.05	86080
To Read	Leukomed Sorbact DACC Antimicrobial Dressing 10 cm x 20 cm BSN76199-31 1	4.05	86080
Change	Leukomed Sorbact DACC Antimicrobial Dressing 10 cm x 30 cm BSN76199-05 1	10.92	86081
To Read	Leukomed Sorbact DACC Antimicrobial Dressing 10 cm x 30 cm BSN76199-33 1	10.92	86081

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st MARCH 2025

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Gilenya (iMED Healthcare Ltd.) Hard Caps. 0.5 mg. 28 (A)	89393	Fingolimod	€1,430.62	iMED Healthcare Ltd.	iMED Healthcare Ltd.
Myfortic (P.C.O. Mfg.) Gastro Resistant Tabs. 360 mg. 120 (A)	89394	Mycophenolic Acid	€184.42	P.C.O Manufacturing Ltd.	P.C.O Manufacturing Ltd.
Otulfi Soln. for Inj. in Pre-filled Syringe 45 mg./0.5 ml. 0.5 ml. 1 (A) *Code the number of pre-filled syringes dispensed*	89395	Ustekinumab	€1,634.66	Fresenius Kabi Ltd.	Allphar
Otulfi Soln. for Inj. in Pre-filled Syringe 90 mg./1 ml. 1 ml. 1 (A) *Code the number of pre-filled syringes dispensed*	89396	Ustekinumab	€1,680.71	Fresenius Kabi Ltd.	Allphar

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Nivestim Soln. for Inj/Inf. Pre-filled Syr. 12 MU/0.2 ml. 0.2 ml. Pack 5	88537	Filgrastim	Hospira Ireland Ltd.

Product Updates Notification
Effective 1st February 2025

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st FEBRUARY 2025
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Abilify Maintena (P.C.O. Mfg.) Powder & Solvent for Prolonged Release Susp. for Inj. 400 mg. Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Aripiprazole)*	S1A	262.49	67257
Aldactone (P.C.O. Mfg.) Film Coated Tabs. 100 mg. 100 (A) *(Non-Proprietary Name Index: Spironolactone)*	S1A	23.82	67259
Lamictal (P.C.O. Mfg.) Tabs. 50 mg. 56 (A)	S1B	19.89	67260
Lamictal (P.C.O. Mfg.) Tabs. 50 mg. 60 (A)	S1B	21.32	67261
Lamictal (P.C.O. Mfg.) Tabs. 100 mg. 60 (A)	S1B	38.31	67263
Lamictal (P.C.O. Mfg.) Tabs. 200 mg. 60 (A) *(Non-Proprietary Name Index: Lamotrigine)*	S1B	68.76	67264
Paxlovid Film Coated Tabs. 150 mg. + 100 mg. 30 (A) *(Non-Proprietary Name Index: Nirmatrelvir and Ritonavir)* ***(Circ. 003/25 refers)***	S1A	925.92	67265
Perindopril Arginine/Indapamide/Amlodipine Teva Film Coated Tabs. 5 mg./1.25 mg./5 mg. 30 (A)	S1B	4.95	67266
Perindopril Arginine/Indapamide/Amlodipine Teva Film Coated Tabs. 5 mg./1.25 mg./10 mg. 30 (A)	S1B	5.04	67267
Perindopril Arginine/Indapamide/Amlodipine Teva Film Coated Tabs. 10 mg./2.5 mg./5 mg. 30 (A)	S1B	6.92	67268
Perindopril Arginine/Indapamide/Amlodipine Teva Film Coated Tabs. 10 mg./2.5 mg./10 mg. 30 (A) *(Non-Proprietary Name Index: Perindopril, Amlodipine and Indapamide)*	S1B	7.05	67269
Seretide (P.C.O. Mfg.) Evohaler 250 mcg. 120 Dose Aerosol 1 (A) *Code the number of aerosols dispensed* *(Non-Proprietary Name Index: Salmeterol, and other drugs for obstructive airway diseases)*	S1B	32.26	67271
Ventizolve Nasal Spray Soln. 1.26 mg. in Single Dose Container 2 (A) *Code the number of containers dispensed* *(Non-Proprietary Name Index: Naloxone)*	S1A	26.01	67272
Zebinix (P.C.O Mfg.) Tabs. 200 mg. 60 (A) *(Non-Proprietary Name Index: Eslicarbazepine)*	S1B	63.36	67273
Zoftacot Eye Drops, Soln. 3.35 mg./ml. in Single Dose Container 0.4 ml. 30 (A) *Code the number of containers dispensed* *(Non-Proprietary Name Index: Hydrocortisone Sodium Phosphate)*	S1B	8.42	67274
Zyban (P.C.O. Mfg.) Prolonged Release Tabs. 150 mg. 100 (A) *(Non-Proprietary Name Index: Bupropion)*	S1A	88.41	67275

AMENDMENT TO JANUARY 2025 UPDATE
CHANGES UNDERLINED

Change	Fluticasone Furoate Nasal Spray Susp. 27.5 mcg. 120 Dose Pack 1	3.41	67251
To Read	Fluticasone Furoate TEVA Nasal Spray Susp. 27.5 mcg. 120 Dose Pack 1	3.41	67251

DELETIONS

Ballerine MIDI Intrauterine Device Pack 1	66851
Benoral Susp. 40% 300 ml.	57533
Betagan Ophth. Soln. 0.5% (3 x 5 ml.) 15 ml.	14837
Calcium Leucovorin (David Bull Labs.) Inj. 7.5 mg./ml. 2 ml. 5	16055
Cystrin Tabs. 3 mg. 100	19073
Dicynene Inj. 125 mg./ml. 2 ml. 10	65595
Dicynene Tabs. 500 mg. 100	65617
Ferromyn Elixir 100 ml.	25356
Fungasil Cream 10 mg./G. 7.5 G. Pack 1	26266
Monistat Cream 2% 78 G. c. Applicator Pack 1	64734
Penbritin Drops Paed. 100 mg./1 ml. 10 ml.	90565
Penbritin Inj. 500 mg. 10	39454
Penbritin Syr. 125 mg./5 ml. 100 ml.	90107
Pevaryl Pdr. 1% 200 G. Aerosol 1	41904
Phenergan Inj. 25 mg./ml. 2 ml. 10	40584
Pravastatin Mylan (Gerard Labs.) Tabs. 10 mg. 28	60575
Rosuva Film Coated Tabs. 20 mg. 28	62824
Rythmodan Inj. 10 mg./ml. 5 ml. 5	69671
Securopen Inj. 0.5 G. 5	85014
Strattera Caps. 60 mg. 28	47297
Sultrin Vag. Tabs. 20	47570
Telmisartan Mylan (Gerard Labs.) Tabs. 40 mg. 28	64429
Topisolon 15 G.	77399
Topisolon 30 G.	67784
Tri-Minulet Tabs. 63	50075

ADDITIONS/DELETIONS/CHANGES TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1st FEBRUARY 2025

ADDITIONS

DIABETES CONSUMABLES

Code the number of individual items supplied e.g. pieces, sensors, strips, needles etc.

Add	Simplera Sync Sensor MMT-5120C1 5	239.00	94391

OSTOMY & URINARY PRODUCTS

Add	Coloplast Brava Protective Sheet 15 cm. x 15 cm. 3215 5	14.15	94372
Add	Coloplast Brava Protective Sheet 20 cm. x 20 cm. 3220 5	14.15	94373
Add	Coloplast Luja Intermittent Catheter 20031/32/34/36/38/58 CH8/10/12/14/16/18 30	71.10	94342
Add	Hollister CeraPlus Barrier Extender 79402 30	23.10	94393

DELETIONS

OSTOMY & URINARY PRODUCTS

Delete	Aquamatic PTFE Coated Latex Foley Catheter (Bard) D1265AL12/22 1	96644
Delete	PTFE Coated Latex Foley Catheter (Bard) D0165PV08/10 1	96660
Delete	PTFE Coated Latex Foley Catheter (Bard) D0169LV12/22 1	96636
Delete	PTFE Coated Latex Foley Catheter (Bard) D1265LV12/26 & D1266LV16/26 1	96628

CLINICAL NUTRITIONAL PRODUCTS

Delete	EEA Supplement 12.5 G. Sachet 50	83011
Delete	Fresubin Original 1.5 L. Pack 1	81160
Delete	Nutrison Soya 500 ml. Pack 1	83033
Delete	PKU Express 15 25 G. Sachet 30	81064
Delete	PKU Express 20 34 G. Sachet 30	81308
Delete	PKU Gel 24 G. Sachet 30	81070

CHANGES

CHANGES UNDERLINED

CLINICAL NUTRITIONAL PRODUCTS

Change	Loprofin LP Bread/Cake Mix 500 G. Pack 1	7.50	81819
To Read	Loprofin LP <u>Mix</u> /Cake Mix 500 G. Pack 1	7.50	81819
Change	Loprofin LP Cereal 375 G. Pack 1	9.33	81098
To Read	Loprofin LP Cereal <u>Loops/Flakes</u> 375 G. Pack 1	9.33	81098

Change	Loprofin LP Crackers 150 G. Pack 1	3.75	81205
To Read	Loprofin LP Crackers Plain/Herb 150 G. Pack 1	3.75	81205
Change	Loprofin LP Macaroni 500 G. Pack 1	5.00	83007
To Read	Loprofin LP Fusilli 500 G. Pack 1	5.00	83007
Change	Loprofin LP Pasta Spirals 500 G. Pack 1	5.00	83019
To Read	Loprofin LP Pasta Penne 500 G. Pack 1	5.00	83019
Change	Nutrison Soya 1 L. Pack 1	8.00	83034
To Read	Nutrison Plantbased Soya 1 L. Pack 1	8.00	83034
	OSTOMY & URINARY PRODUCTS		
Change	Coloplast SenSura Mio 1 piece Drainable Bag 10401/11/12/13/14/21/22/23/24/28, 18375/77 30	127.38	93840
To Read	Coloplast SenSura Mio 1 piece Drainable Bag 10401/11/12/13/14/21/22/23/24/28, 18375/77, 18770/1/2/3/4/5 30	127.38	93840
Change	Coloplast SenSura Mio 1 Piece Ileostomy Bag Maxi Deep Convex Pre Cut 16651/16652 10	53.15	94018
To Read	Coloplast SenSura Mio 1 Piece Ileostomy Bag Maxi Deep Convex Pre Cut 16651/16652/18946/18947 10	53.15	94018
Change	Coloplast SenSura Mio 1 Piece Ileostomy Bag Maxi Light/Soft Convex Pre Cut 16610/16611/16612/16613/16631/16632 10	53.15	94025
To Read	Coloplast SenSura Mio 1 Piece Ileostomy Bag Maxi Light/Soft Convex Pre Cut 16610/16611/16612/16613/16631/16632/18966/18967/18980/18981/18982/18983 10	53.15	94025
Change	Coloplast SenSura Mio 1 Piece Ileostomy Bag Midi/Maxi Deep Convex Starter Hole 16641/16645/16646/16647/16654 10	53.15	94017
To Read	Coloplast SenSura Mio 1 Piece Ileostomy Bag Midi/Maxi Deep Convex Starter Hole 16641/16645/16646/16647/16654/18940/18942/18943/18944/18949 10	53.15	94017
Change	Coloplast SenSura Mio 1 Piece Ileostomy Bag Midi/Maxi Light Convex Starter Hole 16621/16622/16623/16625/16626/16627/16633 10	53.15	94024
To Read	Coloplast SenSura Mio 1 Piece Ileostomy Bag Midi/Maxi Light Convex Starter Hole 16621/16622/16623/16625/16626/16627/16633/18960/18961/18962/18963/18964/18968 10	53.15	94024
Change	Coloplast SenSura Mio 1 Piece Ileostomy Bag Midi/Maxi Soft Convex Starter Hole 16601/16605/16606 10	53.15	94026
To Read	Coloplast SenSura Mio 1 Piece Ileostomy Bag Midi/Maxi Soft Convex Starter Hole 16601/16605/16606/18977/18978/18979 10	53.15	94026
Change	Coloplast SenSura Mio 2 Piece Ileostomy Bag Midi Deep Convex Starter Hole 16642 10	53.15	94020
To Read	Coloplast SenSura Mio 2 Piece Ileostomy Bag Midi Deep Convex Starter Hole 16642/ 18941 10	53.15	94020
Change	Coloplast SenSura Mio Click 2 Piece Closed Ostomy System 11201/02/12/13/14/21/22/23/25/26 30	61.53	93435
To Read	Coloplast SenSura Mio Click 2 Piece Closed Ostomy System 11201/02/12/13/21/22/25 30	61.53	93435
Change	Dansac NovaLife TRE Seal 072-48 10	22.59	94405
To Read	Dansac NovaLife TRE Seal 072-48/57 10	22.59	94405

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st FEBRUARY 2025

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Afinitor (P.C.O. Mfg.) Tabs. 5 mg. 30 (A)	89381	Everolimus	€1,627.05	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.
Aquipta Tabs. 10 mg. 28 (A)	89382	Atogepant	€392.16	AbbVie Ltd.	Allphar
Aquipta Tabs. 60 mg. 28 (A)	89383	Atogepant	€392.16	AbbVie Ltd.	Allphar
Fingolimod MSN Hard Caps. 0.5 mg. 28 (A)	89384	Fingolimod	€670.28	JED Pharma Ltd.	United Drug
Pomalidomide TEVA Hard Caps. 1 mg. 21 (A)	89385	Pomalidomide	€3,569.79	TEVA Pharmaceuticals Ireland	United Drug
Pomalidomide TEVA Hard Caps. 2 mg. 21 (A)	89386	Pomalidomide	€3,606.45	TEVA Pharmaceuticals Ireland	United Drug
Pomalidomide TEVA Hard Caps. 3 mg. 21 (A)	89387	Pomalidomide	€3,663.77	TEVA Pharmaceuticals Ireland	United Drug
Pomalidomide TEVA Hard Caps. 4 mg. 21 (A)	89388	Pomalidomide	€3,699.91	TEVA Pharmaceuticals Ireland	United Drug
Vanflyta Film Coated Tabs. 17.7 mg. 28 (A)	89389	Quizartinib	€7,144.11	Daiichi-Sankyo Ireland Ltd.	United Drug Distributors
Vanflyta Film Coated Tabs. 26.5 mg. 56 (A)	89390	Quizartinib	€14,288.22	Daiichi-Sankyo Ireland Ltd.	United Drug Distributors
Vydura Oral Lyophilisate 75 mg. 2 (A)	89391	Rimegepant	€38.88	Pfizer Healthcare Ireland	United Drug/Uniphar
Vydura Oral Lyophilisate 75 mg. 8 (A)	89392	Rimegepant	€177.11	Pfizer Healthcare Ireland	United Drug/Uniphar

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Ocaliva Film Coated Tabs. 5 mg. 30	89239	Obeticholic Acid	Amdipharm PLC.
Ocaliva Film Coated Tabs. 10 mg. 30	89240	Obeticholic Acid	Amdipharm PLC.

Product Updates Notification
Effective 1st January 2025

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st JANUARY 2025
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Abilify (BModesto B.V.) Oral Soln. 1 mg./ml. 150 ml. (B) *(Non-Proprietary Name Index: Aripiprazole)*	S1A	71.96	67247
EgoStar Film Coated Tabs. 22400 IU 3 (A) *(Non-Proprietary Name Index: Colecalciferol)*	S1B	7.96	67248
Esomeprazole (Jubilant) Gastro Resistant Tabs. 20 mg. 28 (A)	S1B	3.33	67249
Esomeprazole (Jubilant) Gastro Resistant Tabs. 40 mg. 28 (A) *(Non- Proprietary Name Index: Esomeprazole)*	S1B	5.75	67250
Fluticasone Furoate Nasal Spray Susp. 27.5 mcg. 120 Dose Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Fluticasone Furoate)*	S1B	3.41	67251
Imuran (Lexon Ireland) Film Coated Tabs. 50 mg. 100 (A) *(Non-Proprietary Name Index: Azathioprine)*	S1A	28.23	67256
Nasusaf Nasal Spray Susp. 137 mcg./50 mcg. per actuation, 23 G. Bottle 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Fluticasone, Combinations)*	S1B	7.39	67252
*Nicorette (Lexon Ireland) Invisi Transdermal Patch 15mg./16 hours 7 (A) *Code the number of patches dispensed* *(Non-Proprietary Name Index: Nicotine Replacement Therapy)* ***Reimbursable on the GMS Scheme Only – May <u>not</u> be prescribed on Repeat Prescription Forms.***		11.28	67254
Yanae Cu 380 Mini Intrauterine Device Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Plastic IUD with Copper)*	S1A	75.60	67255

DELETIONS

Acidex Liquid 500 ml.	10133
Flamazine Cream 250 G.	79545
Flamazine Cream 500 G.	79553
Mirvaso Gel 3 mg./G. 30 G.	13127
Sevredol Tabs. 50 mg. 56	68549
Strattera Caps. 40 mg. 28	47288

ADDITIONS/CHANGE/DELETION TO THE LIST OF REIMBURSABLE NON DRUG ITEMS
IN THE GMS SCHEME EFFECTIVE 1st JANUARY 2025
ADDITIONS

INSULIN INFUSION SETS

Add	Medtronic Extended Wear Infusion Set 60 cm. Tubing, 6 mm Needle MMT-431A 10 (A)	321.00	94364
Add	Medtronic Extended Wear Infusion Set 80 cm. Tubing, 6 mm Needle MMT-432A 10 (A)	321.00	94365
Add	Medtronic Extended Wear Infusion Set 60 cm. Tubing, 9 mm Needle MMT-441A 10 (A)	321.00	94367
Add	Medtronic Extended Wear Infusion Set 80 cm. Tubing, 9 mm Needle MMT-442A 10 (A)	321.00	94368
Add	Medtronic Extended Reservoir 3 ml MMT-342 10 (A)	27.50	94369

OSTOMY & URINARY PRODUCTS

Add	Bard Uriplan OneMT Single Use Disposable Bed Bag with Tap 2 Litre (Non-Drainable Non-Sterile) DSP1MT30 30	11.73	94370
Add	CliniMed Welland Aura Plus Closed Colostomy Bag 30	110.10	94385
Add	CliniMed Welland Aura Plus Drainable Colostomy Bag 30	123.86	94386
Add	CliniMed Welland Aura Plus Soft Convex Closed Colostomy Bag 10	39.90	94387
Add	CliniMed Welland Aura Plus Soft Convex Drainable Ileostomy Bag 10	58.10	94388

Add	CliniMed Welland Aura Plus Soft Convex Urostomy Bag 10	76.70	94389
Add	CliniMed Welland Aura Plus Urostomy Bag 10	75.10	94390
Add	Livfria 2 Litre Click Close Connector LFNB-DR 10	20.70	94375
Add	Livfria 2 Litre Night Bag LFNB-DR-NC 10	18.70	94376
Add	Livfria 3.5 Litre Click Close Connector LFNB-DXL 10	22.50	94377
Add	Livfria 3.5 Litre Night Bag LFNB-DXL-NC 10	20.50	94378
Add	Livfria Leg Bag Click Close Connector 500 ml. Regular Long/Short Tube LFLB-DRL/DRS/SRL/SRS 10	36.80	94381
Add	Livfria Leg Bag Click Close Connector 1000 ml. Long/Short Tube LFLB-DLL/DLS 10	38.40	94380
Add	Livfria Leg Bag Strap LFLS-R 5	16.79	94383
Add	Wellspect Lofric Origo Flex Catheter 4451225 CH12, 4451425 CH14 30	64.50	94384

CHANGE

CHANGE UNDERLINED

OSTOMY & URINARY PRODUCTS

Change	Bard Bed Bag 2 L. Drainable Sterile 8422 1	94003
To Read	Bard Bed Bag 2 L. Drainable Sterile 8422/BB2030S 1	94003

DELETION

OSTOMY & URINARY PRODUCTS

Delete	Uriplan OneMT Single Use Disposable Bed Bag with Tap 2 L. Non-Drainable Non-Sterile D1MT 10	93407

CHANGE TO THE LIST OF NON DRUG ITEMS EFFECTIVE 1st DECEMBER 2024

CHANGE UNDERLINED

OSTOMY & URINARY PRODUCTS

Change	Dialtec Waterproof Wound Protection Pouch 1	86487
To Read	Dialtec Waterproof Wound Protection Pouch DTSPO/1/2 1	86487

CORRECTION TO DECEMBER 2024 UPDATE

CORRECTION UNDERLINED

Change	TG Eakin Ltd. Eakin Dot 1 Piece Convex High Output Pouch 40 & 60 mm 851000, 851000NF, 851001, 851001NF 10	57.48	94363
To Read	TG Eakin Ltd. Eakin Dot 1 Piece Convex High Output Pouch 40 & 60 mm 851000, 851000NF, 851001, 851001NF 10	57.49	94363

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st JANUARY 2025

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Bosulif (BModesto B.V.) Film Coated Tabs. 100 mg. 28 (A)	89372	Bosutinib	€342.71	BModesto B.V.	Uniphar
Fingolimod (KRKA Pharma) Hard Caps. 0.5 mg. 28 (A)	89373	Fingolimod	€670.28	KRKA Pharma Dublin Ltd.	United Drug Distributors
Fingolimod TEVA Hard Caps. 0.5 mg. 28 (A)	89374	Fingolimod	€670.28	TEVA Pharmaceuticals Ireland	United Drug Distributors
Nilotinib (Accord Healthcare Ltd.) Hard Caps. 150 mg. 112 (A)	89375	Nilotinib	€1,100.77	Accord Healthcare Ltd.	Allphar/United Drug
Nilotinib (Accord Healthcare Ltd.) Hard Caps. 200 mg. 112 (A)	89376	Nilotinib	€1,469.39	Accord Healthcare Ltd.	Allphar/United Drug
Velsipity Film Coated Tabs. 2 mg. 28 (A)	89377	Etrasimod	€864.00	Pfizer Healthcare Ireland	UDD
Wezenla Soln. for Inj. 45 mg./0.5 ml. 0.5 ml. Vial 1 (A) *Code the number of vials dispensed*	89378	Ustekinumab	€1,678.26	Amgen Ireland Ltd.	United Drug
Wezenla Soln. for Inj. In Pre-filled Syringe 45 mg./0.5 ml. 0.5 ml. 1 (A) *Code the number of pre-filled syringes dispensed*	89379	Ustekinumab	€1,634.66	Amgen Ireland Ltd.	United Drug
Wezenla Soln. for Inj. in Pre-filled Syringe 90 mg./1 ml. 1 ml. 1 (A) *Code the number of pre-filled syringes dispensed*	89380	Ustekinumab	€1,680.71	Amgen Ireland Ltd.	United Drug

Product Updates Notification
Effective 1st December 2024

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st DECEMBER 2024
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Abilify Maintena (BModesto B.V.) Powder & Solvent for Prolonged Release Susp. for Inj. 400 mg. Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Aripiprazole)*	S1A	262.49	67240
Perindopril Arginine (Clonmel) Film Coated Tabs. 5 mg. 30 (A)	S1B	4.71	67241
Perindopril Arginine (Clonmel) Film Coated Tabs. 10 mg. 30 (A) *(Non-Proprietary Name Index: Perindopril)*	S1B	6.72	67242
Trehapan Eye Drops 10 ml. (B) *(Non-Proprietary Name Index: Artifical Tears and other indifferent preparations)*	CE	6.35	67243
Venlatev Prolonged Release Hard Caps. 37.5 mg. 28 (A)	S1A	3.93	67244
Venlatev Prolonged Release Hard Caps. 75 mg. 28 (A)	S1A	3.36	67245
Venlatev Prolonged Release Hard Caps. 150 mg. 28 (A) *(Non-Proprietary Name Index: Venlafaxine)*	S1A	5.60	67246

DELETIONS

Aldara 5% Cream 12.5 mg. Sachet 12	11619
Avelox Tabs. 400 mg. 5	53501
Flotros Film Coated Tabs. 20 mg. 60	43738
Lipertance Film Coated Tabs. 10 mg./5 mg./5 mg. 30	24506
Paramol Tabs. 100	38903
Strattera Hard Caps. 100 mg. 28	47206
Targin Prolonged Release Tabs. 80 mg./40 mg. 56	62886

ADDITIONS/DELETIONS/CHANGES TO THE LIST OF REIMBURABLE NON DRUG ITEMS
IN THE GMS SCHEME
ADDITIONS

DRESSINGS

Code the number of individual items supplied e.g. Bandages, Dressings, Packs, Plasters, Rolls, Sachets, Sheets, Tapes etc.

		Distributor		
Add	PolyMem Max with Film Adhesive 13.3 cm. x 13.3 cm. 606 1 (A)	Iskus Health Ltd.	€6.36	94355
Add	PolyMem Non-Adhesive Dressing 10 cm. x 10 cm. 5044 1 (A)	Iskus Health Ltd.	€3.83	94359
Add	PolyMem Oval with Film Adhesive 5 cm. x 7.6 cm. 8023 1 (A)	Iskus Health Ltd.	€1.69	94360
Add	PolyMem Oval with Film Adhesive 12.7 cm. x 8.38 cm. 8053 1 (A)	Iskus Health Ltd.	€4.06	94361
Add	PolyMem Wrap 10 cm. x 61 cm. 5244 1 (A)	Iskus Health Ltd.	€29.15	94362

OSTOMY & URINARY PRODUCTS

Add	TG Eakin Ltd. Eakin Dot 1 Piece Convex High Output Pouch 40 & 60 mm 851000, 851000NF, 851001, 851001NF 10	€57.48	94363

DELETIONS

CLINICAL NUTRITIONAL PRODUCTS

Delete	Ensure Compact Protein 125 ml. Pack 1	83962

OSTOMY & URINARY PRODUCTS

Delete	Coloplast Peristeen Tubes 29125 1	93321

CHANGES
CHANGES UNDERLINED

OSTOMY & URINARY PRODUCTS

Change	Eakin Freeseal 10	94944
To Read	Eakin Freeseal 839007/839008/839017/839027/939028 10	94944
Change	Ostoform Mouldable Seal with FLOWASSIST Protection OFA-S, OFA-M, OFA-L 10	95022
To Read	FLOWASSIST Seal OFA-S, OFA-M, OFA-L 10	95022
Change	HidraWear Wound Dressing & Fastener 8 x 13 cm Pack 60	86432
To Read	HidraWear Wound Dressing & Fastener 7.5 X 12 cm Pack 60	86432
Change	HidraWear Starter Pack (2 x HidraWear Dressing Retention Garment, 1 x HidraWear Dressing, 60 box, 8 x 13 cm) 1	86433
To Read	HidraWear Starter Pack (2 x HidraWear Dressing Retention Garment, 1 x HidraWear Dressing, 60 Box, 7.5 x 12 cm) 1	86433

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st DECEMBER 2024
ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Bylvay Hard Caps. 200 mcg. 30 (A)	89352	Odevixibat	€3,759.77	Ipsen Pharmaceuticals Ltd.	United Drug
Bylvay Hard Caps. 400 mcg. 30 (A)	89353	Odevixibat	€7,512.12	Ipsen Pharmaceuticals Ltd.	United Drug
Bylvay Hard Caps. 600 mcg. 30 (A)	89354	Odevixibat	€11,185.46	Ipsen Pharmaceuticals Ltd.	United Drug
Bylvay Hard Caps. 1200 mcg. 30 (A)	89355	Odevixibat	€22,490.69	Ipsen Pharmaceuticals Ltd.	United Drug
Pomalidomide (Accord Healthcare Ltd.) Hard Caps. 1 mg. 21 (A)	89356	Pomalidomide	€3,569.79	Accord Healthcare Ltd.	Allphar/United Drug
Pomalidomide (Accord Healthcare Ltd.) Hard Caps. 2 mg. 21 (A)	89357	Pomalidomide	€3,606.45	Accord Healthcare Ltd.	Allphar/United Drug
Pomalidomide (Accord Healthcare Ltd.) Hard Caps. 3 mg. 21 (A)	89358	Pomalidomide	€3,663.77	Accord Healthcare Ltd.	Allphar/United Drug
Pomalidomide (Accord Healthcare Ltd.) Hard Caps. 4 mg. 21 (A)	89359	Pomalidomide	€3,699.91	Accord Healthcare Ltd.	Allphar/United Drug
Pomalidomide (KRKA Pharma) Hard Caps. 2 mg. 21 (A)	89360	Pomalidomide	€3,460.82	KRKA Pharma Dublin Ltd.	United Drug
Pomalidomide (KRKA Pharma) Hard Caps. 3 mg. 21 (A)	89361	Pomalidomide	€3,543.80	KRKA Pharma Dublin Ltd.	United Drug
Pomalidomide (KRKA Pharma) Hard Caps. 4 mg. 21 (A)	89362	Pomalidomide	€3,553.23	KRKA Pharma Dublin Ltd.	United Drug
Pomalidomide Viatris Hard Caps. 1 mg. 14 (A)	89363	Pomalidomide	€2,379.86	Viatris Ireland	United Drug Distributors
Pomalidomide Viatris Hard Caps. 2 mg. 14 (A)	89364	Pomalidomide	€2,404.30	Viatris Ireland	United Drug Distributors
Pomalidomide Viatris Hard Caps. 3 mg. 14 (A)	89365	Pomalidomide	€2,442.51	Viatris Ireland	United Drug Distributors
Pomalidomide Viatris Hard Caps. 4 mg. 14 (A)	89366	Pomalidomide	€2,466.60	Viatris Ireland	United Drug Distributors
Pomalidomide Viatris Hard Caps. 1 mg. 21 (A)	89367	Pomalidomide	€3,569.79	Viatris Ireland	United Drug Distributors
Pomalidomide Viatris Hard Caps. 2 mg. 21 (A)	89368	Pomalidomide	€3,606.45	Viatris Ireland	United Drug Distributors
Pomalidomide Viatris Hard Caps. 3 mg. 21 (A)	89369	Pomalidomide	€3,663.77	Viatris Ireland	United Drug Distributors
Pomalidomide Viatris Hard Caps. 4 mg. 21 (A)	89370	Pomalidomide	€3,699.91	Viatris Ireland	United Drug Distributors

ADDENDUM EFFECTIVE 1st NOVEMBER 2024

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Pegasys Soln. for Inj. 90 mcg. 1	89351	Peginterferon ALFA-2A	€90.00	Pharma&	United Drug

Product Updates Notification
Effective 1st November 2024

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st NOVEMBER 2024
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Flucloxacillin (Azure Pharmaceuticals) Film Coated Tabs. 500 mg. 100 (A) *(Non-Proprietary Name Index: Flucloxacillin)*	S1A	32.58	67239

CHANGE TO THE LIST OF DELETIONS ON
GMS UPDATE EFFECTIVE 1st NOVEMBER 2024
ADD

Add	Oruvail Caps. 200 mg. 28	38040

DELETIONS

Amaryl Tabs. 1 mg. 30	12706
Bonefurbit Film Coated Tabs. 150 mg. 1	14050
Co-Aprovel Tabs. 150/12.5 mg. 28	54321
Palladone-SR Caps. 16 mg. 56	40475
Pantoprazole Mylan (Gerard Labs.) Gastro-Resistant Tabs. 20 mg. 28	77340
Pantoprazole Mylan (Gerard Labs.) Gastro-Resistant Tabs. 40 mg. 28	77341
Pradaxa (30 Day Dose) Hard Caps. 150 mg. 10	60603
Pulmicort Turbohaler 100 mcg. 200 Dose Inhaler 1	40991
Selincro Film Coated Tabs. 18 mg. 14	54344
Strattera Caps. 18 mg. 28	47236
Tarivid Tabs. 200 mg. 20	49581
Telmisartan Mylan (Gerard Labs.) Tabs. 80 mg. 28	64430

DELETION TO LIST OF REIMBURSABLE NON DRUG ITEMS IN THE
GMS SCHEME EFFECTIVE 1st NOVEMBER 2024

DIABETES CONSUMABLES
DELETIONS

Delete	Microdot Max Blood Glucose Test Strips GLU - 126 50	97637

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st NOVEMBER 2024

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Amgevita Soln. for Inj. in Pre-filled Pen. 40 mg./0.4 ml. 0.4 ml. 2 (A) *Code the number of pre-filled pens dispensed*	89343	Adalimumab	€486.08	Amgen Ireland Ltd.	United Drug
Amgevita Soln. for Inj. in Pre-filled Pen. 80 mg./0.8 ml. 0.8 ml. 1 (A) *Code the number of pre-filled pens dispensed*	89344	Adalimumab	€486.08	Amgen Ireland Ltd.	United Drug
Amgevita Soln. for Inj. in Pre-filled Syringe 20 mg./0.2 ml. 0.2 ml. 1 (A) *Code the number of pre-filled syringes dispensed*	89345	Adalimumab	€121.52	Amgen Ireland Ltd.	United Drug
Amgevita Soln. for Inj. in Pre-filled Syringe 40 mg./0.4 ml. 0.4 ml. 2 (A) *Code the number of pre-filled syringes dispensed*	89346	Adalimumab	€486.08	Amgen Ireland Ltd.	United Drug
Evenity Soln. for Inj. in Pre-filled Pen 105 mg. 2 (A) *Code the number of pre-filled pens dispensed*	89347	Romosozumab	€515.11	UCB (Pharma) Ireland Ltd.	United Drug
Steqeyma Soln. for Inj. in Pre-filled Syringe 45 mg. /0.5 ml. 0.5 ml. 1 (A) *Code the number of pre-filled syringes dispensed*	89348	Ustekinumab	€1,634.66	Celltrion Healthcare Ireland Ltd.	United Drug
Steqeyma Soln. for Inj. in Pre-filled Syringe 90 mg./1 ml. 1 ml. 1 (A) *Code the number of pre-filled syringes dispensed*	89349	Ustekinumab	€1,680.71	Celltrion Healthcare Ireland Ltd.	United Drug
Teriflunomide (Clonmel Healthcare) Film Coated Tabs. 14 mg. 28 (A)	89350	Teriflunomide	€356.10	Clonmel Healthcare Ltd.	Clonmel Healthcare/United Drug/Uniphar

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Eligard Pdr. & Solv. for Soln. for Inj. 7.5 mg. 1	88531	Leuprorelin	Recordati Ireland Ltd.
Giotrif Film Coated Tabs. 50 mg. 28	88108	Afatinib	Boehringer Ingelheim Ireland Ltd.
Suprefact Depot Syr. 6.6 mg. 1	88196	Buserelin	Sanofi Aventis Ireland Ltd.

Product Updates Notification
Effective 1st October 2024

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st OCTOBER 2024

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Caprin Gastro Resistant Tabs. 75 mg. 28 (A) *(Non-Proprietary Name Index: Acetysalicylic Acid)*	S1B	1.03	67234
Duloxetine (Pinewood) Gastro Resistant Hard Caps. 30 mg. 28 (A)	S1A	5.14	67235
Duloxetine (Pinewood) Gastro Resistant Hard Caps. 60 mg. 28 (A) *(Non-Proprietary Name Index: Duloxetine)*	S1A	7.86	67236
Ozempic (BModesto B.V.) Once Weekly Soln. for Inj. in Pre-filled Pen 1 mg. (1 pre-filled pen, 4 needles) Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Semaglutide)*	S1A	92.98	67237

DELETIONS

Abstral Sublingual Tabs. 600 mcg. 10	10888
Centrax Tabs. 10 mg. 60	17124
Flamazine Cream 50 G.	79537
Lantus (P.C.O. Mfg.) Soln. for Inj. 100 iu/ml. 3 ml. 5	26953
Mirtazapine (Accord Healthcare Ltd.) Film Coated Tabs. 15 mg. 30	24016
Mirtazapine (Accord Healthcare Ltd.) Film Coated Tabs. 30 mg. 30	24017
Mirtazapine (Accord Healthcare Ltd.) Film Coated Tabs. 45 mg. 30	24018
Oruvail Caps. 200 mg. 28	38040
Palladone Caps. 2.6 mg. 56	40381
Palladone-SR Caps. 24 mg. 56	40487
Parlodel Tabs. 2.5 mg. 30	69175
Steglujan Film Coated Tabs. 15 mg./100 mg. 28	43771
Zinnat Tabs. 125 mg. 14	59862
Zonisamide (Neuraxpharm) Tabs. 25 mg. 14	67064
Zonisamide (Neuraxpharm) Tabs. 50 mg. 28	67065
Zonisamide (Neuraxpharm) Tabs. 100 mg. 56	67066

ADDITIONS TO LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME
OSTOMY & URINARY PRODUCTS

Add	ConvaTec Esteem Body Ileostomy One Piece Ostomy Pouch 3.5 mm/7 mm 423607-14, 423616-21, 423624-27, 426633-36, 423642-48, 423651-58, 423664-67 10	52.70	94346
Add	ConvaTec Esteem Body One Piece Soft Convex Ostomy Pouch 3.5 mm/7 mm 423668/69/70/72/73/74/75/76/77/78/79/80/81/82/85/86/87/89/90/91/92/93/94/95/98/99, 423700 30	115.50	94347
Add	ConvaTec Esteem Body One Piece Soft Convex Ostomy Pouch 3.5mm/7mm 423703/04/05/12/13/14/21/22/23/25/26/27 10	67.50	94348
Add	Dansac NovaLife TRE Convex Closed Pouch 3031-37/46/59, 3032-37/46, 3035-24, 3071-25/30/34/35/40/44/54 10	38.70	94349
Add	Dansac NovaLife TRE Convex Drainable Pouch 3041-37/46/59, 3042-37/46/59, 3045-24, 3081-24/25/30/34/35/40/44/45/54, 3083-24/25/30/34/35, 3084-34 10	59.20	94351
Add	Dansac NovaLife TRE Flat Closed Pouch 3001-15, 3002-15, 3003-15, 3005-15, 3006-15, 3007-15, 3008-15 30	66.60	94352
Add	Dansac NovaLife TRE Flat Drainable Maxi Pouch 3015-15, 3016-15, 3017-15, 3018-15 10	27.20	94353
Add	Dansac NovaLife TRE Flat Drainable Pouch 3023-15, 3024-15, 3025-15, 3026-15 30	81.60	94354

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st OCTOBER 2024

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Bosutinib (Clonmel) Film Coated Tabs. 100 mg. 28 (A)	89339	Bosutinib	€353.30	Clonmel Healthcare Ltd.	Clonmel Healthcare/United Drug/Uniphar
Bosutinib (Clonmel) Film Coated Tabs. 500 mg. 28 (A)	89341	Bosutinib	€1,552.19	Clonmel Healthcare Ltd.	Clonmel Healthcare/United Drug/Uniphar
Orladeyo Hard Caps. 150 mg. 28 (A)	89342	Berotralstat	€12,811.77	BioCryst Ireland Ltd.	Avarto

Product Updates Notification
Effective 1st September 2024

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st SEPTEMBER 2024
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Clomid Tabs. 50 mg. 5 (A) *(Non-Proprietary Name Index: Clomifene)*	S1A	€1.72	67222
Entresto (Originalis B.V.) Film Coated Tabs. 24 mg./26 mg. 28 (A) *(Non-Proprietary Name Index: Valsartan and Sacubitril)* *(Circ. 052/17 refers)*	S1B	€59.99	67223
Galvus (Originalis B.V.) Tabs. 50 mg. 56 (A) *(Non-Proprietary Name Index: Vildagliptin)*	S1B	€29.24	67224
HYLO DUAL INTENSE Eye Drops with Ectoin 7.5 ml. Pack 1 (A) *(Non-Proprietary Nam Index: Sodium Hyaluronate and Ectoin)* *Code the number of packs dispensed*	CE	6.72	67226
Nicorette Cools Lozenge 2 mg. 160 (A) *(Non-Proprietary Name Index: Nicotine Replacement Therapy)*	P	27.42	67227
Nilemdo Film Coated Tabs. 180 mg. 28 (A) *(Non-Proprietary Name Index: Bempedoic Acid)* *(Circ. 13/24 refers)*	S1B	51.41	67228
Nustendi Film Coated Tabs. 180 mg./10 mg. 28 (A) *(Non-Proprietary Name Index: Bempedoic Acid/Ezetimibe)* *(Circ. 13/24 refers)*	S1B	51.41	67229
Propranolol (Azure Pharmaceuticals) Film Coated Tabs. 10 mg. 50 (A)	S1B	4.40	67230
Propranolol (Azure Pharmaceuticals) Film Coated Tabs. 40 mg. 50 (A) *(Non-Proprietary Name Index: Propranolol)*	S1B	3.50	67232
Rivaroxaban (Accord Healthcare Ltd.) Film Coated Tabs. 2.5 mg. 56 (A) *(Non-Proprietary Name Index: Rivaroxaban)* *(Circ. 27/22 refers)*	S1B	24.45	67233

DELETIONS

Cinacalcet (Rowex) Film Coated Tabs. 30 mg. 28	89078
Cinacalcet (Rowex) Film Coated Tabs. 60 mg. 28	89079
Cipramil (P.C.O. Mfg.) Tabs. 20 mg. 28	18395
Effentora Buccal Tabs. 100 mcg. 4	22903
Foradil 12 mcg. i.e. 1 Inhaler/60 Caps Complete Pack 1	25873
Frumil Tabs. Low Strength 28	25518
Losamel Gastro-Resistant Tabs. 20 mg. 30	42136
Steglatro Film Coated Tabs. 15 mg. 28	27698

DELETIONS TO LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1st SEPTEMBER 2024
DELETIONS
CLINICAL/NUTRITIONAL PRODUCTS

Delete	Aptamil Lactose Free 400 G. Pack 1	83250
Delete	Fortimel 200 ml. Pack 1	82474

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st SEPTEMBER 2024

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
*Kalydeco Granules in Sachet 13.4 mg. 56 (A) *Code the number of sachets dispensed.*	89105	Ivacaftor	€14,191.78	Vertex Pharmaceuticals (Europe) Ltd.	Arvato
LEDAGA Gel 160 mcg./G. 60 G. (B)	89199	Chlormethine	€1,831.15	Recordati Rare Diseases U.K.	Recordati AG
Omjjara Film Coated Tabs. 100 mg. 30 (A)	89222	Momelotinib	€4,846.93	GlaxoSmithKline (Ireland) Ltd.	PRL
Omjjara Film Coated Tabs. 150 mg. 30 (A)	89224	Momelotinib	€4,846.93	GlaxoSmithKline (Ireland) Ltd.	PRL
Omjjara Film Coated Tabs. 200 mg. 30 (A)	89225	Momelotinib	€4,846.93	GlaxoSmithKline (Ireland) Ltd.	PRL
Rilutek (iMED Healthcare Ltd.) Film Coated Tabs. 50 mg. 56 (A)	89226	Riluzole	€160.15	iMED Healthcare Ltd.	iMED Healthcare Ltd.
Sunitinib (Bluefish) Hard Caps. 12.5 mg. 28 (A)	89251	Sunitinib	€492.51	Bluefish Pharmaceuticals	Allphar
Sunitinib (Bluefish) Hard Caps. 25 mg. 28 (A)	89252	Sunitinib	€975.36	Bluefish Pharmaceuticals	Allphar
Sunitinib (Bluefish) Hard Caps. 50 mg. 28 (A)	89264	Sunitinib	€1,958.84	Bluefish Pharmaceuticals	Allphar
Teriflunomide (Accord Healthcare Ltd.) Film Coated Tabs. 14 mg. 28 (A)	89274	Teriflunomide	€356.10	Accord Healthcare Ltd.	Allphar/Uniphar United Drug
TOBI (Originalis B.V.) Podhaler Inhalation Pdr., Hard Caps. 28 mg. 224 Caps. + 5 Inhalers Pack (A) *Code the number of packs dispensed.*	89275	Tobramycin	€2,250.24	Originalis B.V.	RxSource Ltd.

Circular 039/18 refers

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Neo Recormon Pre-filled Syr. 6000 iu 6	88282	Erythropoietin	Roche Products Ireland Ltd.

Product Updates Notification
Effective 1st August 2024

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st AUGUST 2024

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Cariban Modified Release Hard Caps. 10 mg. /10 mg. 24 (A) (*Non-Proprietary Name Index: Doxylamine/Pyridoxine* *(Circ. 011/24 refers)*	S1B	13.60	67209
Entresto (Originalis B.V.) Film Coated Tabs. 97 mg./103 mg. 56 (A) *(Non-Proprietary Name Index: Valsartan and Sacubitril)* *(Circ. 052/17 refers)*	S1B	120.26	67210
Eucreas (BModesto B.V.) Film Coated Tabs. 50 mg./1000 mg. 60 (A) *(Non-Proprietary Name Index: Metformin and Vildagliptin)*	S1B	30.52	67211
HYABAK Eye Drops Soln. 0.15%. 10 ml. Bottle 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Sodium Hyaluronate)*	CE	5.40	67212
Levemir (BModesto B.V.) Flexpen in Pre-filled Pen. 100 units/ml. 3 ml. 5 (A) *Code the number of pre-filled pens dispensed* *(Non-Proprietary Name Index: Insulin Detemir, Long Acting)*	S1B	49.26	67213
Lixiana (BModesto B.V.) Film Coated Tabs. 30 mg. 28 (A)	SIB	57.26	67215
Lixiana (BModesto B.V.) Film Coated Tabs. 60 mg. 28 (A) *(Non-Proprietary Name Index: Edoxaban)*	S1B	57.52	67216
Trazodone Hydrochloride (Azure Pharmaceuticals) Hard Caps. 50 mg. 84 (A)	S1B	7.65	67217
Trazodone Hydrochloride (Azure Pharmaceuticals) Hard Caps. 100 mg. 56 (A) *(Non-Proprietary Name Index: Trazodone)*	S1B	9.01	67218
Trulicity (BModesto B.V.) Once Weekly Soln. for Inj. in Pre-filled Pen 0.75 mg./0.5 ml. 4 (A)	S1A	92.22	67219
Trulicity (BModesto B.V.) Once Weekly Soln. for Inj. in Pre-filled Pen 1.5 mg./0.5 ml. 4 (A) *Code the number of pre-filled pens dispensed* *(Non-Proprietary Name Index: Dulaglutide)*	S1A	93.02	67220
Targaxan Film Coated Tabs. 550 mg. 98 (A) *(Non-Proprietary Name Index: Rifaximin)*	S1A	495.96	67221

DELETIONS

Bricanyl Turbohaler 500 mcg. 100 Dose Inhaler 1	15458
Ciproxin Tabs. 750 mg. 10	57738
Crystapen Inj. 1 mega unit 1	70001
Gyno-Daktarin Cream 20 mg./G. 78 G. Pack 1	59838
Lipertance Film Coated Tabs. 20 mg./10 mg./5 mg. 30	24508
Lipertance Film Coated Tabs. 20 mg./10 mg./10 mg. 30	24509
Lipertance Film Coated Tabs. 40 mg./10 mg./10 mg. 30	24510
Mogadon Tabs. 5 mg. 30	71455
Solifenacin Succinate (Gerard Labs.) Film Coated Tabs. 5 mg. 30	28911
Steglatro Film Coated Tabs. 5 mg. 28	27573

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st AUGUST 2024

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Adtralza Soln. for Inj. in Pre-filled Pen 300 mg./2 ml. 2 (A) *Code the number of pre-filled pens dispensed*	89051	Tralokinumab	€1,103.80	LEO Pharma	United Drug/Uniphar
Luveris (Originalis B.V.) Pdr. and Solv. for Soln. for Inj. 75 IU. 1 (A) *Code the number of injections dispensed*	89124	Lutropin alfa	€36.66	Originalis B.V.	RxSource Ltd.
Pyzchiva Soln. for Inj. in Pre-Filled Syr. 45 mg./0.5 ml. 0.5 ml. 1 (A) *Code the number of pre-filled syringes dispensed*	89134	Ustekinumab	€1,634.66	Rowex Ltd.	United Drug
Pyzchiva Soln. for Inj. in Pre-Filled Syr. 90 mg./1 ml. 1 ml. 1 (A) *Code the number of pre-filled syringes dispensed*	89135	Ustekinumab	€1,680.71	Rowex Ltd.	United Drug
Tecfidera (BModesto B.V.) Gastro-Resistant Hard Caps. 240 mg. 56 (A)	89156	Dimethyl Fumarate	€965.61	BModesto B.V.	Uniphar
Tepmetko Film Coated Tabs. 225 mg. 60 (A)	89157	Tepotinib	€8,062.88	Merck Serono (Ireland) Ltd.	Allphar
TOBI (BModesto B.V.) Podhaler Inhalation Pdr., Hard Caps. 28 mg. 224 Caps. + 5 Inhalers Pack 1 (A) *Code the number of packs dispensed*	89158	Tobramycin	€2,250.24	BModesto B.V.	Uniphar
Uzpruvo Soln. for Inj. in pre-filled syringe 45 mg./0.5 ml. 0.5 ml. 1 (A) *Code the number of pre-filled syringes dispensed*	89163	Ustekinumab	€1,634.66	Clonmel Healthcare Ltd.	United Drug
Uzpruvo Soln. for Inj. in Pre-Filled Syringe 90 mg./1 ml. 1 ml. 1 (A) *Code the number of pre-filled syringes dispensed*	89168	Ustekinumab	€1,680.71	Clonmel Healthcare Ltd.	United Drug

Product Updates Notification
Effective 1st July 2024

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st JULY 2024

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Abilify (Originalis B.V.) Oral Soln. 1 mg./ml. 150 ml. (B) *(Non-Proprietary Name Index: Aripiprazole)*	S1A	71.96	67013
Actos (Originalis B.V.) Tabs. 30 mg. 28 (A) *(Non-Proprietary Name Index: Pioglitazone)*	S1B	26.16	67016
Arava (Originalis B.V.) Film Coated Tabs. 10 mg. 30 (A)	S1A	31.37	67020
Arava (Originalis B.V.) Film Coated Tabs. 20 mg. 30 (A) *(Non-Proprietary Name Index: Leflunomide)*	S1A	37.42	67021
Briviact (Originalis B.V.) Film Coated Tabs. 75 mg. 56 (A) (*Non-Proprietary Name Index: Brivaracetam)*	S1A	110.39	67022
Clopidogrel (MSN) Film Coated Tabs. 75 mg. 28 (A) *(Non-Proprietary Name Index: Clopidogrel)*	S1B	3.92	67023
Multaq (Originalis B.V.) Film Coated Tabs. 400 mg. 60 (A) *(Non-Proprietary Name Index: Dronedarone)*	S1B	52.55	67117
Nasorinit Nasal Spray Susp. 137 mcg./50 mcg. per actuation, 23 G. Bottle (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Fluticasone, Combinations)*	S1B	7.39	67127
Xarelto Film Coated Tabs. 10 mg. 28 (A) (*Non-Proprietary Name Index: Rivaroxaban)*	S1B	61.38	67208

DELETIONS

Actonel Once A Week (iMED Healthcare Ltd.) Tabs. 35 mg. 4	10894
Aldara (iMED Healthcare Ltd.) Cream 5% Sachet 12	11635
Artelac (iMED Healthcare Ltd.) Eye Drops Single Dose Unit 0.5 ml. 60	19310
Augmentin-Duo (iMED Healthcare Ltd.) Susp. 400 mg./57 mg./5 ml. 70 ml.	91134
Azarga (iMED Healthcare Ltd.) Eye Drop Susp. 10 mg./ml. + 5 mg./ml. 5 ml. Pack 1	53502
Azopt (iMED Healthcare Ltd.) Eye Drop Susp. 10 mg./ml. 5 ml.	50701
Canesten HC (iMED Healthcare Ltd.) Cream 30 G.	70220
Champix (iMED Healthcare Ltd.) Tabs. 1 mg. 56	34608
Cordarone X (iMED Healthcare Ltd.) Tabs. 100 mg. 28	18730
Cordarone X (iMED Healthcare Ltd.) Tabs. 200 mg. 28	18731
Creon (iMED Healthcare Ltd.) 10,000 Caps. 50	19255
Ebixa (iMED Healthcare Ltd.) Film Coated Tabs. 10 mg. 28	18691
Ebixa (iMED Healthcare Ltd.) Film Coated Tabs. 10 mg. 56	18758
Efexor XL (P.C.O. Mfg.) Tabs. 150 mg. 30	22896
Exforge (iMED Healthcare Ltd.) Film Coated Tabs. 5 mg./160 mg. 28	32627
Exforge (iMED Healthcare Ltd.) Film Coated Tabs. 10 mg./160 mg. 28	32628
Ezetimibe/Simvastatin (Mylan) Tabs. 10 mg./20 mg. 28	37310
Ezetimibe/Simvastatin (Mylan) Tabs. 10 mg./40 mg. 28	37311
Febuxostat (Mylan) Film Coated Tabs. 80 mg. 28	31803
Febuxostat (Mylan) Film Coated Tabs. 120 mg. 28	31804
Fosavance (iMED Healthcare Ltd.) Tabs. 70 mg./5600 IU 4	75212
Janumet (iMED Healthcare Ltd.) Film Coated Tabs. 50 mg./1000 mg. 56	29766
Keppra (iMED Healthcare Ltd.) Film Coated Tabs. 1000 mg. 30	54323
Konverge (iMED Healthcare Ltd.) Film Coated Tabs. 20 mg./5 mg. 28	21463
Konverge (iMED Healthcare Ltd.) Film Coated Tabs. 40 mg./5 mg. 28	21470
Konverge (iMED Healthcare Ltd.) Film Coated Tabs. 40 mg./10 mg. 28	21486
Lyrica (iMED Healthcare Ltd.) Caps. 25 mg. 56	41925
Lyrica (iMED Healthcare Ltd.) Caps. 75 mg. 56	41926
Lyrica (iMED Healthcare Ltd.) Caps. 100 mg. 84	41928

Lyrica (iMED Healthcare Ltd.) Caps. 150 mg. 56	41927
Lyrica (iMED Healthcare Ltd.) Hard Caps. 50 mg. 84	35269
Micardis (iMED Healthcare Ltd.) Tabs. 20 mg. 28	64404
Micardis (iMED Healthcare Ltd.) Tabs. 40 mg. 28	64475
Micardis (iMED Healthcare Ltd.) Tabs. 80 mg. 28	64476
Movicol (iMED Healthcare Ltd.) 13 G. Powder Sachets 30	42261
Omesar (iMED Healthcare Ltd.) Film Coated Tabs. 10 mg. 28	21493
Omesar (iMED Healthcare Ltd.) Film Coated Tabs. 20 mg. 28	40751
Omesar (iMED Healthcare Ltd.) Film Coated Tabs. 40 mg. 28	40852
Plavix (iMED Healthcare Ltd.) Film Coated Tabs. 75 mg. 30	41080
Procoralan (iMED Healthcare Ltd.) Film Coated Tabs. 5 mg. 56	42720
Procoralan (iMED Healthcare Ltd.) Film Coated Tabs. 7.5 mg. 56	42721
Protelos (iMED Healthcare Ltd.) Grans. Sachets 2 G. 28	43293
Rybrila Oral Soln. 160 mcg./ml. 150 ml.	66961
Seroxat (iMED Healthcare Ltd.) Tabs. 20 mg. 30	45691
Sinemet-62.5 Tabs. 90	46111
Sprivia Combopack (iMED Healthcare Ltd.) 18 mcg. i.e. 1 Handihaler/30 Caps. 1	60453
Symbicort Turbohaler (iMED Healthcare Ltd.) 200 mcg./6 mcg. 120 Dose Inhaler 1	61572
Symbicort Turbohaler (iMED Healthcare Ltd.) 400 mcg./12 mcg. 60 Dose Inhaler 1	32963
Teveten (iMED Healthcare Ltd.) Film Coated Tabs. 600 mg. 28	49480
Toviaz (iMED Healthcare Ltd.) Prolonged Release Tabs. 4 mg. 28	47526
Toviaz (iMED Healthcare Ltd.) Prolonged Release Tabs. 8 mg. 28	47527
Ventolin Evohaler (iMED Healthcare Ltd.) 100 mcg. 200 Dose Aerosol	74126
Xatral (iMED Healthcare Ltd.) Prolonged Release Tabs. 10 mg. 30	53597
Zantac (iMED Healthcare Ltd.) Tabs. 150 mg. 60	54337
Zimovane (iMED Healthcare Ltd.) Tabs. 7.5 mg. 28	63895
Zofran (iMED Healthcare Ltd.) Film Coated Tabs. 4 mg. 10	73893
Zonegran (iMED Healthcare Ltd.) Hard Caps. 100 mg. 56	74865
Zoton (iMED Healthcare Ltd.) FasTab Tabs. 15 mg. 28	71047
Zoton (iMED Healthcare Ltd.) FasTab Tabs. 30 mg. 28	71061
Zyprexa (iMED Healthcare Ltd.) Tabs. 7.5 mg. 56	71820

ADDITIONS/DELETIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME

ADDITIONS

CLINCIAL NUTRITIONAL PRODUCTS

Code the number of bottles, boxes, packs, pots, pouches, sachets, tins or tubs dispensed.

Add	EAA Supplement 12.5 G. Pack 30 (A)		125.67	81162

DRESSINGS

Code the number of individual items supplied e.g. Bandages, Dressings, Packs, Plasters, Rolls, Sachets, Sheets, Tapes etc.

		Distributor		
Add	Biatain Silicone Adhesive 10 cm x 20 cm 1	Coloplast	2.95	86488
Add	Biatain Silicone AG 7.5 cm x 7.5 cm 1	Coloplast	3.73	86489

OSTOMY & URINARY PRODUCTS

Add	Qufora IrriSedo MiniGo Flex Trans Anal Irrigation 57006-030 30	270.45	94345
Add	Qufora IrriSedo MiniGo Trans Anal Irrigation 57005-030 30	232.87	94343

DELETIONS

CLINICAL NUTRITIONAL PRODUCTS

Delete	Emsogen Plain/Flavour 100 G. Pack 1	84972
Delete	Ensure Plus 220 ml. Pack 1	81394
Delete	Ensure Plus Savoury 220 ml. Pack 1	81147
Delete	Fortimel Advanced 200 ml. Pack 1	85048

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st JULY 2024

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Afinitor (iMED Healthcare Ltd.) Tabs. 2.5 mg. 30 (A)	89050	Everolimus	€1,153.87	iMED Healthcare Ltd.	iMED Healthcare Ltd.
Opsumit (iMED Healthcare Ltd.) Film Coated Tabs. 10 mg. 30 (A)	89052	Macitentan	€2,439.70	iMED Healthcare Ltd.	iMED Healthcare Ltd.
Tavneos Hard Caps. 10 mg. 180 (A)	89053	Avacopan	€5,765.91	Vifor Pharma UK Ltd.	Uniphar
Xagrid (iMED Healthcare Ltd.) Hard Caps. 0.5 mg. 100 (A)	89095	Anagrelide	€286.71	iMED Healthcare Ltd.	iMED Healthcare Ltd.

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Zavedos Inj. 5 mg. 1	88223	Idarubicin	Pfizer Healthcare Ireland
Zoladex (iMED Healthcare Ltd.) Implant 3.6 mg. 1	88000	Goserelin	iMED Healthcare Ltd.
Zoladex LA (iMED Healthcare Ltd.) Implant 10.8 mg. 1	88962	Goserelin	iMED Healthcare Ltd.
Zykadia Hard Caps. 150 mg. 150	88742	Ceritinib	Novartis Ireland Ltd.

Product Updates Notification
Effective 1st June 2024

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st JUNE 2024

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Abilify Maintena Prolonged Release Susp. for Inj in Pre-filled Syr. 960 mg. 1 (A) *Code number of pre-filled syringes dispensed* *(Non-Proprietary Name Index: Aripiprazole)*	S1A	541.23	67196
Avamys (BModesto B.V.) Nasal Spray Susp. 27.5 mcg. 120 Dose Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Fluticasone Furoate)*	S1B	7.99	67197
Brimica Genuair (BModesto B.V.) Inhalation Powder 340 mcg./12 mcg. 60 Dose Inhaler 1 (A) *Code the number of inhalers dispensed* *(Non-Proprietary Name Index: Formoterol and Aclidinium Bromide)*	S1B	42.07	67198
Eliquis (BModesto B.V.) Film Coated Tabs. 5 mg. 60 (A) *(Non-Proprietary Name Index: Apixaban)*	S1B	62.93	67199
Epiduo Gel 0.1%/2.5% 60 G. (B) *(Non-Proprietary Name Index: Adapalene, combinations)*	S1A	30.83	67200
Janumet (BModesto B.V.) Film Coated Tabs. 50 mg./1000 mg. 56 (A) *(Non-Proprietary Name Index: Metformin and Sitagliptin)*	S1B	14.02	67201
Midon (Originalis B.V.) Tabs. 5 mg. 100 (A) *(Non-Proprietary Name Index: Midodrine)*	S1B	18.55	67203
Relvar Ellipta (BModesto B.V) Inhalation Pdr. Pre-Dispensed 184 mcg./22 mcg. 30 Dose Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Vilanterol and Fluticasone Furoate)*	S1B	34.29	67204
Septrin Forte Tabs. 160/800 mg. 50 (A) *(Non-Proprietary Name Index: Trimethoprim and Sulfamethoxazole)*	S1A	8.95	67205
Xultophy (Originalis B.V.) Soln. for Inj. in Pre-filled Pen 100 units/ml. + 3.6 mg./ml. 3.ml. 3 (A) *Code the number of pre-filled pens dispensed* *(Non-Proprietary Name Index: Insulin Degludec and Liraglutide)*	S1A	112.06	67206
Zarontin (Originalis B.V.) Syrup 250 mg./5 ml. 200 ml. (B) *(Non-Proprietary Name Index: Ethosuximide)*	S1B	22.28	67207

DELETIONS

Cifox Tabs. 500 mg. 10	17631
Micardis Tabs. 20 mg. 28	64413
Rasagiline Mylan (Gerard Labs.) Tabs. 1 mg. 28	37305
Rosuva Film Coated Tabs. 10 mg. 28	62823
Sildenafil Mylan (Gerard Labs.) Film Coated Tabs. 25 mg. 4	33555
Steglujan Film Coated Tabs. 5 mg./100 mg. 28	43770
Temgesic Inj. 1 ml. 5	48577

ADDITION/CHANGES TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME

OSTOMY & URINARY

ADDITION

Add	DO.TIK Soft-Soft Tip Urethral Catheter 62508-62512, 62513-62517, 62519-62520 60	115.42	94341

CHANGES UNDERLINED

Change	Hollister Adapt Cera Rings Std. 8805, Slim 8815 10	25.88	94204
To Read	Hollister Adapt Cera Rings Std. 8805, Slim 8815, 881527 10	25.88	94204
Change	Hollister Moderma Flex Urostomy Pouch with CeraPlus Barrier - Convex 59700/01/02 10	74.16	99281
To Read	Hollister Moderma Flex Urostomy Pouch with CeraPlus Barrier - Convex 596200/01/59700/01/02/597200/01 10	74.16	99281
Change	Hollister Moderma Flex Urostomy Pouch with CeraPlus Barrier - Soft Convex 59820/25/30/59900/01/02 10	74.15	99280
To Read	Hollister Moderma Flex Urostomy Pouch with CeraPlus Barrier - Soft Convex 59820/25/30/598200/1/59900/01/02/599200/1/599220/5/30 10	74.15	99280
Change	MiroMed SupraCare All Silicone Two Way Open Tip Foley Catheter with Unibal Integral Balloon 1	10.95	94989
To Read	UroMed SupraCath All Silicone Two Way Open Tip Foley Catheter with Integral Balloon 1	10.95	94989

CHANGES TO THE LIST OF REIMBURSABLE NON DRUG DIABETES CONSUMABLES ADDITIONS ON GMS SCHEME EFFECTIVE 1st MAY 2024

CHANGES UNDERLINED

Change	Medtronic Guardian Sensor 3 BNGLGSENS35 5	247.50	97680
To Read	Medtronic Guardian Sensor 3 MMT-7020C1 5	247.50	97680
Change	Medtronic Guardian Sensor 4 BNUIG4SCGM5 5	247.50	97645
To Read	Medtronic Guardian Sensor 4 MMT-7040C1 5	247.50	97645
Change	Medtronic Guardian Sensor 4 BNUIG4SMDI5 5	247.50	97671
To Read	Medtronic Guardian Sensor 4 MMT-7040QC1 5	247.50	97671

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st JUNE 2024

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Aubagio (BModesto B.V.) Film Coated Tabs. 14 mg. 28 (A)	89332	Teriflunomide	800.19	BModesto B.V.	Uniphar
Baraclude (iMED Healthcare Ltd.) Film Coated Tabs. 0.5 mg. 30 (A)	89333	Entecavir	203.28	iMED Healthcare Ltd.	iMED Healthcare Ltd.
Skyrizi Soln. for Inj. in Cartridge 360 mg. 1 (A) *Code the number of cartridges dispensed*	89334	Risankizumab	1,983.40	AbbVie Ltd.	Allphar
Verzenios Film Coated Tabs. 50 mg. 56 (A)	89335	Abemaciclib	2,525.55	Eli Lilly & Co. Ltd.	United Drug
Verzenios Film Coated Tabs. 100 mg. 56 (A)	89336	Abemaciclib	2,521.96	Eli Lilly & Co. Ltd.	United Drug
Verzenios Film Coated Tabs. 150 mg. 56 (A)	89337	Abemaciclib	2,521.96	Eli Lilly & Co. Ltd.	United Drug
Wakix (iMED Healthcare Ltd.) Film-Coated Tabs. 18 mg. 30 (A)	89338	Pitolisant	305.50	iMED Healthcare Ltd.	iMED Healthcare Ltd.
Xgeva Soln. for Inj. in Pre-filled Syringe 120 mg. 1 (A) *Code the number of pre-filled syringes dispensed*	89340	Denosumab	310.41	Amgen Ireland Ltd.	United Drug

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Talmanco Generics Film Coated Tabs. 20 mg. 56	88495	Tadalafil	Gerard Laboratories
Valganciclovir (Rowex) Film Coated Tabs. 450 mg. 60	88740	Valganciclovir	Rowex Ltd.

Product Updates Notification
Effective 1st May 2024

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st MAY 2024

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Apidra Solostar (Originalis B.V.) Soln. for Inj. In Pre-filled Pen 100 units/ml. 3 ml. 5 (A) *Code the number of pre-filled pens dispensed* *(Non-Proprietary Name Index: Insulin Glulisine, Fast Acting)*	S1B	32.69	67190
Co-Codamol Film Coated Tabs. 15 mg./500 mg. 100 (A) *(Non-Proprietary Name Index: Codeine, Combinations Excl. Psycholeptics)*	S1A	8.42	67188
Exelon Transdermal (Originalis B.V.) Patch 9.5 mg./24 Hour 30 (A) *Code the number of patches dispensed* *(Non-Proprietary Name Index: Rivastigmine)*	S1A	39.80	67189
Losartan (Clonmel) Film Coated Tabs. 50 mg. 28 (A)	S1B	2.42	67191
Losartan (Clonmel) Film Coated Tabs. 100 mg. 28 (A) *(Non-Proprietary Name Index: Losartan)*	S1B	3.64	67192
Losartan/Hydrochlorothiazide (Clonmel) Film Coated Tabs. 50 mg./12.5 mg. 28 (A)	S1B	2.80	67193
Losartan/Hydrochlorothiazide (Clonmel) Film Coated Tabs. 100 mg./25 mg. 28 (A) *(Non-Proprietary Name Index: Losartan and Diuretics)*		3.01	67194
Roclanda Eye Drops, Soln. 50 mcg./ml + 200 mcg./ml. 2.5 ml. 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Latanoprost and Netarsudil)*	S1A	12.66	67195

DELETIONS

Canesten Vag. Tabs. 200 mg. 3	77038
Co-Aprovel Tabs. 300/25 mg. 28	50160
Condyline Soln 0.5% 3.5 ml. Pack 1	13209
Ezetimibe (Key Pharmaceuticals) Tabs. 10 mg. 28	37309
Lotanos Film Coated Tabs. 100 mg. 28	31913
Memantine LEK Film Coated Tabs. 10 mg. 28	32553
Pinamox Susp. 125 mg./5 ml. 100 ml.	91642
Rosuva Film Coated Tabs. 40 mg. 28	62825
Telmisartan Mylan (Gerard Labs.) Tabs. 20 mg. 28	64428
Tinaderm M Cream 20 G.	74845
Xefo Film Coated Tabs. 4 mg. 30	51420
Xefo Film Coated Tabs. 8 mg. 30	51421

ADDITIONS/CHANGE/DELETIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1st MAY 2024

ADDITIONS
DIABETES CONSUMABLES
Code the number of individual items supplied e.g. pieces, sensors, strips, needles etc.

Add	Medtronic Guardian Sensor 3 BNGLGSENS35 5	247.50	97680
Add	Medtronic Guardian Sensor 4 BNUIG4SCGM5 5	247.50	97645
Add	Medtronic Guardian Sensor 4 BNUIG4SMDI5 5	247.50	97671

CHANGE TO LIST OF NON-DRUG CLINICAL NUTRITIONAL DELETIONS ON GMS SCHEME EFFECTIVE 1st APRIL 2024

ADD

Add	HCU LV 27.8 G. Sachet 30	81001

DELETIONS

CLINICAL NUTRITIONAL PRODUCTS

Delete	Nutrison Advance Diason 1 L. Pack 1	81118

DIABETES CONSUMABLES

Delete	Medtronic Glucose Enlite Sensor BNENSENS 10	83204
Delete	Medtronic Guardian Sensor 3 BNGLGSENS310 10	94169
Delete	Medtronic Guardian Sensor 4 BNUIG4SCGM10 10	99962
Delete	Medtronic Guardian Sensor 4 BNUIG4SMDI10 10	99963

DRESSINGS

Delete	Cutimed Siltec Foam Dressing 10 cm x 10 cm 72632-01 1	86123
Delete	Cutimed Siltec Foam Dressing 10 cm x 20 cm 72632-02 1	86206
Delete	Cutimed Siltec Foam Dressing 15 cm x 15 cm 72632-03 1	86127
Delete	Cutimed Siltec L Dressing 15 cm x 15 cm 72630-01 1	86323
Delete	Cutimed Siltec Plus Foam Dressing 10 cm x 10 cm 72683-01 1	86124
Delete	Cutimed Siltec Plus Foam Dressing 10 cm x 20 cm 72683-02 1	86125
Delete	Cutimed Siltec Plus Foam Dressing 15 cm x 15 cm 72683-03 1	86128
Delete	Cutimed Siltec Sorbact Dressing 7.5 cm x 7.5 cm 79929-00 1	86082
Delete	Cutimed Siltec Sorbact Dressing 12.5 cm x 12.5 cm 79929-01 1	86083
Delete	Cutimed Siltec Sorbact Dressing 15 cm x 15 cm 79929-02 1	86198
Delete	Cutimed Siltec Sorbact Dressing 22.5 cm x 22.5 cm 79929-04 1	86112
Delete	Cutimed Sorbact Dressing Pad 10 cm x 10 cm 72162-01 1	86116
Delete	Cutimed Sorbact Dressing Pad 10 cm x 20 cm 72163-00 1	86117
Delete	Cutimed Sorbact Gel Dressing 7.5 cm x 15 cm 72611-01 1	86113
Delete	Cutimed Sorbact Ribbon Gauze 2 cm x 50 cm 72166-00 1	86114
Delete	Cutimed Sorbact Ribbon Gauze 5 cm x 200 cm 72167-00 1	86115
Delete	Easifix K Open Knit Retention Bandage 2.5 cm x 4 m 72617-00 1	86256
Delete	Hypafix Tape 30 cm x 10 cm 71442-05 1	86322
Delete	Leukoplast Sleek Waterproof Tape 2.5 cm x 3 m 72379-01 1	86026
Delete	Leukoplast Sleek Waterproof Tape 7.5 cm x 5 m 72379-04 1	86027
Delete	Leukoplast Sleek Waterproof Tape 10 cm x 5 m 72379-05 1	86028
Delete	Leukoplast Sleek Waterproof Tape Latex Free 1.25 cm x 5 m 72359-01 1	86030
Delete	Leukoplast Sleek Waterproof Tape Latex Free 2.5 cm x 5 m 72359-02 1	86031
Delete	Leukoplast Sleek Waterproof Tape Latex Free 5 cm x 5 cm 72359-03 1	86032
Delete	Leukoplast Sleek Waterproof Tape Latex Free 7.5 cm x 5 m 72359-04 1	86033
Delete	Leukofix Transparent Adhesive Tape 1.25 cm x 5 m 02121-00 1	86197
Delete	Leukofix Transparent Adhesive Tape 2.5 cm x 5 m 02122-00 1	86024
Delete	Leukofix Transparent Adhesive Tape 5 cm x 5 m 02124-00 1	86025
Delete	Soffban Natural Viscose Padding 5 cm x 2.7 m 71472-00 1	86041
Delete	Soffban Natural Viscose Padding 7.5 cm x 2.7 m 71473-00 1	86042
Delete	Soffban Natural Viscose Padding 15 cm x 2.7 m 71470-00 1	86043
Delete	Soffban Natual Viscose Padding 20 cm x 2.7 m 71471-00 1	86044
Delete	Soffban Plus Synthetic Padding 5 cm x 2.7 m 71482-05 1	86036
Delete	Soffban Plus Synthetic Padding 7.5 cm x 2.7 m 71482-04 1	86038
Delete	Soffban Plus Synthetic Padding 10 cm x 2.7 m 71482-01 1	86035
Delete	Soffban Plus Synthetic Padding 15 cm x 2.7 m 71482-02 1	86039
Delete	Soffban Plus Synthetic Padding 20 cm x 2.7 m 71842-03 1	86040
Delete	Tensogrip L Tubular Bandage 32.5 cm x 10 m 71522-00 1	86022

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st MAY 2024

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Betaferon (iMED Healthcare Ltd.) Pdr. & Solv. for Soln. for Inj. 250 mcg./ml. 15 (A) *Code the number of injections dispensed*	89331	Interferon Beta-1b	€710.39	iMED Healthcare Ltd.	iMED Healthcare Ltd.

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
IRESSA Tabs. 250 mg. 30	88524	Gefitinib	Astra Zeneca Pharmaceuticals (Ireland) Ltd.

Product Updates Notification
Effective 1st April 2024

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st APRIL 2024
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Apixaban (Accord Healthcare Ltd.) Film Coated Tabs. 2.5 mg. 60 (A)	S1B	26.28	67183
Apixaban (Accord Healthcare Ltd.) Film Coated Tabs. 5 mg. 56 (A)	S1B	24.71	67184
(Non-Proprietary Name Index: Apixaban)			
Citidaron Tabs. 1.5 mg. 100 (A)	S1A	91.77	67185
(Non-Proprietary Name Index: Cytisine)			
Dabigatran Etexilate (KRKA Pharma) Hard Caps. 110 mg. 60 (A)	S1B	26.20	67186
Dabigatran Etexilate (KRKA Pharma) Hard Caps. 150 mg. 60 (A)	S1B	26.31	67187
(Non-Proprietary Name Index: Dabigatran Etexilate)			

DELETIONS

Blopress Tabs. 2 mg. 7	63900
Blopress Tabs. 4 mg. 7	63902
Elantan 40 Tabs. 40 mg. 56	22081
Hydrocortisyl Cream 1% 15 G.	78603
Ikorel Tabs. 20 mg. 60	28725
Klariger Tabs. 500 mg. 14	30074
Osteofos D3 Sachets Pdr. for Oral Soln. 1200 mg./800 IU Sachets 30	69887
Zyloric (P.C.O. Mfg.) Tabs. 300 mg. 30	56718

DELETIONS TO LIST OF REIMBURSABLE NON DRUG ITEMS IN THE
GMS SCHEME EFFECTIVE 1st APRIL 2024
DELETIONS
CLINICAL NUTRITIONAL PRODUCTS

Delete	HCU LV 27.8 G. Sachet 30	81001
Delete	Nutilis Powder 300 G. Pack 1	82249

OSTOMY & URINARY

Delete	ConvaTec Careline Catheter Valve with Lever Tap 908211S-20 5	93720
Delete	ConvaTec Careline Catheter Valve with T Tap 908051S-20 5	93719
Delete	ConvaTec Careline Sterile Leg Bag with T Tap 350 ml. Bag Short Tube 45-01 SVC 10	93742
Delete	ConvaTec Careline+ Sterile Leg Bag with Lever Tap 750 ml. Bag Long Tube with Gloves 46-10-LVCG 10	93298
Delete	ConvaTec Careline+ Sterile Leg Bag with T Tap 350 ml. Bag Short Tube with Gloves 45-01-SVCG 10	93666

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st APRIL 2024

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
*Kaftrio Granules in Sachet 60 mg./40 mg./80 mg. 28 (A) *Code the number of sachets dispensed*	89327	Ivacaftor, Tezacaftor and Elexacaftor	9,819.18	Vertex Pharmaceuticals (Europe) Ltd.	Arvato
*Kaftrio Granules in Sachet 75 mg./50 mg./100 mg. 28 (A) *Code the number of sachets dispensed*	89328	Ivacaftor, Tezacaftor and Elexacaftor	9,819.18	Vertex Pharmaceuticals (Europe) Ltd.	Arvato
*Kalydeco Granules in Sachet 59.5 mg. 28 (A) *Code the number of sachets dispensed*	89329	Ivacaftor	6,290.41	Vertex Pharmaceuticals (Europe) Ltd.	Arvato
*Kalydeco Granules in Sachet 75 mg. 28 (A) *Code the number of sachets dispensed*	89330	Ivacaftor	6,290.41	Vertex Pharmaceuticals (Europe) Ltd.	Arvato

* ***Circular 39/18 refers***

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Entyvio Soln. for Inj. in Pre-filled Syringe 108 mg. 1	89100	Vedolizumab	Takeda Products Ireland Ltd.

Product Updates Notification
Effective 1st March 2024

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st MARCH 2024
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Finovare Cream 20mg./G. 30 G. (B)	S1A	5.17	67176
(Non-Proprietary Name Index: Fusidic Acid)			
Levothyroxine Sodium Aristo (JED Pharma) Tabs. 75 mcg. 30 (A)	S1B	1.91	67177
Levothyroxine Sodium Aristo (JED Pharma) Tabs. 125 mcg. 30 (A)	S1B	2.55	67178
Levothyroxine Sodium Aristo (JED Pharma) Tabs. 150 mcg. 30 (A)	S1B	3.15	67179
Levothyroxine Sodium Aristo (JED Pharma) Tabs. 200 mcg. 30 (A)	S1B	3.72	67181
(Non-Proprietary Name Index: Levothyroxine Sodium)			
Tidimaz Eye Drops Soln. 20 mg./ml. + 5 mg./ml. 5 ml. (B)		9.96	67182
(Non-Proprietary Name Index: Timolol, combinations)			

DELETIONS

Amlodipine/Valsartan/Hydrochlorothiazide (Rowex) Film Coated Tabs. 5 mg./160 mg./12.5 mg. 28	36550
Amlodipine/Valsartan/Hydrochlorothiazide (Rowex) Film Coated Tabs. 10 mg./160 mg./12.5 mg. 28	36551
Blopress Plus Tabs. 32 mg./25 mg. 28	63910
Lotanos Film Coated Tabs. 50 mg. 28	31912
Solifenacin Succinate (Gerard Labs.) Film Coated Tabs. 10 mg. 30	28913

ADDITIONS/DELETION TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1st MARCH 2024

ADDITIONS

CLINICAL NUTRITIONAL PRODUCTS

Code the number of bottles, boxes, packs, pots, pouches, sachets, tins or tubs dispensed.

Add	PKU Express Plus 15 25 G. Sachet 30 (A)	293.94	81151
Add	PKU Express Plus 20 34 G. Sachet 30 (A)	388.03	81154
Add	PKU Motion Red Fruits 10 70 ml. Foil Pouch 30 (A)	159.57	81155
Add	PKU Motion Red Fruits 20 140 ml. Foil Pouch 30 (A)	319.14	81157
Add	PKU Lophlex Select 20 125 ml. Foil Pouch 30 (A)	318.73	81161

DIABETES CONSUMABLES

Code the number of individual items suppled e.g. pieces, strips, needles etc.

Add	Dexcom One+ CGM Sensor STP-D7-001 1 (A)	31.62	97636

DELETION

CLINICAL NUTRITIONAL PRODUCTS

Delete	SMA High Energy 250 ml. Pack 1 (A)	81479

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st MARCH 2024

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
LIVTENCITY Film Coated Tabs. 200 mg. 56 (A)	89322	Maribavir	€13,338.00	Takeda Products Ireland Ltd.	United Drug
Produodopa Soln. for Inf. 240 mg./ml. + 12 mg./ml. 10 ml. Vial 7 (A) *Code the number of vials dispensed*	89323	Foslevodopa and Foscarbidopa	€677.19	AbbVie Ltd.	Allphar
SOTYKTU Film Coated Tabs. 6 mg. 28 (A)	89324	Deucravacitinib	€887.08	Bristol-Myers Squibb	United Drug
Zejula Film Coated Tabs. 100 mg. 56 (A)	89325	Niraparib	€4,236.78	GlaxoSmithKline (Ireland) Ltd.	PRL

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Fludara Oral Tabs. 10 mg. 15	88247	Fludarabine	Sanofi Aventis Ireland Ltd.

Product Updates Notification
Effective 1st February 2024

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st FEBRUARY 2024

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Apixaban (Rowex) Film Coated Tabs. 2.5 mg. 60 (A)	S1B	26.15	67157
Apixaban (Rowex) Film Coated Tabs. 5 mg. 56 (A)	S1B	24.22	67169
(Non-Proprietary Name Index: Apixaban)			
Estradiol (SUN) Vaginal Tabs. 10 mcg. 24 (A)	S1A	10.32	67170
(Non-Proprietary Name Index: Estradiol)			
Expudyne Rx Oral Soln. 750 mg./5 ml. 200 ml. (B)	P	6.58	67171
(Non-Proprietary Name Index: Carbocisteine)			
Ibuprofen (Accord Healthcare Ltd.) Film Coated Tabs. 200 mg. 100 (A)	S1B	3.63	67172
Ibuprofen (Accord Healthcare Ltd.) Film Coated Tabs. 400 mg. 100 (A)	S1B	2.91	67173
Ibuprofen (Accord Healthcare Ltd.) Film Coated Tabs. 600 mg. 100 (A)	S1B	4.45	67174
(Non-Proprietary Name Index: Ibuprofen)			
Pentasa (Lexon Ireland) Sachet Prolonged Release Grans. 2 G. 60 (A)	S1B	94.56	67175
Code the number of sachets dispensed			
(Non-Proprietary Name Index: Mesalazine)			

DELETIONS

Azithromycin (Accord Healthcare Ltd.) Film Coated Tabs. 250 mg. 6	47901
Blopress Tabs. 2 mg. 28	63901
Istolde Tabs. 5 mg. 28	22760
Istolde Tabs. 10 mg. 28	22761
Latanoprost (Actavis) Eye Drops Soln. 50 mcg./ml. 2.5 ml. 1	53403
Pravastatin Sodium (Accord Healthcare Ltd.) Tabs. 10 mg. 28	60545
Pravastatin Sodium (Accord Healthcare Ltd.) Tabs. 20 mg. 28	60546
Pravastatin Sodium (Accord Healthcare Ltd.) Tabs. 40 mg. 28	60547
Rabeprazole Sodium (Accord Healthcare Ltd.) Gastro-Resistant Tabs. 10 mg. 28	73130
Rabeprazole Sodium (Accord Healthcare Ltd.) Gastro-Resistant Tabs. 20 mg. 28	73131
Rosuva Film Coated Tabs. 5 mg. 28	62822
Sildenafil Mylan (Gerard Labs.) Film Coated Tabs. 50 mg. 4	33556
Sildenafil Mylan (Gerard Labs.) Film Coated Tabs. 100 mg. 4	33557

ADDITIONS/CHANGES/DELETIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1st FEBRUARY 2024

ADDITIONS

CLINICAL NUTRITIONAL PRODUCTS

Code the number of bottles, boxes, packs, pots, pouches, sachets, tins or tubs dispensed.

Add	Fresubin PRO Compact Drink 125 ml. Pack 1 (A)	1.60	82771
Add	Fresubin PRO Drink 200 ml. Pack 1 (A)	2.48	82772

DIABETES CONSUMABLES

Code the number of individual items supplied e.g. pieces, strips, needles etc.

Add	TD Insulin Pen Needles 31 G., 5 mm. 100 (A)	7.90	85583
Add	TD Insulin Pen Needles 31 G., 6 mm. 100 (A)	7.90	85584
Add	TD Insulin Pen Needles 31 G., 8 mm. 100 (A)	7.90	85585
Add	TD Insulin Pen Needles 32 G., 4 mm. 100 (A)	7.90	85586

CHANGES

CHANGES UNDERLINED

DIABETES CONSUMABLES

Change	TD Insulin Pen Needles 31 G. 4/5/6/8 mm, 32 G. 4 mm. 100 (A)	7.90	85582
To Read	TD Insulin Pen Needles <u>31 G., 4 mm.</u> 100 (A)	7.90	85582

	OSTOMY & URINARY		
Change	Convatec Ease Thin Curve Flange Extender 422164 60	29.25	96108
To Read	ESENTA Hydrocolloid Strips Thin Curve 423825 60	29.25	96108
Change	Hollister Moderma Flex CeraPlus Closed Pouch with Skin Barrier Beige Convex, Midi, CTF and Pre sized 52200,52201,52600,52601,52625,52630,52635,522100,522101 30	116.19	94097
To Read	Hollister Moderma Flex CeraPlus Closed Pouch with Skin Barrier Beige Convex, Midi, CTF and Pre sized 52200,52201,522125/30/35/40,52600,52601,526100/01,52625,52630, 52635,522100,522101 30	116.19	94097
Change	Hollister Moderma Flex CeraPlus Drainable Pouch with Skin Barrier Convex/Soft Convex 530200/01, 531200/01,540200/01/25/29/32,541200/01/25/29/32/38 30	167.84	94400
To Read	Hollister Moderma Flex CeraPlus Drainable Pouch with Skin Barrier Convex/Soft Convex 530200/01,531200/01,540200/01/25/29/32,541200/01/25/29/32/35/38 546200/01,548200/01 30	167.84	94400

DELETIONS

OSTOMY & URINARY

Colodress Plus One Piece Closed Pouch Mini Opaque S901/5 30	99635
Conseal Plug 1235/45/85/95 10	97683

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st FEBRUARY 2024

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Cinacalcet (Accord Healthcare Ltd.) Film Coated Tabs. 30 mg. 28	89005	Cinacalcet	Accord Healthcare Ltd.
Cinacalcet (Accord Healthcare Ltd.) Film Coated Tabs. 60 mg. 28	89006	Cinacalcet	Accord Healthcare Ltd.
Cinacalcet (Accord Healthcare Ltd.) Film Coated Tabs. 90 mg. 28	89007	Cinacalcet	Accord Healthcare Ltd.

Product Updates Notification
Effective 1st January 2024

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st JANUARY 2024
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Dabigatran Etexilate (Accord Healthcare Ltd.) Hard Caps. 75 mg. 60 (A)	S1B	25.86	67154
Dabigatran Etexilate (Accord Healthcare Ltd.) Hard Caps. 110 mg. 60 (A)	S1B	26.20	67155
Dabigatran Etexilate (Accord Healthcare Ltd.) Hard Caps. 150 mg. 60 (A)	S1B	26.31	67156
(Non-Proprietary Name Index: Dabigatran Etexilate)			
Evista (BModesto B.V.) Film Coated Tabs. 60 mg. 28 (A)	S1B	13.31	67158
(Non-Proprietary Name Index: Raloxifene)			
Galvus (BModesto B.V.) Tabs. 50 mg. 30 (A)	S1B	17.12	67159
(Non-Proprietary Name Index: Vildagliptin)			
Lanoxin Tabs. 250 mcg. 30 (A)	S1B	1.90	67161
Lanoxin PG Tabs. 62.5 mcg. 30 (A)	S1B	2.07	67162
(Non-Proprietary Name Index: Digoxin)			
Midazolam (Rowa) Oromucosal Soln. in Pre-Filled Oral Syr. 2.5 mg./0.5 ml. 0.5 ml. 4 (A)	S1A	63.90	67163
Midazolam (Rowa) Oromucosal Soln. in Pre-Filled Oral Syr. 5 mg./ml. 1 ml. 4 (A)	S1A	65.31	67164
Midazolam (Rowa) Oromucosal Soln. in Pre-Filled Oral Syr. 7.5 mg./1.5 ml. 1.5 ml. 4 (A)	S1A	66.02	67165
Midazolam (Rowa) Oromucosal Soln. in Pre-Filled Oral Syr. 10 mg./2 ml. 2 ml. 4 (A)	S1A	65.35	67166
Code the number of Pre-filled syringes dispensed			
(Non-Proprietary Name Index: Midazolam)			
Sitagliptin/Metformin Hydrochloride (Pinewood) Film Coated Tabs. 50 mg./850 mg. 56 (A)	S1B	15.13	67167
Sitagliptin/Metformin Hydrochloride (Pinewood) Film Coated Tabs. 50 mg./1000 mg. 56 (A)	S1B	14.45	67168
(Non-Proprietary Name Index: Sitagliptin/Metformin Hydrochloride)			

DELETIONS

Acidex Liquid 200 ml.	10120
Apidra SoloStar (P.C.O. Mfg.) Soln. for Inj. 100 units/ml. 3 ml. 5	53489
Blopress Plus Tabs. 8 mg./12.5 mg. 28	63907
Blopress Plus Tabs. 16 mg./12.5 mg 28	63908
Blopress Plus Tabs. 32 mg./12.5mg. 28	63909
Ezetimibe/Simvastatin (Mylan) Tabs. 10 mg./80 mg. 28	37312
Fortum Inj. 500 mg. 1	39217
Lamzarin Prolonged Release Tabs. 30 mg. 56	69501
Ondansetron (Rowex) Tabs. 8 mg. 10	55327
Ondansetron (Rowex) Tabs. 8 mg. 30	55343

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st JANUARY 2024

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Orgovyx (Accord Healthcare Ltd.) Film Coated Tabs. 120 mg. 30 (A)	89319	Relugolix	€155.35	Accord Healthcare Ireland Ltd.	Uniphar/United Drug
Trientine Tillomed (Azure Pharmaceuticals) Hard Caps. 167 mg. 100 (A)	89320	Trientine	€2111.93	Azure Pharmaceuticals Ltd.	United Drug
Wakix (Originalis B.V.) Film Coated Tabs. 18 mg. 30 (A)	89321	Pitolisant	€328.37	Originalis B.V.	RxSource Ltd.

Product Updates Notification
Effective 1st December 2023

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st DECEMBER 2023

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
DELETIONS			
Actiq Compressed Lozenge 200 mcg. c Integral Oromucosal Applicator 3			12207
Flixotide Nebules 0.5 mg./2 ml. 10			24867
Furosemide (Thame Laboratories) Oral Soln. 4 mg./ml. 150 ml.			19241
Galfer FA Caps. 305 mg. and 0.35 mg. 28			71781
Truoxin Tabs. 500 mg. 10			52730
Truoxin Tabs. 500 mg. 20			19924

ADDITIONS/DELETIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1st DECEMBER 2023

ADDITIONS

CLINICAL NUTRITIONAL PROUCTS

Code the number of bottles, boxes, packs, pots, pouches, sachets, tins or tubs dispensed.

Add	XPhe Minis 15.8 G. Sachets. (24 Tabs. per Sachet) 30 (A)		147.70	81432

DIABETES CONSUMABLES

Code the number of individual items supplied e.g. pieces, strips, needles etc.

Add	GlucoRx AIDEX Continuous Glucose Monitoring Sensor 1 (A)		35.34	85241
Add	FreeStyle 2 Libre Sensor 1 (A)		45.00	85581
Add	TD Insulin Pen Needles 31 G. 4/5/6/8 mm, 32 G. 4 mm. 100 (A)		7.90	85582

DRESSINGS

Code the number of individual items supplied e.g. Bandages, Dressings, Packs, Plasters, Rolls, Sachets, Sheets, Tapes etc.

		Distributor		
Add	Coflex TLC Calamine Lite Two Layer Compression Kit (20-30mmHg) 1 (A)	Iskus Health Ltd.	16.43	86485
Add	Coflex TLC Calamine Standard Two Layer Compression Kit (30-40mmHG) 1 (A)	Iskus Health Ltd.	16.43	86486
Add	Dialtec Waterproof Wound Protection Pouch 1 (A)	GenaMed	8.50	86487

DELETIONS

DIABETES CONSUMABLES

Delete	Accu-Chek Advantage Plus Test Strips 50	63435
Delete	BM-Accutest Test Strips 50	10650
Delete	Breeze 2 Disc Test Strips 50	15403
Delete	Gluco RX Q Test Strips 349-1347 50	85137

INSULIN INFUSION SETS

Delete	Accu-Chek TenderLink II 13/60 04541693001 - 20 Pieces	85129
Delete	Accu-Chek TenderLink II 17/110 04541715001 - 20 Pieces	85468

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st DECEMBER 2023

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Afinitor (P.C.O. Mfg.) Tabs. 10 mg. 30 (A)	89308	Everolimus	€2,259.73	P.C.O Manufacturing Ltd.	P.C.O. Manufacturing Ltd.
Fulvestrant (EVER Pharma) Soln. for Inj. in Pre-filled Syringe 250 mg./5 ml. 5 ml. 2 (A) *Code the number of pre-filled syringes dispensed*	89309	Fulvestrant	€231.93	Athlone Laboratories Ltd.	Allphar
Inlyta (Originalis B.V.) Film Coated Tabs. 1 mg. 56 (A)	89310	Axitinib	€730.64	Originalis B.V.	RxSource Ltd.
Inlyta (Originalis B.V.) Film Coated Tabs. 5 mg. 56 (A)	89311	Axitinib	€3,652.94	Originalis B.V.	RxSource Ltd.
Onureg Film Coated Tabs. 200 mg. 7 (A)	89312	Azacitidine	€7,020.00	Bristol Myers Squibb Pharmaceuticals	United Drug
Onureg Film Coated Tabs. 300 mg. 7 (A)	89313	Azacitidine	€7,020.00	Bristol Myers Squibb Pharmaceuticals	United Drug
*Orkambi Granules in Sachet. 75 mg./94 mg. 56 (A) *Code the number of sachets dispensed*	89314	Ivacaftor and Lumacaftor	€10,805.30	Vertex Pharmaceuticals (Ireland) Ltd.	Arvato
Somatuline Autogel (Originalis B.V.) Soln. for Inj. in Pre-filled Syringe. 60 mg. 1 (A) *Code the number of pre-filled syringes dispensed*	89315	Lanreotide	€748.74	Originalis B.V.	RxSource Ltd.
Somatuline Autogel (Originalis B.V.) Soln. for Inj. in Pre-filled Syringe. 120 mg. 1 (A) *Code the number of pre-filled syringes dispensed*	89316	Lanreotide	€1,238.34	Originalis B.V.	RxSource Ltd.
Tyenne Soln. for Inj. in Pre-filled Pen 162 mg. 4 (A) *Code the number of pre-filled pens dispensed*	89317	Tocilizumab	€574.18	Fresenius Kabi Ltd.	Allphar
Tyenne Soln. for Inj. in Pre-filed Syringe 162 mg. 4 (A) *Code the number of pre-filled syringes dispensed*	89318	Tocilizumab	€574.18	Fresenius Kabi Ltd.	Allphar

**** Circular 019/17 refers.***

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Adempas Film Coated Tabs. 2 mg. 84	88694	Riociguat	Merck, Sharp and Dohme IRL (Human Health) Ltd.
Adempas Film Coated Tabs. 2.5 mg. 84	88695	Riociguat	Merck, Sharp and Dohme IRL (Human Health) Ltd.

Product Updates Notification
Effective 1st November 2023

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st NOVEMBER 2023

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Carbimazole (Azure Pharmaceuticals) Tabs. 5 mg. 56 (A)	S1B	2.96	67149
Carbimazole (Azure Pharmaceuticals) Tabs. 20 mg. 56 (A)	S1B	10.30	67151
(Non-Proprietary Name Index: Carbimazole)			
Lactulose (Brill Pharma) Oral Soln. 3.335 G./5 ml. 500 ml. (B)	P	4.07	67152
(Non-Proprietary Name Index: Lactulose)			
Nizoral (Lexon Ireland) Cream 20 mg./G. 2% 15 G. 2 (A)	S1B	4.61	67153
(Non-Proprietary Name Index: Ketoconazole)			
Zarontin (Lexon Ireland) Syrup. 250 mg./5 ml. 200 ml. (B)	S1B	52.38	67160
(Non-Proprietary Name Index: Ethosuximide)			

DELETIONS

Dithrocream Forte 0.5% 50 G.	76287
Dithrocream HP 1% 50 G.	21733
Doxacar Prolonged Release Tabs. 4 mg. 28	68420
Lipercosyl Hard Caps. 10 mg./5mg. 30	24542
Psoriderm Cream 225 ml.	76325
Ventolin Nebules 2.5 mg./2.5 ml. 20	55778

CHANGE TO THE LIST OF REIMBURSABLE NON DRUG DIABETES CONSUMABLES ADDITIONS ON GMS SCHEME EFFECTIVE 1st OCTOBER 2023

CHANGE UNDERLINED

Change	TD-4363 Blood Glucose Test Strips 50 (A)	85579
To Read	TD-4183-4363 Blood Glucose Test Strips 50 (A)	85579

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st NOVEMBER 2023

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Akeega Film Coated Tabs. 50 mg./500 mg. 56 (A)	89303	Niraparib/abiraterone acetate	€5,340.93	Janssen Sciences Ireland UC	Allphar
Akeega Film Coated Tabs. 100 mg./500 mg. 56 (A)	89304	Niraparib/abiraterone acetate	€5,340.93	Janssen Sciences Ireland UC	Allphar
Erleada Film Coated Tabs. 240 mg. 28 (A)	89305	Apalutamide	€3,068.37	Janssen Sciences Ireland UC	Allphar
Scemblix Film Coated Tabs. 20 mg. 60 (A)	89306	Asciminib	€4,875.57	Novartis Ireland Ltd.	Uniphar
Scemblix Film Coated Tabs. 40 mg. 60 (A)	89307	Asciminib	€4,875.57	Novartis Ireland Ltd.	Uniphar

DELETION

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Hepsera Tabs. 10 mg. 30	88503	Adefovir Dipivoxil	Gilead Sciences Ireland Ltd.

Product Updates Notification
Effective 1st October 2023

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st OCTOBER 2023
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Apixaban Teva Film Coated Tabs. 2.5 mg. 60 (A)	S1B	26.28	67121
Apixaban Teva Film Coated Tabs. 5 mg. 56 (A)	S1B	24.71	67122
(Non-Proprietary Name Index: Apixaban)			
EvoTears Preservative Free Eye Drops. 3 ml. (B)	CE	7.99	67123
(Non-Proprietary Name Index: Artificial Tears and other Indifferent Preparations)			
Itoco Eye Drops Soln. 20 mg./ml. 5 ml. (B)		9.98	67124
(Non-Proprietary Name Index: Dorzolamide)			
Levothyroxine Sodium Aristo (JED Pharma) Tabs. 25 mcg. 30 (A)	S1B	1.30	67125
Levothyroxine Sodium Aristo (JED Pharma) Tabs. 50 mcg. 30 (A)	S1B	1.76	67126
Levothyroxine Sodium Aristo (JED Pharma) Tabs. 100 mcg. 30 (A)	S1B	1.93	67128
(Non-Proprietary Name Index: Levothyroxine Sodium)			
Midodrine Hydrochloride (Milstein) Tabs. 2.5 mg. 100 (A)	S1B	12.12	67129
Midodrine Hydrochloride (Milstein) Tabs. 5 mg. 100 (A)	S1B	18.55	67131
(Non-Proprietary Name Index: Midodrine)			
Mirtazapine (Accord Healthcare Ltd.) Film Coated Tabs. 15 mg. 28 (A)	S1A	3.36	67132
Mirtazapine (Accord Healthcare Ltd.) Film Coated Tabs. 30 mg. 28 (A)	S1A	4.47	67133
Mirtazapine (Accord Healthcare Ltd.) Film Coated Tabs. 45 mg. 28 (A)	S1A	7.28	67134
(Non-Proprietary Name Index: Mirtazapine)			
Nexium (P.C.O. Mfg.) Gastro-Resistant Tabs. 20 mg. 28 (A)		12.91	67135
(Non-Proprietary Name Index: Esomeprazole)			
Pregabalin (Pinewood) Hard Caps. 25 mg. 56 (A)	S1A	4.23	67136
Pregabalin (Pinewood) Hard Caps. 50 mg. 84 (A)	S1A	12.70	67137
Pregabalin (Pinewood) Hard Caps. 75 mg. 56 (A)	S1A	8.47	67138
Pregabalin (Pinewood) Hard Caps. 100 mg. 84 (A)	S1A	16.33	67139
Pregabalin (Pinewood) Hard Caps. 150 mg. 56 (A)	S1A	11.49	67140
Pregabalin (Pinewood) Hard Caps. 200 mg. 84 (A)	S1A	23.59	67141
Pregabalin (Pinewood) Hard Caps. 300 mg. 56 (A)	S1A	21.77	67142
(Non-Proprietary Name Index: Pregabalin)			
Prucalopride Aristo (JED Pharma) Film Coated Tabs. 1 mg. 28 (A)	S1B	18.05	67143
Prucalopride Aristo (JED Pharma) Film Coated Tabs. 2 mg. 28 (A)	S1B	26.44	67144
(*Non-Proprietary Name Index: Prucalopride)*			
Xailin Intense Lubricating Eye Drops. 0.3%. 10 ml. (B)	CE	6.16	67146
Xailin Plus Lubricating Eye Drops. 0.2%. 10 ml. (B)	CE	5.83	67147
Xailin Tears Lubricating Eye Drops. 0.1%. 10 ml. (B)	CE	5.51	67148
(Non-Proprietary Name Index: Sodium Hyaluronate)			

DELETIONS

AirFluSal MDI Pressurised Inhalation, Susp. 25 mcg./125 mcg. 120 Dose Pack 1	16005
AirFluSal MDI Pressurised Inhalation, Susp. 25 mcg./250 mcg. 120 Dose Pack 1	16011
Alphaderm Cream 30 G.	63959
Alphaderm Cream 100 G.	63967
Betnovate-C Cream 30 G.	15008
Clopidogrel Mylan Tabs. 75 mg. 28	65105
Codant Tabs. 30 mg. 100	16403
Dithrocream 0.1% 50 G.	76260
Fucidin H Cream 15 G.	59447
Irbesartan (ROWA) Tabs. 75 mg. 28	54324

	24543
Lipercosyl Hard Caps. 10 mg./10 mg. 30	
Lipercosyl Hard Caps. 20 mg./5 mg. 30	24544
Lyrinel XL Tabs. 5 mg. 30	32300
Lyrinel XL Tabs. 10 mg. 30	32309
Paracetamol (Actavis) Rx Film Coated Tabs. 500 mg. 100	38918
Pinamox Caps. 250 mg. 100	39896
Pinamox Caps. 250 mg. 500	39918
Primolut N Tabs. 5 Mg. 20	42693
Rispone Tabs. 4 mg. 60	44085
Rispone Film Coated Tabs. 6 mg. 28	44002
Serenace Liq. 2 mg./ml. 500 ml.	45934
Serenace Tabs. 20 mg. 30	45392
Sofradex Eye/Ear Drops 10 ml.	46396
Telmisartan/Hydrochlorothiazide (Rowa) Tabs. 80 mg./25 mg. 28	13165
Ventolin Nebules 5 mg./2.5 ml. 20	52060
Voltarol Emulgel 50 G.	52434

ADDITIONS/DELETIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1st OCTOBER 2023

DIABETES CONSUMABLES

ADDITIONS

Add	TD-4363 Blood Glucose Test Strips 50 (A)	10.25	85579
Add	TD-5084 Sterile Blood Lancets 30 G. 100 (A)	2.80	85580

OSTOMY & URINARY

ADDITIONS

Add	Liquick Base Catheters Non-Silicone ISC (lubricated) 630010,012,014,016, 106,108,110,112,114,208,210,212, 631012,014,016, 632012,014 60	101.40	96114
Add	Liquick X-treme Catheters Non-Silicone ISC (lubricated) 851822-10,12,14, 851842-10,12,14,16 30	66.00	96111
Add	Liquick X-treme Plus Catheters Non-Silicone ISC (lubricated) 852822-000120,140, 852842-000120,140,160, 30	93.75	96112

DELETIONS

Delete	Coloplast Peristeen Standard and Small Rectal Catheters and Water Bag 29122/7 15	93679
Delete	Coloplast Peristeen Straps 29124 1	93673

CLINICAL NUTRITIONAL PRODUCTS

DELETIONS

Delete	SMA LF 430 G. Pack 1	82511
Delete	Wysoy 860 G. Pack 1	83085

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st OCTOBER 2023

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
ARIKAYCE Liposomal Nebuliser Dispersion Vials. 590 mg. 28 (A) *Code the number of vials dispensed*	89294	Amikacin	10,570.00	Insmed Ireland Ltd.	Arvato
Glivec (P.C.O. Mfg.) Film Coated Tabs. 400 mg. 30 (A)	89295	Imatinib	986.54	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.
Sativex Oromucosal Spray 10 ml. 3. (A) *Code the number of containers dispensed*	89296	Cannabidiol	385.56	Almirall Ltd.	Allphar/Uniphar
Stelara Soln. for Inj. in Pre-Filled Pen. 45. mg./0.5 mL. 0.5ml. 1 (A) *Code the number of pre-filled pens dispensed*	89297	Ustekinumab	2,848.25	Janssen-Cilag Ltd.	Allphar
Stelara Soln. for Inj. in Pre-Filled Pen. 90 mg./1 mL. 1 ml. 1 (A) *Code the number of pre-filled pens dispensed*	89298	Ustekinumab	2,874.64	Janssen-Cilag Ltd.	Allphar
Wakix (P.C.O. Mfg.) Film Coated Tabs. 18 mg. 30 (A)	89299	Pitolisant	328.36	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.
Xagrid (Orignalis B.V.) Hard Caps. 0.5 mg. 100 (A)	89300	Anagrelide	292.28	Originalis B.V.	RxSource
Ziextenzo Soln. for Inj. in Pre-filled Syringe 6 mg./0.6 mL. 0.6 ml. 1 (A) *Code the number of pre-filled syringes dispensed*	89301	Pegfilgrastim	428.31	Rowex Ltd.	United Drug
Zoladex LA (Originalis B.V.) Implant. 10.8 mg. 1 (A)	89302	Goserelin	216.05	Originalis B.V.	RxSource

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Lenalidomide (Mylan) Hard Caps. 10 mg. 21	89142	Lenalidomide	Mylan IRE Healthcare Ltd.
Lenalidomide (Mylan) Hard Caps. 15 mg. 21	89143	Lenalidomide	Mylan IRE Healthcare Ltd.
Lenalidomide (Mylan) Hard Caps. 20 mg. 21	89144	Lenalidomide	Mylan IRE Healthcare Ltd.
Lenalidomide (Mylan) Hard Caps. 25 mg. 21	89145	Lenalidomide	Mylan IRE Healthcare Ltd.

Product Updates Notification
Effective 1st September 2023

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st SEPTEMBER 2023
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Lipocomb (P.C.O. Mfg.) Hard Caps. 10 mg./10 mg. 30 (A)	S1B	13.93	67113
Lipocomb (P.C.O. Mfg.) Hard Caps. 20 mg./10 mg. 30 (A)	S1B	15.55	67114
(Non-Proprietary Name Index: Rosuvastatin and Ezetimibe)			
Pentasa (iMED Healthcare Ltd.) Sachet Prolonged Release Grans. 2 G. 60 (A)	S1B	94.58	67115
Code the number of sachets dispensed			
(Non-Proprietary Name Index: Mesalazine)			
Pentasa (Originalis B.V.) Sachet Prolonged Release Grans. 2 G. 60 (A)	S1B	94.58	67116
Code the number of sachets dispensed			
(Non-Proprietary Name Index: Mesalazine)			
Pinacort (Pinewood) Modified Release Hard Caps. 3mg. 100 (A)	S1B	43.76	67118
(Non-Proprietary Name Index: Budesonide)			
Utrogestan Soft Caps. 100 mg. 30 (A)	S1A	6.29	67119
(Non-Proprietary Name Index: Progesterone)			

DELETIONS

Abasaglar KwikPen Soln. for Inj., Pre-Filled Pen 100 units/ml. 3 ml. 5 (1 - 80 Units)	69486
Abstral Sublingual Tabs. 800 mcg. 10	10890
Agomelatine (Accord Healthcare Ltd.) Film Coated Tabs. 25 mg. 28	64006
Betnovate RD Cream 100 G.	14966
Etoricoxib (Rowex) Film Coated Tabs. 120 mg. 28	36877
Ezetimibe/Simvastatin (Rowex) Tabs. 10 mg./20 mg. 28	37035
Ezetimibe/Simvastatin (Rowex) Tabs. 10 mg./40 mg. 28	37036
Ezetimibe/Simvastatin (Rowex) Tabs. 10 mg./80 mg. 28	37037
Frumil Tabs. 56	25534
Keflex Tabs. 500 mg. 100	58432
Letrozole (Actavis) Film Coated Tabs. 2.5 mg. 30	24505
Lipercosyl Hard Caps. 20 mg./10 mg. 30	24546
Methotrexate (David Bull Labs.) Inj. 25 mg./ml. 2 ml. 5	32786
Soolantra Cream 10 mg./G. 30 G.	38693
Tavanic Tabs. 250 mg. 10	56911
Tears Naturale 15 ml.	77984
Veramil Tabs. 80 mg. 100	49557
Veramil Tabs. 120 mg. 100	59978

ADDITION TO EXEMPT MEDICINAL PRODUCTS CIRC. 012/23
ADDITION

Add	Furosemide (ULM) Oral Soln. 20 mg./5 ml. 150 ml. (B)	26.79	20348

ADDITIONS/CHANGES TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME
EFFECTIVE 1st SEPTEMBER 2023
INSULIN INFUSION SETS
ADDITIONS

Add	Medtronic Extended Wear Infusion Set 60 cm. Tubing 6 mm. and Medtronic Extended Reservoir 3 ml. BNIEWSR606 10 (A)	348.50	85575
Add	Medtronic Extended Wear Infusion Set 80 cm. Tubing 6 mm. and Medtronic Extended Reservoir 3 ml. BNIEWSR806 10 (A)	348.50	85576
Add	Medtronic Extended Wear Infusion Set 60 cm. Tubing 9 mm. and Medtronic Extended Reservoir 3 ml. BNIEWSR609 10 (A)	348.50	85577
Add	Medtronic Extended Wear Infusion Set 80 cm. Tubing 9 mm. and Medtronic Extended Reservoir 3 ml. BNIEWSR809 10 (A)	348.50	85578

DIAGNOSTICS

CHANGES UNDERLINED

Change	NeonVerifine Safety Lancet 21 G. SL-21G 100 (A)	97005
To Read	NeonVerifine Safety Lancet 21 G. SL-21-24M 100 (A)	97005
Change	NeonVerifine Safety Lancet 23 G. SL-23G 100 (A)	97006
To Read	NeonVerifine Safety Lancet 23 G. SL-23-18M 100 (A)	97006
Change	NeonVerifine Safety Lancet 28 G. SL-28G 100 (A)	97007
To Read	NeonVerifine Safety Lancet 28 G. SL-28-18M 100 (A)	97007
Change	NeonVerifine Safety Lancet 30 G. SL-30G 100 (A)	97008
To Read	NeonVerifine Safety Lancet 30 G. SL-30-18M 100 (A)	97008

OSTOMY & URINARY

CHANGE UNDERLINED

Change	Almarys Twin Belt 5028E 1 (A)	93267
To Read	B Braun Ally Belt 5028E 1 (A)	93267

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st SEPTEMBER 2023

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Evrysdi Pdr. for Oral Soln. 0.75 mg./mL. 60 mg. Bottle 1 (A) *Code the number of bottles dispensed*	89292	Risdiplam	8,988.31	Roche Products Ireland Ltd.	Allphar/Uniphar
Mimpara (Originalis B.V.) Film Coated Tabs. 30 mg. 28 (A)	89293	Cinacalcet	76.26	Originalis B.V.	RxSource Ltd.

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Lenalidomide (Mylan) Hard Caps. 5 mg. 21	89141	Lenalidomide	Mylan IRE Healthcare Ltd.

Product Updates Notification
Effective 1st August 2023

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st AUGUST 2023

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Coverdine (Originalis B.V.) Film Coated Tabs. 10 mg./2.5 mg./10 mg. 30 (A) *(Non-Proprietary Name Index: Perindopril, Amlodipine and Indapamide)*	S1B	16.73	67105
Enalapril maleate (Accord Healthcare Ltd.) Tabs. 5 mg. 28 (A)	S1B	3.67	67106
Enalapril maleate (Accord Healthcare Ltd.) Tabs. 10 mg. 28 (A)	S1B	5.28	67107
Enalapril maleate (Accord Healthcare Ltd.) Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Enalapril maleate)*	S1B	6.27	67108
Monuril (Lexon Ireland) Grans. 3 G. for Oral Soln. 1 (A) *Code the number of sachets dispensed* *(Non-Proprietary Name Index: Fosfomycin)*	S1A	5.05	67109
Ranolazine (Clonmel) Prolonged Release Tabs. 375 mg. 60	S1B	22.05	67110
Ranolazine (Clonmel) Prolonged Release Tabs. 500 mg. 60	S1B	22.05	67111
Ranolazine (Clonmel) Prolonged Release Tabs. 750 mg. 60 *(Non-Proprietary Name Index: Ranolazine)*	S1B	22.05	67112

DELETIONS

Adalat LA (iMED Healthcare Ltd.) Tabs. 20 mg. 28	56335
Adalat LA (iMED Healthcare Ltd.) Tabs. 30 mg. 28	56336
Adalat LA (iMED Healthcare Ltd.) Tabs. 60 mg. 28	56337
Blopress Tabs. 4 mg. 28	63903
Blopress Tabs.16 mg. 28	63905
Celecoxib (Rowex) Hard Caps. 100 mg. 60	14503
Celecoxib (Rowex) Hard Caps. 200 mg. 30	14504
Cicatrin Aerosol. 3 G. 1	17620
Diflucan IV Infusion 2 mg./ml. 100 ml. Pack 1	21326
Effentora Buccal Tabs. 200 mcg. 4	22917
Emcor Tabs. 10 mg. 28	22489
Gabapentin (Accord Healthcare Ltd.) Hard Caps. 100 mg. 100	58601
Gabapentin (Accord Healthcare Ltd.) Hard Caps. 300 mg. 100	58603
Gabapentin (Accord Healthcare Ltd.) Hard Caps. 400 mg. 100	58604
Gabapentin (Accord Healthcare Ltd.) Film Coated Tabs. 600 mg. 100	58605
Gabapentin (Accord Healthcare Ltd.) Film Coated Tabs. 800 mg. 100	58606
Glimepiride (Accord Healthcare Ltd.) Tabs. 1 mg. 30	23432
Glimepiride (Accord Healthcare Ltd.) Tabs. 2 mg. 30	23433
Glimepiride (Accord Healthcare Ltd.) Tabs. 3 mg. 30	23434
Glimepiride (Accord Healthcare Ltd.) Tabs. 4 mg. 30	23435
Keflex Pulvules 250 mg. 100	29955
Lamzarin Prolonged Release Tabs. 60 mg. 28	69502
Maxolon Syr. 5 mg./5 ml. 100 ml.	32921
Maxolon Syr. 5 mg./5 ml. 200 ml.	70246
Meptid Tabs. 200 mg. 100	51675
Metoject Soln. for Inj. Pre-filled Syr. 10 mg./ml. 1 ml. 10 mg. 1	32619
Metoject Soln. for Inj. Pre-filled Syr. 10 mg./ml. 1.5 ml. 15 mg. 1	32594
Metoject Soln. for Inj. Pre-filled Syr. 10 mg./ml. 2 ml. 20 mg. 1	32598
Mobiglan Tabs. 7.5 mg. 30	53045
Mobiglan Tabs. 15 mg. 30	53069
Pilocarpine (Martindale) Eye Drops 2% 10 ml.	23914
Pilocarpine (Martindale) Eye Drops 4% 10 ml.	23928
Seroxat Liq. 20 mg./10 ml. 150 ml.	45285
Simvastatin (Bentley) Tabs. 10 mg. 28	76307
Simvastatin (Bentley) Tabs. 20 mg. 28	76321
Simvastatin (Bentley) Tabs. 40 mg. 28	76346
Sno Tears 10 ml.	46310
Suprecur Nasal Spray 10 G. Vial 2	47872
Vividrin Nasal Spray 15 ml. Pack 1	53201

ADDITIONS/CHANGE/DELETIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME

DIAGNOSTICS
ADDITIONS

Add	NeonVerifine Safety Lancet 21 G. SL-21G 100 (A)	3.50	97005
Add	NeonVerifine Safety Lancet 23 G. SL-23G 100 (A)	3.50	97006
Add	NeonVerifine Safety Lancet 28 G. SL-28G 100 (A)	3.50	97007
Add	NeonVerifine Safety Lancet 30 G. SL-30G 100 (A)	3.50	97008

CHANGE TO DIAGNOSTICS
CHANGE UNDERLINED

Change	Micro-Fine+ Pen Needle 31 G. 5 mm 100 (A)	85078
To Read	BD Micro-Fine Ultra Pen Needle 31 G. 5 mm 100 (A)	85078

DELETIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1st AUGUST 2023
HOSIERY

Delete	BSN Medical JOBST FarrowHybrid ADI (20-30mmHg) Taupe BSN76664-00/01/02/03 Pair 1	89510
Delete	BSN Medical JOBST FarrowHybrid Wide ADI (20-30mmHg) Taupe/Black BSN76664-12/13/14/15/16/17/18/19 Pair 1	89511
Delete	BSN Medical JOBST FarrowWrap Strong Footpiece (30-40mmHg) Beige BSN76646-00/01/02/03/04/05/06/07/08/09 Pair 1	89512
Delete	BSN Medical JOBST FarrowWrap Strong Legpiece (1 Leg Piece, 2 Liners each) (30-40mmHg) Beige BSN76648-00/01/02/03/04/05/06/07/08/09 1	89513
Delete	BSN Medical JOBST FarrowWrap Strong Thighpiece (1 Thigh Piece, 2 Liners each) (30-40mmHg) Beige BSN76649-00/01/02/03/04/05/06/07/08/09/10/11/12/13/14 1	89514
Delete	BSN Medical JOBST Farrow Toe Cap (15-20mmHg/20-30mmHg) Tan/Black BSN71027-00/01/02/03/04/05/06/07, BSN72947-00/01/02/03/04/05/06/07 Pair 1	89515
Delete	BSN Medical JOBST FarrowWrap Classic Footpiece (30-40mmHg) Beige BSN76656-00/01/02/03/04/05/06/07/08/09 Pair 1	89516
Delete	BSN Medical JOBST FarrowWrap Classic Legpiece (1 Leg Piece, 2 Liners each) (30-40mmHg) Beige BSN76657-00/01/02/03/04/05/06/07/08/09 1	89517
Delete	BSN Medical JOBST FarrowWrap Lite Footpiece (20-30mmHg) Beige BSN76652-00/01/02/03/04/05/06/07/08/09 Pair 1	89518
Delete	BSN Medical JOBST FarrowWrap Lite Legpiece (1 Leg Piece, 2 Liners each) (20-30mmHg) Beige BSN76654-00/01/02/03/04/05/06/07/08/09 1	89519
Delete	BSN Medical JOBST FarrowWrap 4000 Legpiece (1 Wrap, 1 Hybrid Liner each) (30-40mmHg) Black/Tan BSN76661-00/01/02/03/04/05/06/07/08/09/10/11/12/13/14/15 1	89520
Delete	BSN Medical JOBST FarrowWrap Lite Thighpiece (1 Thigh Piece, 2 Liners each) (20-30mmHg) Beige BSN76655-00/01/02/03/04/05/06/07/08/09/10/11/12/13/14 1	89521
Delete	BSN Medical JOBST FarrowWrap Classic Thigh (1 Thigh Piece, 2 Liners each) (30-40mmHg) Beige BSN76658-00/01/02/03/04/06/07/08/09/10/12/13/14/15/16 1	89522

ADDITIONS/DELETION TO THE EXEMPT MEDICINAL PRODUCTS CIRC. 012/23
ADDITIONS

Add	Allegron (ULM) Tabs. 10 mg. 50	11.25	20250
Add	Amitriptyline (ULM) SF Oral Soln. 10 mg./5 ml. 150 ml.	19.49	20260
Add	Clonazepam (ULM) Susp. 500 mcg./5 ml. 150 ml.	174.50	20296
Add	Elmiron (ULM) Caps. 100 mg. 100	287.75	20333
Add	Furosemide (ULM) SF Oral Soln. 5 mg./5 ml. 150 ml.	35.08	20352
Add	Indometacin (ULM) Caps. 25 mg. 28	4.75	20375
Add	Maxalt (ULM) Tabs 10 mg. 3	36.27	20386
Add	Mestinon Timespan (ULM) Tabs. 180 mg. 30	149.45	20398
Add	Sulfasalazine (ULM) Susp. 250 mg./5 ml. 500 ml.	49.74	20200
Add	Zonisamide (ULM) Oral Susp. 125 mg./5 ml. 100 ml.	103.71	20484

DELETION

Delete	Dexedrine (Dexamfetamine) (ULM) Tabs. 5 mg. 28	20900

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
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ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Firmagon (iMED Healthcare Ltd.) Pdr. & Solv. for Soln. for Inj. 80 mg. 1 (A) *Code the number of injections dispensed*	89291	Degarelix	150.68	iMED Healthcare Ltd.	iMED Healthcare Ltd.

ADDITIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS

EFFECTIVE 1st AUGUST 2023

Dressings listed are for use in doctors' surgeries and requirements should only be ordered and supplied on the appropriate order form (pink).

Code the number of individual items supplied e.g. Bandages, Dressings, Packs, Plasters, Rolls, Sachets, Sheets, Tapes, etc

Instruction	Code	Description	Supplier	Price €
Add	86459	Allevyn Life S Foam Dressing 10.3 cm. x 10.3 cm. 66801067 1 (A)	Smith & Nephew	2.09
Add	86034	Flaminal Forte Enzyme Alginogel 15 G. 1012-U 5 (A)	Flen Health	47.33
Add	86363	Flaminal Forte Enzyme Alginogel 50 G. 1015-I 1 (A)	Flen Health	31.36
Add	86393	Flaminal Hydro Enzyme Alginogel 15 G. 1013-U 5 (A)	Flen Health	47.33
Add	86484	Flaminal Hydro Enzyme Alginogel 50 G. 1021-I 1 (A)	Flen Health	31.36
Add	86460	UrgoKTwo Layer Latex Free Reduced Compression Stretch Bandage 18 cm-25 cm. (10 cm. width) 576653 1 (A)	Urgo Medical	9.77
Add	86461	UrgoKTwo Layer Latex Free Reduced Compression 25 cm-32 cm. (10 cm. width) 576666 1 (A)	Urgo Medical	10.68
Add	86462	UrgoKTwo Layer Latex Free Stretch Bandage 18 cm–25 cm. (10 cm. width) 516653 1 (A)	Urgo Medical	9.77
Add	86463	UrgoKTwo Layer Latex Free Stretch Bandage 25 cm-32 cm. (10 cm. width) 516666 1 (A)	Urgo Medical	10.68
Add	86464	UrgoKTwo Layer Reduced Compression Stretch Bandage 18 cm-25 cm. (10 cm. width) 596653 1 (A)	Urgo Medical	9.77
Add	86465	UrgoKTwo Layer Reduced Compression Stretch Bandage 25 cm-32 cm. (10 cm. width) 596666 1 (A)	Urgo Medical	10.68
Add	86466	UrgoKTwo Layer Stretch Bandage 18 cm–25 cm. (8 cm. width) 586653 1 (A)	Urgo Medical	9.41
Add	86467	UrgoKTwo Layer Stretch Bandage 18 cm–25 cm. (10 cm. width) 506653 1 (A)	Urgo Medical	9.78
Add	86468	UrgoKTwo Layer Stretch Bandage 18 cm–25 cm. (12 cm. width) 526653 1 (A)	Urgo Medical	12.58
Add	86469	UrgoKTwo Layer Stretch Bandage 25 cm–32 cm. (8 cm. width) 586666 1 (A)	Urgo Medical	10.23
Add	86470	UrgoKTwo Layer Stretch Bandage 25 cm–32 cm. (10 cm. width) 506666 1 (A)	Urgo Medical	10.69
Add	86483	UrgoKTwo Layer Stretch Bandage 25 cm–32 cm. (12 cm. width) 526666 1 (A)	Urgo Medical	13.75

ADDITIONS/CHANGE/DELETION TO OSTOMY & URINARY

EFFECTIVE 1st AUGUST 2023

Instruction	Code	Description	Price €
		ADDITIONS	
Add	94334	ConvaTec Esenta Lubricating Deodorant 423574 236 ml. 1	9.67
Add	94332	ConvaTec Esenta Sting Free Adhesive Remover Spray 423289 50 ml. 1	5.55
Add	94333	ConvaTec Esenta Sting Free Adhesive Remover Wipes 423281 30	10.75
Add	94335	ConvaTec Esenta Sting Free Skin Barrier Spray 423288 50 ml. 1	7.92
Add	94337	ConvaTec Esenta Sting Free Skin Barrier Wipes 423282 30	24.69
Add	94338	Proshield Foam & Spray Skin Protector 8213-0150-08 235 ml. 1	6.76
Add	94339	Proshield Skin Protect Tube 8213-0300-04 4 oz. 1	10.06
		CORRECTION TO JULY 2023 OSTOMY & URINARY PRODUCT CHANGES	
		CORRECTION UNDERLINED	
Change	93502	B Braun Softima Key Roll Up Beige/trans 40mm - 80mm 621240E, 621241E, 6121250, 6212151E, 621260E, 621261E, 621280E, 621281E Beige, 50mm 30	62.37
To Read	93502	B Braun Softima Key Roll Up Beige/trans 40mm - 80mm 621240E, 621241E, 621250E, 621251E, 621260E, 621261E, 621280E, 621281E Beige, 50mm 30	62.37
		DELETION	
Delete	93677	Coloplast Peristeen Rectal Catheters Standard 29123 10	

Product Updates Notification
Effective 1st July 2023

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st JULY 2023
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Arava (iMED Healthcare Ltd.) Film Coated Tabs. 20 mg. 30 (A) *(Non-Proprietary Name Index: Leflunomide)*	S1A	37.94	67068
Celluvisc (iMED Healthcare Ltd.) Eye Drop Soln. 1% 0.4 ml. Unit Dose 60 (A) *Code the number of vials dispensed* *(Non-Proprietary Name Index: Artificial Tears and Other Indifferent Preparations)*	P	10.18	67069
Combodart (iMED Healthcare Ltd.) Hard Caps. 0.5 mg./0.4 mg. 90 (A) *(Non-Proprietary Name Index: Tamsulosin and Dutasteride)*	S1A	62.26	67070
Crestor (iMED Healthcare Ltd.) Film Coated Tabs. 5 mg. 28 (A)	S1B	13.36	67071
Crestor (iMED Healthcare Ltd.) Film Coated Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Rosuvastatin)*	S1B	17.30	67072
Dianette (iMED Healthcare Ltd.) Film Coated Tabs. 2 mg./35 mcg. 21 (A) *(Non-Proprietary Name Index: Cyproterone and Estrogen)*	S1B	4.46	67073
Differin (iMED Healthcare Ltd.) 0.1% w/w Gel 30 G. (B) *(Non-Proprietary Name Index: Adapalene)*	S1A	7.16	67074
Dostinex (iMED Healthcare Ltd.) Tabs. 500 mcg. 8 (A) *(Non-Proprietary Name Index: Cabergoline)*	S1A	24.70	67075
Exelon Transdermal (iMED Healthcare Ltd.) Patch 4.6 mg./24 Hour 30 (A)	S1A	35.62	67076
Exelon Transdermal (iMED Healthcare Ltd.) Patch 9.5 mg./24 Hour 30 (A) *Code the number of patches dispensed* *(Non-Proprietary Name Index: Rivastigmine)*	S1A	39.96	67077
Ezetrol (iMED Healthcare Ltd.) Tabs. 10 mg. 30 (A) *(Non-Proprietary Name Index: Ezetimibe)*	S1B	10.05	67078
Famvir (iMED Healthcare Ltd.) Film Coated Tabs. 250 mg. 21 (A) *(Non-Proprietary Name Index: Famciclovir)*	S1A	45.28	67079
Flixotide (iMED Healthcare Ltd.) Evohaler 125 mcg. 120 dose Aerosol 1 (A) *Code the number of aerosols dispensed* *(Non-Proprietary Name Index: Fluticasone)*	S1B	15.03	67080
Ganfort (iMED Healthcare Ltd.) Eye Drops Soln. 0.3 mg./ml. + 5 mg./ml. 3 ml. (B) *(Non-Proprietary Name Index: Timolol, combinations)*	S1B	12.19	67081
Invokana (iMED Healthcare Ltd.) Film Coated Tabs. 300 mg. 30 (A) *(Non-Proprietary Name Index: Canagliflozin)*	S1B	54.21	67082
Kyleena (iMED Healthcare Ltd.) Intrauterine Delivery System 19.5 mg. Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Levonorgestrel)*	S1A	113.01	67083
Lamictal (iMED Healthcare Ltd.) Tabs. 100 mg. 60 (A) *(Non-Proprietary Name Index: Lamotrigine)*	S1B	38.32	67084
Midon (iMED Healthcare Ltd.) Tabs. 5 mg. 100 (A) *(Non-Proprietary Name Index: Midodrine)*	S1B	45.01	67085

Monopost (iMED Healthcare Ltd.) Unidose Eye Drops Soln. 50 mcg./ml. 0.2 ml. Single Dose Container 30 (A) *Code the number of containers dispensed* *(Non-Proprietary Name Index: Latanoprost)*	S1B	9.78	67086
Onglyza (iMED Healthcare Ltd.) Film Coated Tabs. 5 mg. 30 (A) *(Non-Proprietary Name Index: Saxagliptin)*	S1B	37.51	67087
Opatanol (iMED Healthcare Ltd.) Eye Drops 1 mg./ml. 5 ml. (B) *(Non-Proprietary Name Index: Olopatadine)*	S1B	6.97	67088
Ranolazine (KRKA Pharma) Prolonged Release Tabs. 375 mg. 60 (A)	S1B	22.05	67089
Ranolazine (KRKA Pharma) Prolonged Release Tabs. 500 mg. 60 (A)	S1B	22.05	67090
Ranolazine (KRKA Pharma) Prolonged Release Tabs. 750 mg. 60 (A) *(Non-Proprietary Name Index: Ranolazine)*	S1B	22.05	67091
Regurin (iMED Healthcare Ltd.) Film Coated Tabs. 20 mg. 60 (A) *(Non-Proprietary Name Index: Trospium)*	S1B	29.68	67092
Sitagliptin/Metformin Hydrochloride Teva Film Coated Tabs. 50 mg./850 mg. 56 (A)	S1B	15.14	67093
Sitagliptin/Metformin Hydrochloride Teva Film Coated Tabs. 50 mg./1000 mg. 56 (A) *(Non-Proprietary Name Index: Sitagliptin/Metformin Hydrochloride)*	S1B	14.45	67094
Tadalafil (Clonmel) Film Coated Tabs. 10 mg. 4 (A)	S1A	1.41	67095
Tadalafil (Clonmel) Film Coated Tabs. 20 mg. 4 (A) *(Non-Proprietary Name Index: Tadalafil)* ***(Circ. 009/17 refers)***	S1A	1.51	67096
Topamax (IMED Healthcare Ltd.) Film Coated Tabs. 25 mg. 60 (A)	S1B	12.39	67097
Topamax (IMED Healthcare Ltd.) Film Coated Tabs. 50 mg. 60 (A)	S1B	21.34	67098
Topamax (IMED Healthcare Ltd.) Film Coated Tabs. 100 mg. 60 (A) *(Non-Proprietary Name Index: Topiramate)*	S1B	38.45	67099
Travatan (iMED Healthcare Ltd.) Eye Drops 40 mcg./mL. 2.5 ml. Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Travoprost)*	S1A	9.53	67100
Urorec (iMED Healthcare Ltd.) Hard Caps. 8 mg. 30 (A) *(Non-Proprietary Name Index: Silodosin)*	S1B	9.69	67102
Vesomni (iMED Healthcare Ltd.) Modified Release Tabs. 6 mg./0.4 mg. 30 (A) *(Non-Proprietary Name Index: Tamsulosin and Solifenacin)*	S1B	37.47	67103
Zopiclone (Pinewood) Film Coated Tabs. 7.5 mg. 28 (A) *(Non-Proprietary Name Index: Zopiclone*)	S1A	2.80	67104

DELETIONS

Accupro Tabs. 10 mg. 28	10278
Amlodipine (WPR Healthcare) Tabs. 5 mg. 28	36812
Betoptic (P.C.O. Mfg.) Eye Drops 0.5% 5 ml.	14476
Blopress Tabs. 8 mg. 28	63904
Blopress Tabs. 32 mg. 28	63906
Captor-HCT Tabs. 50/25 mg. 30	68690
Catasart Tabs. 4 mg. 28	15491
Catasart Tabs. 8 mg. 28	15492
Catasart Tabs. 16 mg. 28	15493
Colifoam 20 G. Aerosol 1	77453
Creon (P.C.O. Mfg.) 10,000 Caps. 50	18907
Creon (P.C.O. Mfg.) 25,000 Caps. 50	18941
Flixotide Nebules 2 mg./2 ml. 10	26001
Geodon Caps. 20 mg. 56	39567
Noctamid Tabs. 1 mg. 30	36838
Spiriva Combopack (P.C.O. Mfg.) Caps. 18 mcg. i.e. 1 Handihaler/30 Caps. 1	61468

ADDITIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1st JULY 2023

DRESSINGS

Code the number of individual items supplied e.g. Bandages, Dressings, Packs, Plasters, Rolls, Sachets, Sheets, Tapes etc.

		Distributor		
Add	Coflex TLC Zinc Lite Two Layer Compression System with Zinc 8840UBZ-TN 1 (A)	Iskus Health Ltd.	16.43	86479
Add	Coflex TLC Zinc Standard Two Layer Compression System with Zinc 8840UBZ-SC 1 (A)	Iskus Health Ltd.	16.43	86480
Add	PolyMem Max Polyurethane Foam Dressing 11 cm. x 11 cm. 5045 1 (A)	Iskus Health Ltd.	6.64	86481
Add	PolyMem Max Polyurethane Foam Dressing 20 cm. x 20 cm. 5088 1 (A)	Iskus Health Ltd.	23.68	86482

CHANGES TO MARCH 2023 NON DRUG HOSIERY UPDATE

CHANGES UNDERLINED

Change	BSN Medical JOBST FarrowHybrid ADI (20-30mmHg) Taupe BSN76664-00/01/02/03 Pair 1	Healthcare 21	89510
To Read	BSN Medical JOBST FarrowHybrid ADI (20-30mmHg) Taupe BSN76664-00/01/02/03 Pair 1	Healthcare 21	86071
Change	BSN Medical JOBST FarrowHybrid Wide ADI (20-30mmHg) Taupe/Black BSN76664-12/13/14/15/16/17/18/19 Pair 1	Healthcare 21	89511
To Read	BSN Medical JOBST FarrowHybrid Wide ADI (20-30mmHg) Taupe/Black BSN76664-12/13/14/15/16/17/18/19 Pair 1	Healthcare 21	86072
Change	BSN Medical JOBST FarrowWrap Strong Footpiece (30-40mmHg) Beige BSN76646-00/01/02/03/04/05/06/07/08/09 Pair 1	Healthcare 21	89512
To Read	BSN Medical JOBST FarrowWrap Strong Footpiece (30-40mmHg) Beige BSN76646-00/01/02/03/04/05/06/07/08/09 Pair 1	Healthcare 21	86073
Change	BSN Medical JOBST FarrowWrap Strong Legpiece (1 Leg Piece, 2 Liners each) (30-40mmHg) Beige BSN76648-00/01/02/03/04/05/06/07/08/09 1	Healthcare 21	89513
To Read	BSN Medical JOBST FarrowWrap Strong Legpiece (1 Leg Piece, 2 Liners each) (30-40mmHg) Beige BSN76648-00/01/02/03/04/05/06/07/08/09 1	Healthcare 21	86545
Change	BSN Medical JOBST FarrowWrap Strong Thighpiece (1 Thigh Piece, 2 Liners each) (30-40mmHg) Beige BSN76649-00/01/02/03/04/05/06/07/08/09/10/11/12/13/14 1	Healthcare 21	89514
To Read	BSN Medical JOBST FarrowWrap Strong Thighpiece (1 Thigh Piece, 2 Liners each) (30-40mmHg) Beige BSN76649-00/01/02/03/04/05/06/07/08/09/10/11/12/13/14 1	Healthcare 21	86511
Change	BSN Medical JOBST Farrow Toe Cap (15-20mmHg/20-30mmHg) Tan/Black BSN71027-00/01/02/03/04/05/06/07, BSN72947-00/01/02/03/04/05/06/07 Pair 1	Healthcare 21	89515
To Read	BSN Medical JOBST Farrow Toe Cap (15-20mmHg/20-30mmHg) Tan/Black BSN71027-00/01/02/03/04/05/06/07, BSN72947-00/01/02/03/04/05/06/07 Pair 1	Healthcare 21	86512
Change	BSN Medical JOBST FarrowWrap Classic Footpiece (30-40mmHg) Beige BSN76656-00/01/02/03/04/05/06/07/08/09 Pair 1	Healthcare 21	89516
To Read	BSN Medical JOBST FarrowWrap Classic Footpiece (30-40mmHg) Beige BSN76656-00/01/02/03/04/05/06/07/08/09 Pair 1	Healthcare 21	86513
Change	BSN Medical JOBST FarrowWrap Classic Legpiece (1 Leg Piece, 2 Liners each) (30-40mmHg) Beige BSN76657-00/01/02/03/04/05/06/07/08/09 1	Healthcare 21	89517
To Read	BSN Medical JOBST FarrowWrap Classic Legpiece (1 Leg Piece, 2 Liners each) (30-40mmHg) Beige BSN76657-00/01/02/03/04/05/06/07/08/09 1	Healthcare 21	86514
Change	BSN Medical JOBST FarrowWrap Lite Footpiece (20-30mmHg) Beige BSN76652-00/01/02/03/04/05/06/07/08/09 Pair 1	Healthcare 21	89518
To Read	BSN Medical JOBST FarrowWrap Lite Footpiece (20-30mmHg) Beige BSN76652-00/01/02/03/04/05/06/07/08/09 Pair 1	Healthcare 21	86515
Change	BSN Medical JOBST FarrowWrap Lite Legpiece (1 Leg Piece, 2 Liners each) (20-30mmHg) Beige BSN76654-00/01/02/03/04/05/06/07/08/09 1	Healthcare 21	89519
To Read	BSN Medical JOBST FarrowWrap Lite Legpiece (1 Leg Piece, 2 Liners each) (20-30mmHg) Beige BSN76654-00/01/02/03/04/05/06/07/08/09 1	Healthcare 21	86516
Change	BSN Medical JOBST FarrowWrap 4000 Legpiece (1 Wrap, 1 Hybrid Liner each) (30-40mmHg) Black/Tan BSN76661-00/01/02/03/04/05/06/07/08/09/10/11/12/13/14/15 1	Healthcare 21	89520
To Read	BSN Medical JOBST FarrowWrap 4000 Legpiece (1 Wrap, 1 Hybrid Liner each) (30-40mmHg) Black/Tan BSN76661-00/01/02/03/04/05/06/07/08/09/10/11/12/13/14/15 1	Healthcare 21	86517
Change	BSN Medical JOBST FarrowWrap Lite Thighpiece (1 Thigh Piece, 2 Liners each) (20-30mmHg) Beige BSN76655-00/01/02/03/04/05/06/07/08/09/10/11/12/13/14 1	Healthcare 21	89521
To Read	BSN Medical JOBST FarrowWrap Lite Thighpiece (1 Thigh Piece, 2 Liners each) (20-30mmHg) Beige BSN76655-00/01/02/03/04/05/06/07/08/09/10/11/12/13/14 1	Healthcare 21	86518
Change	BSN Medical JOBST FarrowWrap Classic Thigh (1 Thigh Piece, 2 Liners each) (30-40mmHg) Beige BSN76658-00/01/02/03/04/06/07/08/09/10/12/13/14/15/16 1	Healthcare 21	89522
To Read	BSN Medical JOBST FarrowWrap Classic Thigh (1 Thigh Piece, 2 Liners each) (30-40mmHg) Beige BSN76658-00/01/02/03/04/06/07/08/09/10/12/13/14/15/16 1	Healthcare 21	86519

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st JULY 2023

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Calquence Film Coated Tabs. 100 mg. 60	89284	Acalabrutinib	5,899.83	Astrazeneca Pharmaceuticals (Ireland) Ltd.	United Drug
Colobreathe (P.C.O. Mfg.) 1,662,500 IU Inhalation Powder, Hard Caps. 56 (A)	89285	Colistin	1,177.32	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.
Ganirelix (Gedeon Richter) Soln. for Inj. in Pre-Filled Syr. 0.25 mg./0.5 ml. 1 (A) *Code the number of pre-filled syringes dispensed*	89286	Ganirelix	23.66	Gedeon Richter	Allphar/ Uniphar
Gilenya (P.C.O. Mfg.) Hard Capsules 0.5 mg. 28 (A)	89287	Fingolimod	1,484.79	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.
Hukyndra (Stada) Soln. for Inj. in Pre-Filled Syr. 40 mg./0.4 ml. 0.4 ml. 2 (A) *Code the number of pre-filled syringes dispensed*	89288	Adalimumab	486.08	Clonmel Healthcare Ltd.	United Drug
Hukyndra (Stada) Soln. for Inj. in Pre-Filled Pen 40 mg./0.4 ml. 0.4 ml. 2 (A) *Code the number of pre-filled pens dispensed*	89289	Adalimumab	486.08	Clonmel Healthcare Ltd.	United Drug
Pergoveris (P.C.O Mfg.) Soln. for Inj. in Pre-Filled Pen (900 IU + 450 IU) 1.44 mL. 1 (A) *Code the number of pre-filled pens dispensed*	89290	Follitropin alfa & Lutropin alfa	430.60	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Ratiograstim 30 MIU/0.5 ml. Soln. for Inj. & Conc. for Soln. for Inf. Pre-filled Syr. 5	88744	Filgrastim	Ratiopharm
Ratiograstim 48 MIU/0.8 ml. Soln. for Inj. & Conc. for Soln. for Inf. Pre-filled Syr. 5	88745	Filgrastim	Ratiopharm

ADDITIONS/CHANGES TO OSTOMY & URINARY

EFFECTIVE 1st JULY 2023

Instruction		Description	Price €
Add	94425	GenaMed NephSys Adult Waistbelt NSBelt. 02 1	24.73
Add	94427	GenaMed NephSys Sterile Drainage Bags 500 ml. Inlet Tube Lever Tap and Luer Lock Connector NS721.1720S-20 cm./1730S-30 cm. 10	52.76
Add	94428	GenaMed NephSys Sterile Drainage Bags 500 ml. Inlet Tube Twist Tap and Luer Lock Connector NS721.3720S-20 cm./3730S-30 cm. 10	52.26
Add	94430	GenaMed NephSys P. Grip 10 x Micro-hook and Eye tabs CS.TABS 10	2.96
Add	94434	GenaMed Ugo Fix Gentle Fixation Device for Two-Way Indwelling Urinary Catheter 3004 5	14.85
Add	94435	Salts Healthcare Confidence BE 2 Litre Night Drainage Bag for attachment to Urostomy Bag with 1200 mm. Tube BNDB 10	20.43
Change to Read			
Changes Underlined			
Change	93328	B Braun Softima High Flow, CTF 15-70mm, Beige/Transparent 43970E, 43971E 30	116.12
To Read	93328	B Braun Softima High Flow, CTF 15-70mm, Beige/Transparent 42970E, 42971E 30	116.12
Change	93502	B Braun Softima Key Roll Up Beige/trans 40mm - 80mm 631241E/51E/61E/81E/40E/50E/60E/80E, 631253E Beige, 50mm 30	62.37
To Read	93502	B Braun Softima Key Roll Up Beige/trans 40mm - 80mm 621240E, 621241E, 6121250, 6212151E, 621260E, 621261E, 621280E, 621281E Beige, 50mm 30	62.37
Change	93133	Biotrol Softima Closed Pouch Maxi with Filter Transparent & Beige 043070E & 043670E 30	96.59
To Read	93133	Biotrol Softima Closed Pouch Maxi with Filter Transparent & Beige 044070E, 044170E 30	96.59
Change	93141	Biotrol Softima Closed Pouch with Filter Transparent & Beige 043016E/45E & 043616E 30	96.59
To Read	93141	Biotrol Softima Closed Pouch with Filter Transparent & Beige 044015E, 044025E, 044030E, 044035E, 044040E, 044045E, 044115E 30	96.59
Change	93341	Softima Closed Pouch Convex with Filter Transparent & Beige 43017E,43117E,43018E,43118E,43026E,43031E,43037E & 43041E 10	34.26
To Read	93341	Softima Closed Pouch Convex with Filter Transparent & Beige 44017E, 44018E, 44031E, 44037E, 44117E, 44118E 10	34.26
Change	93093	Softima Key Closed Pouch Beige & Transparent 63140E/80E 30	63.14
To Read	93093	Softima key Closed Pouch Beige & Transparent 62140E, 62150E, 62160E, 62180E, 62240E, 62250E, 62260E, 62280E 30	63.14
Change	93238	Softima Key Convex Base Plate 63052E/69E 5	24.31
To Read	93238	Softima Key Convex Base Plate 62052E, 62062E, 62063E, 62064E, 62066E, 62067E, 62069E 5	24.31
Change	93091	Softima Key Flexible Base Plate 63040E/80E 10	46.85
To Read	93091	Softima Key Flexible Base Plate 62040E, 62050E, 62060E, 62080E 10	46.85
Change	93353	Softima Roll'Up Drainable Pouch Convex with Filter Transparent & Beige 41717E, 41718E, 41726E, 41731E, 41817E & 41818E 10	52.85
To Read	93353	Softima Roll'Up Drainable Pouch Convex with Filter Transparent & Beige 42717E, 42718E, 42726E, 42731E, 42817E, 42818E 10	52.85
Change	93352	Softima Roll'Up Drainable Pouch with Filter Transparent & Beige 41715E, 41725E, 41730E, 41735E, 41740E & 41815E 30	111.34
To Read	93352	Softima Roll'Up Drainable Pouch with Filter Transparent & Beige 42715E, 42725E, 42730E, 42735E, 42740E, 42815E 30	111.34
Change	93241	Softima Uro Silk Urostomy Pouch Convex Transparent & Beige 43915E, 43917E, 43919E, 43920E, 43922E 10	63.35
To Read	93241	Softima Uro Silk Urostomy Pouch Convex Transparent & Beige 44915E, 44917E, 44919E, 44920E, 44922E 10	63.35
Change	93240	Softima Uro Silk Urostomy Pouch Transparent & Beige 043913E/14E 30	190.06
To Read	93240	Softima Uro Silk Urostomy Pouch Transparent & Beige 044913E, 044914E 30	190.06

Product Updates Notification
Effective 1st June 2023

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st JUNE 2023
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Apeneta (KRKA Pharma) Prolonged Release Tabs. 50 mg. 30 (A)	CD2	6.80	67052
Apeneta (KRKA Pharma) Prolonged Release Tabs. 50 mg. 60 (A)	CD2	13.61	67053
Apeneta (KRKA Pharma) Prolonged Release Tabs. 100 mg. 60 (A)	CD2	27.22	67054
Apeneta (KRKA Pharma) Prolonged Release Tabs. 150 mg. 60 (A)	CD2	40.82	67055
Apeneta (KRKA Pharma) Prolonged Release Tabs. 200 mg. 60 (A)	CD2	54.43	67056
Apeneta (KRKA Pharma) Prolonged Release Tabs. 250 mg. 60 (A)	CD2	68.04	67057
(Non-Proprietary Name Index: Tapentadol)			
Apixaban Mylan Film Coated Tabs. 2.5 mg. 20 (A)	S1B	9.63	67047
Apixaban Mylan Film Coated Tabs. 2.5 mg. 60 (A)	S1B	26.28	67048
Apixaban Mylan Film Coated Tabs. 5 mg. 28 (A)	S1B	12.33	67049
Apixaban Mylan Film Coated Tabs. 5 mg. 56 (A)	S1B	24.71	67050
Apixaban Mylan Film Coated Tabs. 5 mg. 60 (A)	S1B	25.48	67051
(Non-Proprietary Name Index: Apixaban)			
Betahistine Dihydrochloride (Azure Pharmaceuticals) Tabs. 8 mg. 84 (A)	S1B	4.08	67058
Betahistine Dihydrochloride (Azure Pharmaceuticals) Tabs. 16 mg. 84 (A)	S1B	7.26	67060
(Non-Proprietary Name Index: Betahistine)			
Drovelis Film Coated Tabs. 3 mg./14.2 mg. 28 (A)	S1B	8.55	67061
(Non-Proprietary Name Index: Drospirenone & Estetrol)			
Nitrofurantoin (Azure Pharmaceuticals) Hard Caps. 50 mg. 30 (A)	S1B	3.53	67062
Nitrofurantoin (Azure Pharmaceuticals) Hard Caps. 100 mg. 30 (A)	S1B	6.06	67063
(Non-Proprietary Name Index: Nitrofurantoin)			
Zonisamide (Neuraxpharm) Tabs. 25 mg. 14 (A)	S1B	2.60	67064
Zonisamide (Neuraxpharm) Tabs. 50 mg. 28 (A)	S1B	7.40	67065
Zonisamide (Neuraxpharm) Tabs. 100 mg. 56 (A)	S1B	21.58	67066
(Non-Proprietary Name Index: Zonisamide)			

DELETIONS

Abilify (Lexon UK) Tabs. 5 mg. 28	17212
Abilify (Lexon UK) Tabs. 30 mg. 28	17215
Dolmatil Tabs. 400 mg. 100	21013
Emcor Tabs. 5 mg. 28	22470
Konakion MM Inj. 10 mg./ml. 1 ml. 10	30457
Konakion MM Paed. Inj. 2 mg./0.2 ml. 0.2 ml. 5	30493
Pregabalin Mylan (Gerard Labs.) Hard Caps. 150 mg. 56	36941
Risedronate (Pinewood) Film Coated Tabs. 5 mg. 28	24736
Vimpat (Lexon UK) Film Coated Tabs. 100 mg. 14	19930
Zerseos Nebuliser Soln. Amp. 0.5 mg./2.5 mg. 2.5 ml. (12 x 5) 60	37430

ADDITIONS/CHANGES/DELETIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1st JUNE 2023

ADDITIONS

DRESSINGS

		Distributor	Reimbursement Price €	Drug Code
Add	Readywrap Adjustable Compression Wrap System Foot CT Reg/Long Beige/Black Small to XX-Large 1	Uniphar	45.98	86478

OSTOMY & URINARY PRODUCTS

Add	Ceannaire Derma-S Sterile Non Sting Barrier Film 60819 50 ml. Aerosol 1	10.38	94410
Add	Ceannaire Medi Derma-S Barrier Film Applicator 61076 1 ml. Sachet 5	4.29	94413
Add	Ceannaire Medi Derma-S Barrier Film Pump Spray 60796 30 ml. Pack 1	6.21	94407
Add	Ceannaire Medi Derma-S Non Sting Medical Barrier Film Wipes 60307 Pack 30	22.51	94411
Add	Ceannaire Medi Derma-S Sterile Non Sting Barrier Film Applicator 61090 3ml. Sachet 5	6.90	94408
Add	Class Medical Trans Urethral Catheter Safety System (TUCSS) Adult 280-012/14/16/18 10 ml. Syringe Kit 1	21.00	94415
Add	GenaMed Contiform Pack (Contains 1 Device) Small, Medium, Large 1	31.42	94417

CHANGE TO LIST OF NON- DRUG OSTOMY & URINARY DELETIONS ON GMS SCHEME EFFECTIVE 1st MAY 2023

ADD

Add	Biotrol Softima Closed Pouch with Filter Transparent & Beige 043016E/45E & 043616E 30	93141

DELETION

DIAGNOSTICS

Delete	Dexcom G4 Platinum/G5 Mobile Sensor STS-GF-001 1	97622

DELETIONS TO EXEMPT MEDICINAL PRODUCTS CIRC. 020-13 EFFECTIVE 1st JUNE 2023

DELETIONS

Delete	Carbimazole (ULM) Tabs. 5 mg. 50	20901
Delete	Carbimazole (ULM) Tabs. 5 mg. 100	20902

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st JUNE 2023

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Bimzelx Soln. for Inj. in Pre-filled Pen. 160 mg. 2 (A) *Code the number of pre-filled pens dispensed*	89277	Bimekizumab	2,193.72	UCB (Pharma) Ireland Ltd.	United Drug
Bimzelx Soln. for Inj. in Pre-filled Syr. 160 mg. 2 (A) *Code the number of pre-filled syringes dispensed*	89278	Bimekizumab	2,193.72	UCB (Pharma) Ireland Ltd.	United Drug
Sorafenib (Accord Healthcare Ltd.) Film Coated Tabs. 200 mg. 112 (A)	89279	Sorafenib	1,449.92	Accord Healthcare Ltd.	Allphar/Uniphar United Drug
Tecfidera (iMED Healthcare Ltd.) Gastro-Resistant Hard Caps. 240 mg. 56 (A)	89280	Dimethyl Fumarate	985.62	iMED Healthcare Ltd.	iMED Healthcare Ltd.
Vitrakvi Hard Caps. 25 mg. 56 (A)	89281	Larotrectinib	2,492.10	Bayer Ltd.	Allphar
Vitrakvi Hard Caps. 100 mg. 56 (A)	89282	Larotrectinib	9,968.40	Bayer Ltd.	Allphar
Vitrakvi Oral Soln. 20 mg./ml. 100 ml. (B)	89283	Larotrectinib	3,560.14	Bayer Ltd.	Allphar

Product Updates Notification
Effective 1st May 2023

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st MAY 2023
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Mezavant XL (Originalis B.V.) Gastro-Resistant Prolonged Release Tabs. 1200 mg. 60 (A)	S1B	50.49	67028
(Non-Proprietary Name Index: Mesalazine)			
Ontozry Treatment Initiation Pack (12.5 mg. x 14 Tabs. + 25 mg. x 14 Film Coated Tabs.) 1 (A)	S1B	143.04	67030
Code the number of packs dispensed			
Ontozry Film Coated Tabs 50 mg. 14 (A)	S1B	75.09	67031
Ontozry Film Coated Tabs 50 mg. 28 (A)	S1B	112.04	67033
Ontozry Film Coated Tabs 100 mg. 14 (A)	S1B	77.16	67034
Ontozry Film Coated Tabs 100 mg. 28 (A)	S1B	135.53	67035
Ontozry Film Coated Tabs 150 mg. 14 (A)	S1B	78.13	67036
Ontozry Film Coated Tabs 150 mg. 28 (A)	S1B	153.53	67037
Ontozry Film Coated Tabs 200 mg. 14 (A)	S1B	79.09	67038
Ontozry Film Coated Tabs 200 mg. 28 (A)	S1B	153.73	67039
(Non-Proprietary Name Index: Cenobamate)			
Paracetamol (Clonmel) Film Coated Tabs. 500 mg. 100 (A)	S1B	1.73	67040
(Non-Proprietary Name Index: Paracetamol)			
Rosuvastatin/Ezetimibe (KRKA Pharma) Film Coated Tabs. 10 mg./10 mg. 30 (A)	S1B	14.90	67041
Rosuvastatin/Ezetimibe (KRKA Pharma) Film Coated Tabs. 20 mg./10 mg. 30 (A)	S1B	16.85	67042
(Non-Proprietary Name Index: Rosuvastatin and Ezetimibe)			
Sitagliptin/Metformin (Clonmel) Film Coated Tabs. 50 mg./850 mg. 56 (A)	S1B	15.14	67043
Sitagliptin/Metformin (Clonmel) Film Coated Tabs. 50 mg./1000 mg. 56 (A)	S1B	14.45	67044
(Non-Proprietary Name Index: Sitagliptin/Metformin Hydrochloride)			
Sitagliptin/Metformin Hydrochloride (KRKA Pharma) Film Coated Tabs. 50 mg./850 mg. 56 (A)	S1B	15.14	67045
Sitagliptin/Metformin Hydrochloride (KRKA Pharma) Film Coated Tabs. 50 mg./1000 mg. 56 (A)	S1B	14.45	67046
(Non-Proprietary Name Index: Sitagliptin/Metformin Hydrochloride)			

ADDITIONS/CHANGE TO EXEMPT MEDICINAL PRODUCTS CIRC. 012/23

ADDITIONS

Add	Hydrocortisone (ULM) Tabs. 5 mg. 50	27.85	20451
Add	Trental (ULM) Film Coated Tabs. 400 mg. 90	20.06	20531

CHANGES UNDERLINED

Change	Buserelin (ULM) 1mg./ml. Inj. 5.5 ml. (2 pack) (A)	89.35	20525
To Read	Buserelin (ULM) 1mg./ml. Inj. 5.5 ml. Vial. 1 Vial Pack 1 (A)	44.68	20525
	Code the number of vials dispensed		

DELETIONS

Acerycal (P.C.O. Mfg.) Tabs. 5 mg./5 mg. 30	13572
Acerycal (P.C.O. Mfg.) Tabs. 5 mg./10 mg. 30	13573
Acerycal (P.C.O. Mfg.) Tabs. 10 mg./5 mg. 30	13574
Acerycal (P.C.O. Mfg.) Tabs. 10 mg./10 mg. 30	13575
Canesten Duopak 1	69655
Celebrex (P.C.O. Mfg.) Caps. 100 mg. 20	16863
Istin (P.C.O. Mfg.) Tabs. 10 mg. 30	29081
Nolvadex D Tabs. 20 mg. 30	36927
Rasilez HCT Tabs. 150 mg./12.5 mg. 28	68273
Rasilez HCT Tabs. 150 mg./25 mg. 28	68274
Truoxin Tabs. 250 mg. 20	47833
Xymel Caps. 50 mg. 100	52718

DELETIONS TO THE LIST OF REIMBURSABLE NON-DRUG ITEMS IN THE GMS SCHEME

OSTOMY & URINARY

Delete	Biotrol Softima Closed Pouch with Filter Transparent & Beige 043016E/45E & 043616E 30	93141
Delete	Coloplast Peristeen Rectal Catheters Small 29128 10	93672
Delete	Coloplast Peristeen Anal Irrigation System 29121/26 1	93675

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st MAY 2023

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Tecfidera (P.C.O. Mfg.) Gastro-Resistant Hard Caps. 240 mg. 56 (A)	89276	Dimethyl Fumarate	985.62	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Somatuline LA Vial 30 mg. 1	88296	Lanreotide	Ipsen Pharmaceuticals Ltd.
Vancocin Matrigel Caps. 125 mg. 28	88752	Vancomycin	Flynn Pharma Ltd.

Product Updates Notification
Effective 1st April 2023

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st APRIL 2023

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Cetirizine dihydrochloride (Pinewood) Film Coated Tabs. 10 mg. 30 (A) *(Non-Proprietary Name Index: Cetirizine dihydrochloride)*	S1B	2.05	67015
Fesoterodine (Pinewood) Prolonged Release Tabs. 4 mg. 28 (A)	S1A	13.09	67017
Fesoterodine (Pinewood) Prolonged Release Tabs. 8 mg. 28 (A) *(Non-Proprietary Name Index: Fesoterodine)*	S1A	15.01	67018
Ganfort (Lexon Ireland) Eye Drops Soln. 0.3 mg./ml. + 5 mg./ml. 3 ml. (B) *(Non-Proprietary Name Index: Timolol, Combinations)*	S1B	14.79	67019
Pedippi Pdr. for Oral Susp. 4 mg./ml. 90 ml. (B) *(Non-Proprietary Name Index: Omeprazole*)	S1B	196.54	67027

DELETIONS

Abilify (Lexon UK) Tabs. 10 mg. 28	17213
Abilify (Lexon UK) Tabs. 15 mg. 28	17214
Actos (Lexon UK) Tabs. 15 mg. 28	10797
Actos (Lexon UK) Tabs. 30 mg. 28	10798
Actos (Lexon UK) Tabs. 45 mg. 28	15530
Amoxil Inj. 500 mg. 10	70440
Aripiprazole Sandoz (Rowex) Tabs. 5 mg. 28	36970
Aripiprazole Sandoz (Rowex) Tabs. 10 mg. 28	36971
Aripiprazole Sandoz (Rowex) Tabs. 15 mg. 28	36972
Atenetic Tabs. 50/12.5 mg. 28	16446
Atenetic Tabs. 100/25 mg. 28	16454
Ateni Tabs. 50 mg. 28	12637
Ateni Tabs. 100 mg. 28	12645
Bydureon Pdr. & Solv. for Prolonged Release Susp. for Inj in Pre-filled Pen 2 mg. 4	54347
Calcium Acetate (Pinewood) Tabs. 500 mg. 100	16091
Cordarone X (LTT Pharma Ltd.) Tabs. 100 mg. 28	13108
Diftavax Vaccine Pre-filled Syr. 0.5 ml. 1	71234
Ditropan (P.C.O. Mfg.) Tabs. 5 mg. 84	21541
Ebixa (Lexon UK) Tabs. 10 mg. 28	74503
Ebixa (Lexon UK) Tabs. 10 mg. 56	74504
Eldepryl (P.C.O. Mfg.) Tabs. 5 mg. 100	22805
ellaOne (Lexon UK) Film Coated Tabs. 30 mg. 1	35503
Fucibet (P.C.O. Mfg.) Cream 30 G.	25262
Gerozac Caps. 20 mg. 30	26232
Haloperidol (Rosemont) Oral Soln. 5 mg./5 ml. 100 ml.	27421
Haloperidol (Rosemont) Oral Soln. 5 mg./5 ml. 500 ml.	27437
Haloperidol (Rosemont) Oral Soln. 10 mg./5 ml. 100 ml.	27482
Haloperidol (Rosemont) Oral Soln. 10 mg./5 ml. 500 ml.	27497
Hytrin (P.C.O. Mfg.) Tabs. 2 mg. 28	27825
Hytrin (P.C.O. Mfg.) Tabs. 5 mg. 28	27837
Hytrin (P.C.O. Mfg.) Tabs. 10 mg. 28	27841
Klacid (P.C.O. Mfg.) Forte Tabs. 500 mg. 14	32000
Konverge (P.C.O. Mfg.) Film Coated Tabs. 20 mg./5 mg. 28	50421
Konverge (P.C.O. Mfg.) Film Coated Tabs. 40 mg./5 mg. 28	50790
Konverge (P.C.O. Mfg.) Film Coated Tabs. 40 mg./10 mg. 28	51384
Lercanidipine Mylan (Gerard Labs.) Film Coated Tabs. 10 mg. 28	13357
Lercanidipine Mylan (Gerard Labs.) Film Coated Tabs. 20 mg. 28	13359
Losec MUPS (P.C.O. Mfg.) Gastro-Resistant Tabs. 40 mg. 14	66919
Memantine Mylan (Gerard Labs.) Film Coated Tabs. 10 mg. 28	32526
Methotrexate (David Bull Labs.) Tabs. 2.5 mg. 100	32565
Nasacort (P.C.O. Mfg.) Nasal Spray 55 mcg. 120 Dose Pack 1	34278
Nebilet (P.C.O. Mfg.) Tabs. 5 mg. 28	54373
Neoclarityn (Lexon UK) Tabs. 5 mg. 30	35860

Neurontin (P.C.O. Mfg.) Caps. 100 mg. 90	36359
Neurontin (P.C.O. Mfg.) Tabs. 600 mg. 100	62167
Omesar (P.C.O. Mfg.) Film Coated Tabs. 10 mg. 28	37628
Omesar (P.C.O. Mfg.) Film Coated Tabs. 20 mg. 28	41857
Omesar (P.C.O. Mfg.) Film Coated Tabs. 40 mg. 28	41978
Omesar Plus (P.C.O. Mfg.) Film Coated Tabs. 20 mg./12.5 mg. 28	42103
Omesar Plus (P.C.O. Mfg.) Film Coated Tabs. 20 mg./25 mg. 28	13179
Pregabalin Mylan (Gerard Labs.) Hard Caps. 75 mg. 56	36939
Pregabalin Mylan (Gerard Labs.) Hard Caps. 100 mg. 84	36940
Pregabalin Mylan (Gerard Labs.) Hard Caps. 300 mg. 56	36944
Prozac (P.C.O. Mfg.) Caps. 20 mg. 28	39099
Razolager Gastro-Resistant Caps. 15 mg. 28	43323
Razolager Gastro-Resistant Caps. 30 mg. 28	43386
Rozex (P.C.O. Mfg.) Cream 7.5 mg./G. 30 G.	37406
Sabril (P.C.O. Mfg.) Tabs. 500 mg. 100	44726
Seroxat (Lexon UK) Tabs. 20 mg. 30	45206
Singulair Paed. (P.C.O. Mfg. D.P.R.) Chewable Tabs. 4 mg. 28	73013
Solian (P.C.O. Mfg.) Tabs. 200 mg. 60	62895
Tenormin-50 Tabs. 28	48879
Trimoptin Tabs. 100 mg. 100	49390
Trimoptin Tabs. 200 mg. 100	49317
Triapin (P.C.O. Mfg.) Prolonged Release Tabs. 2.5 mg./2.5 mg. 30	72085
Triapin (P.C.O. Mfg.) Prolonged Release Tabs. 5 mg./5 mg. 28	50190
Xalatan (P.C.O. Mfg.) 0.005% w/v Eye Drops Soln. 2.5 ml. Pack 1	53420
Zestril (P.C.O. Mfg.) Tabs. 10 mg. 30	53851
Zestril (P.C.O. Mfg.) Tabs. 20 mg. 30	53826
Zoton (P.C.O. Mfg.) Fas TabTabs. 15 mg. 28	53801
Zoton (P.C.O. Mfg.) Fas TabTabs. 30 mg. 28	53840

ADDITIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS
IN THE GMS SCHEME EFFECTIVE 1st APRIL 2023.

DRESSINGS

Code the number of individual items supplied e.g. Bandages, Dressings, Packs, Plasters, Rolls, Sachets, Sheets, Tapes etc.

Add	Allevyn Gentle Border Foam Dressing 7.5 cm x 7.5 cm 1	0.96	86476
Add	Allevyn Gentle Border Foam Dressing 10 cm x 10 cm 1	1.34	86477

OSTOMY & URINARY PRODUCTS

Add	Dansac NovaLife TRE Seal 072-48 10	22.59	94405
Add	Dansac NovaLife TRE Seal 071-20, 071-30, 071-40 30	67.76	94406

ADDITION/CHANGE/DELETION TO EXEMPT MEDICINAL PRODUCTS CIRC. 012/23
EFFECTIVE 1st MARCH 2023

ADDITION

Add	Propranolol (ULM) Oral Soln. 50 mg./5 ml. 150 ml. (B)	34.50	20530

CHANGE

CHANGE UNDERLINED

Change	Sucralfate (ULM) 2 G. Enema 20 ml. 10	23.20	20521
To Read	Sucralfate (ULM) 2 G. Enema 20 ml. 1	23.20	20521

DELETION

Delete	Furosemide (ULM) Oral Soln. 20 mg./5 ml. 150 ml.		20348

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st APRIL 2023

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Aranesp (Originalis B.V.) Soln. for Inj. in Pre-filled Pen SureClick 150 mcg. 1 (A) *Code the number of pre-filled pens dispensed*	89268	Darbepoetin alfa	258.53	Originalis B.V.	RxSource
Aranesp (Originalis B.V.) Soln. for Inj. in Pre-filled Syringe with Needleguard 300 mcg. 1 (A) *Code the number of pre-filled syringes dispensed*	89269	Darbepoetin alfa	484.56	Originalis B.V.	RxSource
Gilenya (Originalis B.V.) Hard Caps. 0.5 mg. 28 (A)	89270	Fingolimod	1484.79	Originalis B.V.	RxSource
Imraldi Soln. for Inj. in Pre-filled Pen 40 mg./0.4 ml. 0.4 ml. 2 (A) *Code the number of pre-filled pens dispensed*	89273	Adalimumab	486.08	Biogen Idec	United Drug
Imraldi Soln. for Inj. in Pre-filled Syringe 40 mg./0.4 ml. 0.4 ml 2 (A) *Code the number of pre-filled syringes dispensed*	89272	Adalimumab	486.08	Biogen Idec	United Drug
Lonquex (Originalis B.V.) Soln. for Inj. in Pre-filled Syringe 6 mg. 1 (A) *Code the number of pre-filled syringes dispensed*	89271	Lipegfilgrastim	570.93	Originalis B.V.	RxSource

DELETION

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Rebetol Oral Soln. 40 mg./ml. 118 ml.	88297	Ribavirin	Merck, Sharp and Dohme Irl. (Human Health) Ltd.

Product Updates Notification
Effective 1st March 2023

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st MARCH 2023
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Lumigan Eye Drops, Soln. 0.3 mg./ml. 0.4 ml. in Single Dose Container 30 (A) *Code the number of containers dispensed* *(Non-Proprietary Name Index: Bimatoprost*)	S1A	13.17	67014

ADDENDUM TO LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1st FEBRUARY 2023
OSTOMY & URINARY PRODUCTS
ADDITION

Add	Hollister Moderma Flex CeraPlus Drainable Pouch with Skin Barrier Convex/Soft Convex 530200/01, 531200/01, 540200/01/25/29/32, 541200/01/25/29/32/38 30	167.84	94400

CORRECTION TO FEBRUARY 2023 OSTOMY URINARY PRODUCT CHANGES
CORRECTION UNDERLINED – NO CHANGE

Change	Hollister Moderma Flex CeraPlus Drain. Pouch c Skin Barrier Convex/Soft Convex 54000/01/02/25/30/35, 54100/01/02/25/30/35, 54600/01/02/25/30/35, 54800/01/02/25/30/35, 530200/01, 531200/01, 540200/01/25/29/32, 541200/01/25/29//32/38 30	94103
To Read	Hollister Moderma Flex CeraPlus Drain. Pouch c Skin Barrier Convex/Soft Convex 54000/01/02/25/30/35, 54100/01/02/25/30/35, 54600/01/02/25/30/35, 54800/01/02/25/30/35 30	94103

DELETIONS

Ditropan Tabs. 2.5 mg. 84	21555
Istin (LTT Pharma Ltd.) Tabs. 5 mg. 28	29185
Istin (LTT Pharma Ltd.) Tabs. 10 mg. 28	29186
Istin (P.C.O. Mfg.) Tabs. 5 mg. 30	29025
Lamictal (LTT Pharma Ltd.) Tabs. 100 mg. 56	39269
Lamictal (LTT Pharma Ltd.) Tabs. 25 mg. 56	39267
NiQuitin Mini Mint Lozenge 1.5 mg. 60	28810
NiQuitin Mini Mint Lozenge 4 mg. 60	28812
Paramax Tabs. 14	38857
Pradaxa (LTT Pharma Ltd.) Hard Caps. 110 mg. 60 (30 Day Dose)	36882
Serevent (LTT Pharma Ltd.) Evohaler 25 mcg. 120 Dose Aerosol 1	36907
Topamax (LTT Pharma Ltd.) Film Coated Tabs. 100 mg. 60	62457
Ursofalk (LTT Pharma Ltd.) Hard Caps. 250 mg. 100	68953

ADDITIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME
EFFECTIVE 1st MARCH 2023
CLINICAL NUTRITIONAL PRODUCTS
Code the number of bottles, boxes, packs, pots, pouches, sachets, tins or tubs dispensed.

Add	Glucerna ADVANCE 1.6 kcal 220 ml. Bottle 1 (A)	2.75	81431

DRESSINGS
Code the number of individual items supplied e.g. Bandages, Dressings, Packs, Plasters, Rolls, Sachets, Sheets, Tapes etc.

	Distributor		
Atrauman AG Non-Adherent Primary Contact Layer Wound Dressing with Silver 5 cm x 5 cm 499571 1 (A)	Hartmann	0.65	86471
Atrauman AG Non-Adherent Primary Contact Layer Wound Dressing with Silver 10 cm x 20 cm 499575 1 (A)	Hartmann	2.60	86472
Atrauman Non-Adherent Primary Contact Layer Wound Dressing 5 cm x 5 cm 499550 1 (A)	Hartmann	0.28	86473
Atrauman Non-Adherent Primary Contact Layer Wound Dressing 7.5 cm x 10 cm 499553 1 (A)	Hartmann	0.42	86474
Atrauman Non-Adherent Primary Contact Layer Wound Dressing 10 cm x 20 cm 499536 1 (A)	Hartmann	0.64	86475

DELETIONS TO THE LIST OF EXEMPT MEDICINAL PRODUCTS (ULMs)
EFFECTIVE FROM 1st MARCH 2023

From 1st March 2023 these items will not be reimbursed as Exempt Medicinal Products as per circulars 009/10 and 039/16.

Allegron (ULM) Tabs. 10 mg. 50	20250
Allegron (ULM) Tabs. 25 mg. 50	20251
Amantadine (ULM) Caps. 100 mg. 20	20272
Amantadine (ULM) Caps. 100 mg. 100	20254
Amiloride (ULM) SF Oral Solution 5 mg./5 ml. 150 ml.	20256
Amitriptyline (ULM) Oral Solution 10 mg./5 ml. 150 ml.	20260
Amitriptyline (ULM) Tabs. 10 mg. 28	20261
Androcur (ULM) Tabs. 50 mg. 56	20262
Arolac (ULM) Tabs. 0.2 mg. 20	20269
Arthrexin (ULM) Caps. 25 mg. 50	20271
Atropine Sulphate (ULM) Tabs. 600 mcg. 28	20275
Batrafen (ULM) Cream 1% 30 g.	20278
Benztropine (ULM) 2 mg. 100	20279
Clobazam (ULM) Susp. 2.5 mg./5 ml. 200 ml.	20295
Clobazam (ULM) Susp. 5 mg./5 ml. 150 ml.	20431
Clonazepam (ULM) Susp. 500 mcg./5 ml. 150 ml.	20296
Cortate (ULM) Tabs. 25 mg. 60	20435
Cyclogest (ULM) Pessaries 200 mg. 15	20303
Danol (ULM) Caps. 200 mg. 60	20309
Dapsone (ULM) Tabs. 50 mg. 30	20310
Dapsone (ULM) Tabs. 100 mg. 30	20312
Detrunorm (ULM) Tabs. 15 mg. 56	20317
Distraneurin (ULM) Mixture 50 mg./1 ml. 300 ml.	20444
Dogmatil (ULM) Caps. 50 mg. 30	20324
Doxepin (ULM) Caps. 10 mg. 100	20326
Doxepin (ULM) Oral Soln. Conc. 10 mg./ 1 ml. 120 ml.	20330
Elidel (ULM) Cream 1 % 30 g.	20332
Elmiron (ULM) Caps. 100 mg. 100	20333
Fasigyn (ULM) Tabs. 500 mg. 16	20341
Fosipres (ULM) Tabs. 10 mg. 28	20446
Froben (ULM) Tabs. 50 mg. 100	20345
Froben (ULM) Tabs. 100 mg. 100	20347
Furosemide (ULM) SF Oral Soln. 40 mg./5 ml. 150 ml.	20349
Furosemide (ULM) SF Oral Soln. 5 mg./5 ml. 150 ml.	20352
Glycopyrrolate (ULM) Oral Soln. 500 mcg./5 ml. 300 ml.	20447
Grisefuline (ULM) Tabs. 250 mg. 30	20356
Hydrocortisone (ULM) Tabs. 5 mg. 50	20451
Imipramine (ULM) Tabs. 10 mg. 28	20369
Indomet (ULM) Suppos. 100 mg. 10	20453
Indolar SR (ULM) Caps. 75 mg. 100	20374
Indometacin (ULM) Caps. 25 mg. 28	20375
Indometacin (ULM) Caps. 50 mg. 28	20376
Ixel (ULM) Caps. 50 mg. 56	20378
Kaluril (ULM) Tabs. 5 mg. 50	20454
Largactil (ULM) Tabs. 10 mg. 100	20380
Maxalt (ULM) Tabs. 10 mg. 3	20386
Maxalt Melts (ULM) Wafers 10 mg. 6	20387
Mercaptopurine (ULM) Caps. 10 mg. 50	20394
Mestinon Timespan (ULM) Tabs. 180 mg. 30	20398
Methyldopa (ULM) Tabs. 250 mg. 30	20459
Metohexal Comp (ULM) Tabs. 100	20401
Nifedipin (ULM) Susp. 20 mg./ml. 30 ml.	20109
Norprolac (ULM) Tabs. 75 mcg. 30	20131
Nortrilen (ULM) Tabs. 10 mg. 50	20461

Nystaform HC (ULM) Cream 0.5 % 30 g.	20140
Nystaform HC (ULM) Oint. 1 % 30 g.	20142
Oestrodose (ULM) Gel Skin Application 80 g.	20465
Oxytetracycline (ULM) Tabs. 250 mg. 28	20466
Probenecid (ULM) Tabs. 500 mg. 100	20167
Progesterone (ULM) Inj. 50 mg./ml. 1 ml. 10	20353
Robaxin (ULM) Tabs. 750 mg. 100	20178
Siran (ULM) Eff Tabs. 600 mg. 30	20474
Sodium Bicarbonate (ULM) Tabs. 650 mg. 1000	20193
Spironolactone (ULM) SF Susp. 10 mg./5 ml. 125 ml.	20195
Sulfasalazine (ULM) Susp. 250 mg./5 ml. 500 ml.	20200
Synalar (ULM) Oint. 0.025 % 30 g.	20209
Synalar N (ULM) Cream 30 g.	20211
Syprol (ULM) Oral Soln 10 mg./5 ml. 150 ml.	20213
Ticlid (ULM) Tabs. 250 mg. 30	20219
Tobramycin (ULM) 0.3% Opth. Soln. 5 ml.	20221
Tofranil (ULM) Tabs. 25 mg. 100	20224
Westhroid HT-1 Grain (ULM) Tabs. 65 mg.	20481
Xepin (ULM) Cream 5 % 30 g.	20244
Zonisamide (ULM) Oral Susp. 125 mg./5 ml. 100 ml.	20484

ADMINISTRATIVE CODES FOR USE BY PHARMACY FOR THE PROVISION OF COMPRESSION HOSIERY TO GMS PATIENTS ONLY

CODE THE NUMBER OF PAIRS OR PACKS* DISPENSED

(Circular 001/18 Refers)

EFFECTIVE 1st MARCH 2023

Instruction	Code	Description Code the number of pairs dispensed	Supplier	Price €
Add	89510	BSN Medical JOBST FarrowHybrid ADI (20-30mmHg) Taupe BSN76664-00/01/02/03 Pair 1	Healthcare 21	36.05
Add	89511	BSN Medical JOBST FarrowHybrid Wide ADI (20-30mmHg) Taupe/Black BSN76664-12/13/14/15/16/17/18/19 Pair 1	Healthcare 21	41.84
Add	89512	BSN Medical JOBST FarrowWrap Strong Footpiece (30-40mmHg) Beige BSN76646-00/01/02/03/04/05/06/07/08/09 Pair 1	Healthcare 21	68.50
Add	89513	BSN Medical JOBST FarrowWrap Strong Legpiece (1 Leg Piece, 2 Liners each) (30-40mmHg) Beige BSN76648-00/01/02/03/04/05/06/07/08/09 1	Healthcare 21	117.83
Add	89514	BSN Medical JOBST FarrowWrap Strong Thighpiece (1 Thigh Piece, 2 Liners each) (30-40mmHg) Beige BSN76649-00/01/02/03/04/05/06/07/08/09/10/11/12/13/14 1	Healthcare 21	169.93
Add	89515	BSN Medical JOBST Farrow Toe Cap (15-20mmHg/20-30mmHg) Tan/Black BSN71027-00/01/02/03/04/05/06/07, BSN72947-00/01/02/03/04/05/06/07 Pair 1	Healthcare 21	55.00
Add	89516	BSN Medical JOBST FarrowWrap Classic Footpiece (30-40mmHg) Beige BSN76656-00/01/02/03/04/05/06/07/08/09 Pair 1	Healthcare 21	71.28
Add	89517	BSN Medical JOBST FarrowWrap Classic Legpiece (1 Leg Piece, 2 Liners each) (30-40mmHg) Beige BSN76657-00/01/02/03/04/05/06/07/08/09 1	Healthcare 21	175.41
Add	89518	BSN Medical JOBST FarrowWrap Lite Footpiece (20-30mmHg) Beige BSN76652-00/01/02/03/04/05/06/07/08/09 Pair 1	Healthcare 21	65.80
Add	89519	BSN Medical JOBST FarrowWrap Lite Legpiece (1 Leg Piece, 2 Liners each) (20-30mmHg) Beige BSN76654-00/01/02/03/04/05/06/07/08/09 1	Healthcare 21	113.71
Add	89520	BSN Medical JOBST FarrowWrap 4000 Legpiece (1 Wrap, 1 Hybrid Liner each) (30-40mmHg) Black/Tan BSN76661-00/01/02/03/04/05/06/07/08/09/10/11/12/13/14/15 1	Healthcare 21	78.75
Add	89521	BSN Medical JOBST FarrowWrap Lite Thighpiece (1 Thigh Piece, 2 Liners each) (20-30mmHg) Beige BSN76655-00/01/02/03/04/05/06/07/08/09/10/11/12/13/14 1	Healthcare 21	161.71
Add	89522	BSN Medical JOBST FarrowWrap Classic Thigh (1 Thigh Piece, 2 Liners each) (30-40mmHg) Beige BSN76658-00/01/02/03/04/06/07/08/09/10/12/13/14/15/16 1	Healthcare 21	175.41

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st February 2023

Clinical Nutritional Products

ADDITIONS/CHANGES/DELETIONS TO THE LIST OF REIMBURSABLE CLINICAL NUTRITIONAL ITEMS IN THE GMS SCHEME EFFECTIVE 1st FEBRUARY 2023.

Code the number of bottles, boxes, packs, pots, pouches, sachets, tins or tubs dispensed.

ADDITIONS

	Drug Description including coding instruction	Reimbursement Price €	Drug Code
Add	Compleat Paediatric Liquid 250 ml. Pack 1 (A)	4.79	81338
Add	*Foodlink Extra Sachet 85 G. 7 (A)	15.33	81342
Add	*Foodlink Extra Sachet (Starter Pack Plus Shaker) 85 G. 4 (A)	8.76	81343
	**Ref Circ. 016/19 (Addition to list B)*		
Add	Ketoclassic 3:1 Bisk 30 G. Pack 14 (A)	24.83	81348
Add	Mevalia Bread/Cake Mix 500 G. Pack 1 (A)	7.50	81350
Add	Mevalia Cookies 200 G. Pack 1 (A)	6.50	81354
Add	Mevalia Frollini Shortbread 200 G. Pack 1 (A)	6.50	81356
Add	Mevalia Rice 400 G. Pack 1 (A)	5.00	81365
Add	Mevalia Spaghetti 500 G. Pack 1 (A)	5.00	81366
Add	Promin Low Protein Classic/Chocolate Cake Mix 500 G. Pack 1 (A)	7.50	81371
Add	Promin Low Protein Scrambled Egg and Omelette Mix 500 G. Pack 1 (A)	12.00	81374
Add	Prosource TF Enfit 60 ml. Pouch 1 (A)	2.96	81376

CHANGES

CHANGES <u>UNDERLINED</u>

Change	Fortisip Advanced 200 ml. Pack 1	1.60	85048
To Read	<u>Fortimel</u> Advanced 200 ml. Pack 1	1.60	85048

DELETIONS

Delete	Altraplen Smoothie 200 ml. Pack 1	83695
Delete	Diben 500 ml. Pack 1	81284
Delete	MSUD Gel 24 G. Sachet 30	80678

Code the number of individual items supplied e.g. Bandages, Dressings, Plasters, Rolls, Sachets, Sheets, Tapes, etc.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ADDITIONS/CHANGES TO THE LIST OF REIMBURSABLE NON DRUG ITEMS

EFFECTIVE 1st FEBRUARY 2023

Dressings listed are for use in doctors' surgeries and requirements should only be ordered and supplied on the appropriate order form (pink).

Code the number of individual items supplied e.g. Bandages, Dressings, Plasters, Rolls, Sachets, Sheets, Tapes, etc.

Instruction	Code	Description	Supplier	Price €
Add	86446	Acticoat Flex 3 Antimicrobial Dressing 5 cm x 5 cm CTN 5 66800396 1	Smith & Nephew	3.35
Add	86456	Urgoclean AG Silver Hydrofibres Wound Dressing 6 cm x 6 cm 551123 1	Urgo Medical	1.40
Add	86457	Urgoclean AG Silver Hydrofibres Wound Dressing 10 cm x 10 cm 552155 1	Urgo Medical	2.93
Add	86458	Urgoclean AG Silver Hydrofibres Wound Dressing 15 cm x 20 cm 551125 1	Urgo Medical	6.33
Add	86452	Urgostart Plus Border Protease Modulating Wound Dressing 8 cm x 8 cm 552291 1	Urgo Medical	4.77
Add	86453	Urgostart Plus Border Protease Modulating Wound Dressing 10 cm x 10 cm 552292 1	Urgo Medical	5.66
Add	86454	Urgostart Plus Border Protease Modulating Wound Dressing 13 cm x 13 cm 552293 1	Urgo Medical	7.92
Add	86455	Urgostart Plus Border Protease Modulating Wound Dressing 15 cm x 20 cm 552296 1	Urgo Medical	10.18
Add	86449	Urgostart Plus Pad Protease Modulating Wound Dressing 6 x 6 cm 552301 1	Urgo Medical	3.14
Add	86450	Urgostart Plus Pad Protease Modulating Wound Dressing 10 cm x 10 cm 552302 1	Urgo Medical	4.61
Add	86451	Urgostart Plus Pad Protease Modulating Wound Dressing 15 cm x 20 cm 552305 1	Urgo Medical	10.32
Add	86447	Urgostart Contact Layer Wound Dressing 5 x 7 cm 550276 1	Urgo Medical	2.84
Add	86448	Urgostart Contact Layer Wound Dressing 10 x 10 cm 550278 1	Urgo Medical	4.03
CHANGES TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME				
CHANGES UNDERLINED				
Change	86190	UrgoTul SSD Antibacterial Wound Dressing 10 cm x 12 cm 550919 1	Urgo Medical	4.29
To Read	86190	UrgoTul Silver Antimicrobiol Wound Dressing 10 cm x 12 cm 550919 1	Urgo Medical	4.29

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ADDITIONS/CHANGES TO OSTOMY & URINARY

EFFECTIVE 1st FEBRUARY 2023

Instruction	Code	Description	Price €
Add	96101	Ceannaire Suportx Easy Peel Belt-Bespoke SPX750X 1	105.75
Add	96102	Class Medical Trans Urethral Catheter Safety Valve (TUCSV) 03018000 1	11.91
Add	96104	Clinimed LBF Barrier Film Foam Applicator 3825 2 ml. Sachet 5	6.90
Add	96106	Clinimed LBF Barrier Film Spray 3826 50 ml. Pack 1	11.70
Add	96103	Clinisupplies Leg Bag Straps P10LS 5 Pairs 10	16.75
Add	96107	Coloplast SpeediCath Flex Set Catheter with Flexible Tip & Urine Bag (Male) 28931, 28932, 28934, 28936, CH10, CH12, CH14C, CH16 30	111.55
Add	96108	Convatec Ease Thin Curve Flange Extender 422164 60	29.25
Add	96109	Fannin Prosys All Silicone Catheter Open Ended Foley Catheter CH12/14/16/18 PCF12M10E/14M10E/16M10E/18M10E 1	11.58
Add	96110	Hollister Infyna Chic Hydrophilic Intermittent Catheter 7008, 7010, 7012, 7014 30	57.30
		CHANGES TO THE LIST OF OSTOMY & URINARY ITEMS	
		CHANGES UNDERLINED	
Change	93003	CliniMed Appeel No Sting Medical Adhesive Remover 50 ml. 3500 Pack 1	10.97
To Read	93003	CliniMed Appeel No Sting Medical Adhesive Remover 50 ml. 3500/4502 Pack 1	10.97
Change	93836	Coloplast SenSura Mio 1 Piece Closed Pouch 10670/71/72/73/74/81/83/84/85/91 30	113.46
To Read	93836	Coloplast SenSura Mio 1 Piece Closed Pouch 10670/71/72/73/74/81/83/84/85/91, 18370/72 30	113.46
Change	93840	Coloplast SenSura Mio 1 piece Drainable Bag 10401/11/12/13/14/21/22/23/24/28 30	127.38
To Read	93840	Coloplast SenSura Mio 1 piece Drainable Bag 10401/11/12/13/14/21/22/23/24/28, 18375/77 30	127.38
Change	93957	Coloplast SenSura Mio 1 Piece Urostomy Bag Midi Light/Soft Convex Starter Hole 16801/16821/16822/16823 10	81.25
To Read	93957	Coloplast SenSura Mio 1 Piece Urostomy Bag Midi Light/Soft Convex Starter Hole 13678/13679/13680/16801/16821/16822/16823 10	81.25
Change	93889	Coloplast SenSura Mio Flex 2 Piece Baseplate 10551/61/62/63/64/65/71 10	50.44
To Read	93889	Coloplast SenSura Mio Flex 2 Piece Baseplate 10551/61/62/63/64/65/71, 18390 10	50.44
Change	93452	Coloplast SenSura Mio Flex 2 Piece Closed Ostomy System 11901/02/11/12/13/14/21/22/23 30	67.98
To Read	93452	Coloplast SenSura Mio Flex 2 Piece Closed Ostomy System 11901/02/11/12/13/14/21/22/23, 18385 30	67.98
Change	93464	Coloplast SenSura Mio Flex 2 Piece Drainable Ostomy System 11951/52/53/61/62/63/64/71/72/73 30	67.14
To Read	93464	Coloplast SenSura Mio Flex 2 Piece Drainable Ostomy System 11951/52/53/61/62/63/64/71/72/73, 18387 30	67.14
Change	94097	Hollister Moderma Flex CeraPlus Closed Pouch with Skin Barrier Beige Convex, Midi, CTF and Pre sized 52600,52601,52625,52630,52635 30	116.19
To Read	94097	Hollister Moderma Flex CeraPlus Closed Pouch with Skin Barrier Beige Convex, Midi, CTF and Pre sized 52200,52201,52600,52601,52625,52630,52635,522100,522101 30	116.19
Change	94096	Hollister Moderma Flex CeraPlus Closed Pouch with Skin Barrier Beige Flat, Midi, CTF and Pre sized 52100,52125,52130,52135 30	103.41
To Read	94096	Hollister Moderma Flex CeraPlus Closed Pouch with Skin Barrier Beige Flat, Midi, CTF and Pre sized 52100,52125,52130,52135,521101 30	103.41
Change	94103	Hollister Moderma Flex CeraPlus Drain. Pouch c Skin Barrier Convex/Soft Convex 54000/01/02/25/30/35, 54100/01/02/25/30/35, 54600/01/02/25/30/35, 54800/01/02/25/30/35 30	167.84
To Read	94103	Hollister Moderma Flex CeraPlus Drain. Pouch c Skin Barrier Convex/Soft Convex 54000/01/02/25/30/35, 54100/01/02/25/30/35, 54600/01/02/25/30/35, 54800/01/02/25/30/35, 530200/01, 531200/01, 540200/01/25/29/32, 541200/01/25/29//32/38/ 30	167.84
Change	94011	Hollister Moderma Flex CeraPlus Drainable Pouch Flat, Midi/Maxi CTF and Pre-Sized Beige 54200/54225/54230/54235/54300/54325/54330/54335 30	129.41
To Read	94011	Hollister Moderma Flex CeraPlus Drainable Pouch Flat, Midi/Maxi CTF and Pre-Sized Beige & Transparent 54200/54225/54230/54235/54300/54325/54330/54335/534200/542200/543200 30	129.41

Change	93337	HydroFlame Flange Extenders WAF H33 20	18.77
To Read	93337	HydroFlame Flange Extenders WAFH33/UFWAFH33 20	18.77
Change	94184	Vanilla Blush Coresitwell Belt Level 3 /With Cotton Lining, 26CM Depth, Black with Velcro Opening and Closing, Hand Assisted Application VBCSW1 up to 85cm Small 1	63.00
To Read	94184	Vanilla Blush Coresitwell Belt Level 3 /With Cotton Lining, 26CM Depth, Black/Beige with Velcro Opening and Closing, Hand Assisted Application VBCSW1/VBCSWB1 up to 80cm Small 1	63.00
Change	94185	Vanilla Blush Coresitwell Belt Level 3 /With Cotton Lining, 26CM Depth, Black with Velcro Opening and Closing, Hand Assisted Application VBCSW2 85cm-90cm Medium 1	63.00
To Read	94185	Vanilla Blush Coresitwell Belt Level 3 /With Cotton Lining, 26CM Depth, Black/Beige with Velcro Opening and Closing, Hand Assisted Application VBCSW2/VBCSWB2 85cm-90cm Medium 1	63.00
Change	94187	Vanilla Blush Coresitwell Belt Level 3 /With Cotton Lining, 26CM Depth, Black with Velcro Opening and Closing, Hand Assisted Application VBCSW3 95cm-115cm Large 1	63.00
To Read	94187	Vanilla Blush Coresitwell Belt Level 3 /With Cotton Lining, 26CM Depth, Black/Beige with Velcro Opening and Closing, Hand Assisted Application VBCSW3/VBCSWB3 95cm-115cm Large 1	63.00
Change	94188	Vanilla Blush Coresitwell Belt Level 3 /With Cotton Lining, 26CM Depth, Black with Velcro Opening and Closing, Hand Assisted Application VBCSW4 115cm-135cm X-Large 1	63.00
To Read	94188	Vanilla Blush Coresitwell Belt Level 3 /With Cotton Lining, 26CM Depth, Black/Beige with Velcro Opening and Closing, Hand Assisted Application VBCSW4/VBCSWB4 115cm-135cm X-Large 1	63.00
Change	94189	Vanilla Blush Coresitwell Belt Level 3 /With Cotton Lining, 26CM Depth, Black with Velcro Opening and Closing, Hand Assisted Application VBCSW5 135cm-148cm XX-Large 1	63.00
To Read	94189	Vanilla Blush Coresitwell Belt Level 3 /With Cotton Lining, 26CM Depth, Black/Beige with Velcro Opening and Closing, Hand Assisted Application VBCSW5/VBCSWB5 135cm-148cm XX-Large 1	63.00
Change	94192	Vanilla Blush Coresitwell Belt Level 3 /With Cotton Lining, 26CM Depth, Black with Velcro Opening and Closing, Hand Assisted Application VBCSW6 148cm-170cm XXX-Large 1	63.00
To Read	94192	Vanilla Blush Coresitwell Belt Level 3 /With Cotton Lining, 26CM Depth, Black/Beige with Velcro Opening and Closing, Hand Assisted Application VBCSW6/VBCSWB6 148cm-170cm XXX-Large 1	63.00
Change	94314	Vanilla Blush Coresitwell Level 3 Hernia Support Belt VBCSWM1 up to 78 cm Small 1	63.00
To Read	94314	Vanilla Blush Coresitwell Level 3 Hernia Support Belt VBCSWM1/VBCSWMB1 up to 78 cm Small 1	63.00
Change	94316	Vanilla Blush Coresitwell Level 3 Hernia Support Belt VBCSWM2 85 cm - 95 cm Medium 1	63.00
To Read	94316	Vanilla Blush Coresitwell Level 3 Hernia Support Belt VBCSWM2/VBCSWMB2 85 cm - 95 cm Medium 1	63.00
Change	94317	Vanilla Blush Coresitwell Level 3 Hernia Support Belt VBCSWM3 95 cm - 115 cm Large 1	63.00
To Read	94317	Vanilla Blush Coresitwell Level 3 Hernia Support Belt VBCSWM3/VBCSWMB3 95 cm - 115 cm Large 1	63.00
Change	94318	Vanilla Blush Coresitwell Level 3 Hernia Support Belt VBCSWM4 115 cm -135 cm X-Large 1	63.00
To Read	94318	Vanilla Blush Coresitwell Level 3 Hernia Support Belt VBCSWM4/VBCSWMB4 115 cm -135 cm X-Large 1	63.00
Change	94319	Vanilla Blush Coresitwell Level 3 Hernia Support Belt VBCSWM5 135 cm -148 cm XX-Large 1	63.00
To Read	94319	Vanilla Blush Coresitwell Level 3 Hernia Support Belt VBCSWM5/VBCSWMB5 135 cm -148 cm XX-Large 1	63.00

Product Updates Notification
Effective 1st February 2023

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st FEBRUARY 2023

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Nexium (Originalis B.V.) Gastro Resistant Tabs. 20 mg. 28 (A)	S1B	12.91	66898
Nexium (Originalis B.V.) Gastro Resistant Tabs. 40 mg. 28 (A)	S1B	13.78	66899
(Non-Proprietary Name Index: Esomeprazole)			
Palmeux Prolonged Release Susp. for Inj. in Pre-filled Syr. 50mg. 1 (A)	S1A	82.92	67001
Palmeux Prolonged Release Susp. for Inj. in Pre-filled Syr. 75 mg. 1 (A)	S1A	111.27	67002
Palmeux Prolonged Release Susp. for Inj. in Pre-filled Syr. 100 mg. 1 (A)	S1A	141.38	67003
Palmeux Prolonged Release Susp. for Inj. in Pre-filled Syr. 150 mg. 1 (A)	S1A	201.57	67004
Code the number of pre-filled syringes dispensed			
(Non-Proprietary Name Index: Paliperidone)			
Perindopril arginine/amlodipine TAD (KRKA Pharma) Tabs. 5 mg./5 mg. 30 (A)	S1B	3.65	67005
Perindopril arginine/amlodipine TAD (KRKA Pharma) Tabs. 5 mg./10 mg. 30 (A)	S1B	3.66	67006
Perindopril arginine/amlodipine TAD (KRKA Pharma) Tabs. 10 mg./5 mg. 30 (A)	S1B	4.63	67007
Perindopril arginine/amlodipine TAD (KRKA Pharma) Tabs. 10 mg./10 mg. 30 (A)	S1B	4.99	67008
(Non-Proprietary Name Index: Perindopril and Amlodipine)			
Perindopril arginine/Indapamide TAD (KRKA Pharma) Tabs. 5 mg./1.25 mg. 30 (A)	S1B	4.29	67009
Perindopril arginine/Indapamide TAD (KRKA Pharma) Tabs. 10 mg./2.5 mg. 30 (A)	S1B	4.53	67010
(Non-Proprietary Name Index: Perindopril and Diuretics)			
Perindopril Arginine TAD (KRKA Pharma) Tabs. 5 mg. 30 (A)	S1B	2.83	67011
Perindopril Arginine TAD (KRKA Pharma) Tabs. 10 mg. 30 (A)	S1B	4.03	67012
(Non-Proprietary Name Index: Perindopril)			

CHANGE TO JANUARY 2023 UPDATE
CHANGES UNDERLINED

Change	IUB Ballerine MIDI Intrauterine Device Pack 1	66851
To Read	Ballerine MIDI Intrauterine Device Pack 1	66851

DELETIONS

Accuretic Tabs. 20/12.5 mg. 28	10092
Coversyl Arginine (P.C.O Mfg.) Tabs. 5 mg. 30	18428
Coversyl Arginine (P.C.O Mfg.) Tabs. 10 mg. 30	18481
Diazepam (Actavis) Tabs. 2 mg. 100	15880
Diazepam (Actavis) Tabs. 10 mg. 100	15872
Dovobet Gel 50 mcg./G. + 0.5 mg./G. (60 G. Bottle x 2) Treatment Pack 1	44615
Fluconazole (Actavis) Hard Caps. 50 mg. 7	25162
Fluconazole (Actavis) Hard Caps. 150 mg. 1	25163
Fluconazole (Actavis) Hard Caps. 200 mg. 7	25164
Januvia (LTT Pharma Ltd.) Film Coated Tabs. 25 mg. 28	13117
Locoid Oint. 100 G.	65935
Olanzapine (Actavis) Film Coated Tabs. 7.5 mg. 56	32909
Ramipril (Actavis) Caps. 10 mg. 28	49367
Trandate Tabs. 100 mg. 250	69795
Trandate Tabs. 200 mg. 250	69817
Vimpat Tabs. 100 mg. 14	49313
Vimpat Tabs. 150 mg. 14	49357
Vitile MR Modified Release Tabs. 30 mg. 60	23251
Zanaflex (P.C.O. Mfg.) Tabs. 4 mg. 30	54449
Zirpine Tabs. 10 mg. 30	52999

DELETIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS
IN THE GMS SCHEME
EFFECTIVE 1st FEBRUARY 2023

DIAGNOSTICS

Delete	Dexcom G4 Platinum/G5 Mobile Sensor STS-GF-004 4 (A)	97626

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st FEBRUARY 2023

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Dimethyl Fumarate Mylan Gastro-resistant Caps. 120 mg. 14 (A)	89267	Dimethyl Fumarate	78.05	Viatris Ireland	United Drug/Uniphar
Dimethyl Fumarate Mylan Gastro-resistant Caps. 240 mg. 56 (A)	89261	Dimethyl Fumarate	418.64	Viatris Ireland	United Drug/Uniphar
Orphacol Hard Caps. 50 mg. 30 (A)	89262	Cholic Acid	2548.00	Laboratoires CT.RS	COLCA MS
Orphacol Hard Caps. 250 mg. 30 (A)	89263	Cholic Acid	9594.06	Laboratoires CT.RS	COLCA MS
Viread (Originalis B.V.) Film Coated Tabs. 245 mg. 30 (A)	89265	Tenofovir Disoproxil	174.74	Originalis B.V.	RxSource
Vumerity Gastro Resistant Hard Caps. 231 mg. 120 (A)	89266	Diroximel Fumarate	1,104.42	Biogen Idec (Ireland) Ltd.	United Drug

Product Updates Notification
Effective 1st January 2023

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st JANUARY 2023
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Dnord Soft Caps. 255 mcg. 10 (A)	S1B	16.32	66846
(Non-Proprietary Name Index: Calcifediol)			
IUB Ballerine MIDI Intrauterine Device Pack 1 (A)	S1A	75.60	66851
Code the number of packs dispensed			
(Non-Proprietary Name Index: Plastic IUD with Copper)			
*NiQuitin Mini Mint Lozenges 2 mg. 100 (A)		17.14	66866
*NiQuitin Mini Mint Lozenges 4 mg. 100 (A)		17.14	66867
(Non-Proprietary Name Index: Nicotine Replacement Therapy)			
Reimbursable on the GMS Scheme Only – May <u>not</u> be prescribed on Repeat Prescription Forms			
Rosuvastatin (Rowa) Film Coated Tabs. 5 mg. 28 (A)	S1B	2.72	66878
Rosuvastatin (Rowa) Film Coated Tabs. 10 mg. 28 (A)	S1B	4.23	66879
Rosuvastatin (Rowa) Film Coated Tabs. 20 mg. 28 (A)	S1B	6.05	66880
Rosuvastatin (Rowa) Film Coated Tabs. 40 mg. 28 (A)	S1B	10.58	66881
(Non-Proprietary Name Index: Rosuvastatin)			
*Saxenda Soln. for Inj. in Pre-filled Pen 6 mg./mL 3mL. 5 (A)	S1B	186.98	37709
Code the number of pre-filled pens dispensed			
(Non-Proprietary Name Index: Liraglutide)			
(Managed Access)			
Sitagliptin (Accord Healthcare Ltd.) Film Coated Tabs. 25 mg. 28 (A)	S1B	11.42	66882
Sitagliptin (Accord Healthcare Ltd.) Film Coated Tabs. 50 mg. 28 (A)	S1B	11.40	66883
Sitagliptin (Accord Healthcare Ltd.) Film Coated Tabs. 100 mg. 28 (A)	S1B	14.10	66884
(Non-Proprietary Name Index: Sitagliptin)			

DELETIONS

Accupro Tabs. 5 mg. 28	10251
Accupro Tabs. 20 mg. 28	10294
Accupro Tabs. 40 mg. 28	10077
Captor-HCT Tabs. 25/12.5 mg. 30	68624
Duloxetine (Wockhardt UK Ltd.) Gastro-Resistant Hard Caps. 60 mg. 28	43033
Lipercosyl Hard Caps. 40 mg./5 mg. 30	24548
Lipercosyl Hard Caps. 40 mg./10 mg. 30	24549
Pregabalin Mylan (Gerard Labs.) Hard Caps. 200 mg. 84	36942
Prozac Liq. 20 mg./5 ml. 70 ml.	43237
Sporanox (LTT Pharma Ltd.) Caps. 100 mg. 15	61411
Xyzal Oral Drops 5 mg./ml. 20 ml.	53974
Zispin SolTab. Orodispersible Tabs. 15 mg. 30	62541

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st JANUARY 2023

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Inrebic Hard Caps. 100 mg. 120 (A)	89258	Fedratinib	5,313.60	Bristol Myers Squibb Pharmaceuticals	United Drug
Pirfenidone (Clonmel Healthcare) Film Coated Tabs. 267 mg. 252 (A)	89259	Pirfendione	971.69	Clonmel Healthcare Ltd.	Clonmel Healthcare Ltd.
Pirfenidone (Clonmel Healthcare) Film Coated Tabs. 801 mg. 84 (A)	89260	Pirfendione	950.11	Clonmel Healthcare Ltd.	Clonmel Healthcare Ltd.

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Mycophenolate Mofetil (Clonmel) Hard Caps. 250 mg. 100	88093	Mycophenolic Acid	Clonmel Healthcare Ltd.
Mycophenolate Mofetil (Clonmel) Film Coated Tabs. 500 mg. 50	88094	Mycophenolic Acid	Clonmel Healthcare Ltd.

Product Updates Notification
Effective 1st December 2022

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ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Invokana (Lexon Ireland) Film Coated Tabs. 300 mg. 30 (A) *(Non-Proprietary Name Index: Canagliflozin)*	S1B	54.21	66834
Invokana (Originalis B.V.) Film Coated Tabs. 300 mg. 30 (A) *(Non-Proprietary Name Index: Canagliflozin)*	S1B	54.19	66835
Serc-16 (P.C.O. Mfg.) Tabs. 90 (A) *(Non-Proprietary Name Index: Betahistine)*	S1B	9.15	66837

CHANGE TO THE LIST OF DELETIONS ON
GMS SCHEME EFFECTIVE 1st NOVEMBER 2022
ADD

Add	Januvia (LTT Pharma Ltd.) Film Coated Tabs. 25 mg. 28	13117

DELETIONS

Aripiprazole (Pinewood) Oral Soln. 1 mg./ml. 150 ml.	36901
Betnovate RD Oint. 100 G.	14974
Brieka Hard Caps. 25 mg. 56	53576
Brieka Hard Caps. 25 mg. 84	53577
Erythroped PI SF Susp. 125 mg./5 ml. 140 ml.	91709
Erythroped SF Susp. 250 mg./5 ml. 140 ml.	91718
Imuran Inj. 50 mg. 1	84638
Locoid Oint. 30 G.	65927
Norimin Tabs. 21	37095
Omeprazole Rowa Gastro-Resistant Hard Caps. 10 mg. 28	36508
Ortho-Novin 1/50 Tabs. 21	65293
Psoriderm Bath Emuls. 200 ml.	76317
Trinovum ED Tabs. 28	49697
Trinovum ED Tabs. 84	49700
Trinovum Tabs. 21	48313
Zismirt Orotab Orodispersible Tabs. 30 mg. 30	62650
Zofran (P.C.O. Mfg.) Tabs. 8 mg. 10	53123

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ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Afinitor (Originalis B.V.) Tabs. 2.5 mg. 30 (A)	89243	Everolimus	1247.73	Originalis B.V.	RxSource Ltd.
Afinitor (Originalis B.V.) Tabs. 5 mg. 30 (A)	89244	Everolimus	2041.32	Originalis B.V.	RxSource Ltd.
Afinitor (Originalis B.V.) Tabs. 10 mg. 30 (A)	89245	Everolimus	2796.43	Originalis B.V.	RxSource Ltd.
Bosulif (Originalis B.V.) Film Coated Tabs. 100 mg. 28 (A)	89246	Bosutinib	793.07	Originalis B.V.	RxSource Ltd.
Bosulif (Originalis B.V.) Film Coated Tabs. 500 mg. 28 (A)	89247	Bosutinib	3552.83	Originalis B.V.	RxSource Ltd.
Ketoconazole HRA Tabs. 200 mg. 60 (A)	89248	Ketoconazole	597.24	HRA Pharma Rare Diseases	Allphar/ Uniphar
Mayzent Film Coated Tabs. 1 mg. 28 (A)	89249	Siponimod	1756.98	Novartis Ireland Ltd.	Uniphar
Neo Recormon (Originalis B.V.) Soln. for Inj. in Pre-filled Syr. 10,000 iu/0.6 ml. 6 (A) *Code the number of pre-filled syringes dispensed*	89250	Erythropoietin	424.11	Originalis B.V.	RxSource Ltd.
Opsumit (Originalis B.V.) Film Coated Tabs. 10 mg. 30 (A)	89253	Macitentan	2532.08	Originalis B.V.	RxSource Ltd.
Pergoveris (Originalis B.V.) Soln. for Inj. in Pre-filled Pen 900 iu/450 iu 1.44 mL. 1 (A) *Code the number of pre-filled pens dispensed*	89254	Follitropin alfa & Lutropin alfa	430.59	Originalis B.V.	RxSource Ltd.
Pirfenidone axunio (Rowex) Film Coated Tabs. 267 mg. 252 (A)	89255	Pirfenidone	971.69	Rowex Ltd.	United Drug
Pirfenidone axunio (Rowex) Film Coated Tabs. 801 mg. 84 (A)	89256	Pirfenidone	950.11	Rowex Ltd.	United Drug
Rinvoq Prolonged Release Tabs. 45 mg. 28 (A)	89257	Upadacitinib	1869.24	AbbVie Ltd.	Uniphar

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Esbriet Hard Caps. 267 mg. 252	88389	Pirfenidone	Roche Products Ireland Ltd.
Retacrit Soln. for Inj. in Pre-filled Syr. 3000 iu/0.9 ml. 6	88735	Erythropoietin	Hospira Ireland Ltd.
Retacrit Soln. for Inj. in Pre-filled Syr. 5000 iu/0.5 ml. 6	88764	Erythropoietin	Hospira Ireland Ltd.
Retacrit Soln. for Inj. in Pre-filled Syr. 6000 iu/0.6 ml. 6	88771	Erythropoietin	Hospira Ireland Ltd.
Retacrit Soln. for Inj. in Pre-filled Syr. 10000 iu/1.0 ml. 6	88790	Erythropoietin	Hospira Ireland Ltd.

Product Updates Notification
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Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Paliperidone TEVA Prolonged Release Susp. for Inj. in Pre-filled Syr. 50 mg. 1 (A)	S1A	79.09	66828
Paliperidone TEVA Prolonged Release Susp. for Inj. in Pre-filled Syr. 75 mg. 1 (A)	S1A	106.35	66829
Paliperidone TEVA Prolonged Release Susp. for Inj. in Pre-filled Syr. 100 mg. 1 (A)	S1A	135.27	66830
Paliperidone TEVA Prolonged Release Susp. for Inj. in Pre-filled Syr. 150 mg. 1 (A)	S1A	192.45	66831

(Non-Proprietary Name Index: Paliperidone)
Code the number of pre-filled syringes dispensed

ADDENDUM TO LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st OCTOBER 2022

Fesoterodine (Rowa) Prolonged Release Tabs. 4 mg. 28 (A)	S1A	13.09	66826
Fesoterodine (Rowa) Prolonged Release Tabs. 8 mg. 28 (A)	S1A	15.01	66827

(Non-Proprietary Name Index: Fesoterodine)

DELETIONS

Actiq Compressed Lozenge 400 mcg. c Integral Oromucosal Applicator 3	21657
Actiq Compressed Lozenge 1200 mcg. c Integral Oromucosal Applicator 30	72807
Betnovate Cream 100 G.	14907
Champix (P.C.O. Mfg.) Film Coated Tabs. 1 mg. 28	34586
Cystrin Tabs. 5 mg. 84	15752
Duloxetine (Wockhardt UK Ltd.) Gastro-Resistant Hard Caps. 30 mg. 28	43032
Duphalac Soln. 1 Litre	22551
Elantan 10 Tabs. 10 mg. 56	23247
Movicol (P.C.O. Mfg.) 13 G. Powder Sachets 30	34696
Nif-Ten Caps. 28	36714
Pinamox Caps. 250 mg. 1000	39934
Profloxin Tabs. 500 mg. 10	43757
Tenormin Tabs. 25 mg. 28	69264
Zofran (P.C.O. Mfg.) Tabs. 4 mg. 10	53108

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st NOVEMBER 2022

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Abiraterone TEVA Film Coated Tabs. 500 mg. 56 (A)	89229	Abiraterone	1,217.19	TEVA Pharmaceuticals Ireland	United Drug
Copaxone (P.C.O. Mfg.) Soln. for Inj. in Pre-filled Syr. 40 mg./ml. 12 (A) *Code the number of pre-filled syringes dispensed*	89230	Glatiramer Acetate	888.84	PCO Manufacturing Ltd.	PCO Manufacturing Ltd.
Dasatinib TEVA Film Coated Tabs. 20 mg. 60 (A)	89231	Dasatinib	744.96	TEVA Pharmaceuticals Ireland	United Drug
Dasatinib TEVA Film Coated Tabs. 50 mg. 60 (A)	89232	Dasatinib	1,505.78	TEVA Pharmaceuticals Ireland	United Drug
Dasatinib TEVA Film Coated Tabs. 70 mg. 60 (A)	89233	Dasatinib	1,413.27	TEVA Pharmaceuticals Ireland	United Drug
Dasatinib TEVA Film Coated Tabs. 100 mg. 30 (A)	89234	Dasatinib	1,498.13	TEVA Pharmaceuticals Ireland	United Drug
Lecigon Intestinal Gel Cartridge 20 mg./ml. + 5 mg./ml. + 20 mg./ml. 47 ml. 7 (A) *Code the number of cartridges dispensed*	89235	Levodopa, Carbidopa and Entacapone	687.69	Clonmel Healthcare Ltd.	TCP Homecare
Menopur (PCO Mfg.) Pdr. & Solv. for Soln. for Inj. 1200 IU 1 (A) *Code the number of injections dispensed*	89236	Menotropin	331.26	PCO Manufacturing Ltd.	PCO Manufacturing Ltd.
Ngenla Soln. for Inj. in Pre-filled Pen 24 mg. 1 (A) *Code the number of pre-filled pens dispensed*	89237	Somatrogon	193.10	Pfizer Healthcare Ireland	United Drug
Ngenla Soln. for Inj. in Pre-filled Pen 60 mg. 1 (A) *Code the number of pre-filled pens dispensed*	89238	Somatrogon	482.76	Pfizer Healthcare Ireland	United Drug
Ocaliva Film Coated Tabs. 5 mg. 30 (A)	89239	Obeticholic Acid	2,892.33	Advanz Pharma	United Drug
Ocaliva Film Coated Tabs. 10 mg. 30 (A)	89240	Obeticholic Acid	2,892.33	Advanz Pharma	United Drug
Pirfenidone TEVA Film Coated Tabs. 267 mg. 252 (A)	89241	Pirfenidone	935.64	TEVA Pharmaceuticals Ireland	United Drug
Pirfenidone TEVA Film Coated Tabs. 801 mg. 84 (A)	89242	Pirfenidone	943.76	TEVA Pharmaceuticals Ireland	United Drug

Product Updates Notification
as at 1st November 2022

DELETIONS TO THE LIST OF GMS REIMBURSEABLE ITEMS
EFFECTIVE 1st NOVEMBER 2022

Adenuric (Lexon UK) Film Coated Tabs. 80 mg. 28	65602
Aldara (Lexon UK) 5% Cream Sachets 12	11601
Aprovel (Lexon UK) Tabs. 75 mg. 28	12209
Aprovel (Lexon UK) Tabs. 300 mg. 28	12210
Asacolon (Lexon UK) Gastro-Resistant Tabs. 400 mg. 100	14513
Asacolon (Lexon UK) Gastro-Resistant Tabs. 800 mg. 90	14514
Avelox (LTT Pharma Ltd.) Film Coated Tabs. 400 mg. 5	53525
Azarga (Lexon UK Ltd.) Eye Drops Susp. 10 mg./ml. + 5 mg./ml. 5 ml. Pack 1	13112
Azilect (Lexon UK) Tabs. 1 mg. 28	31808
Azopt (Lexon UK) Eye Drops Susp. 10 mg./ml. 5 ml.	50816
Betmiga (Lexon UK) Prolonged Release Tabs. 50 mg. 30	17633
Bonviva (Lexon UK) Film Coated Tabs. 150 mg. 1	13295
Brilique (Lexon UK) Film Coated Tabs. 90 mg. 56	26102
Co-Aprovel (Lexon UK) Tabs. 150/12.5 mg. 28	54307
Co-Aprovel (Lexon UK) Tabs. 300/12.5 mg. 28	54308
Competact (Lexon UK) Film Coated Tabs. 15 mg./850 mg. 56	30458
Dermovate (LTT Pharma Ltd.) Scalp Applic. 100 ml.	64877
DuoResp Spiromax (Lexon UK) Inhalation Powder 160 mcg./4.5 mcg. 120 Dose Pack 1	53408
DuoResp Spiromax (Lexon UK) Inhalation Powder 320 mcg./9 mcg. 60 Dose Pack 1	53409
DuoTrav (Lexon UK) Eye Drop Soln. 40 mcg./ml. + 5 mg./ml. 2.5 ml. 1	22571
Efient (Lexon UK) Film Coated Tabs. 10 mg. 28	27007
Eklira (Lexon UK) Inhalation Powder 322 mcg. 60 Dose Pack 1	18837
Eliquis (Lexon UK) Film Coated Tabs. 2.5 mg. 60	36807
Eliquis (Lexon UK) Film Coated Tabs. 5 mg. 60	36814
Eucreas (Lexon UK) Film Coated Tabs. 50 mg./1000 mg. 60	24353
Evista (Lexon UK) Tabs. 60 mg. 28	24607
ExforgeHCT (Lexon UK) Film Coated Tabs. 5 mg./160 mg./12.5 mg. 28	32667
ExforgeHCT (Lexon UK) Film Coated Tabs. 10 mg./160 mg./12.5 mg. 28	32668
Fosavance (Lexon UK) Tabs. 70 mg./2800 iu 4	75333
Fosavance (LTT Pharma Ltd.) Tabs. 70 mg./5600 iu 4	37152
Ganfort (Lexon UK) Eye Drops Soln. 300 mcg./ml. + 5 mg./ml. 3 ml.	27518
Half Beta-Prograne (Lexon UK) PR Caps. 80 mg. 28	67300
Janumet (Lexon UK) Film Coated Tabs. 50 mg./1000 mg. 56	19035
Januvia (Lexon UK) Film Coated Tabs. 50 mg. 28	15547
Januvia (Lexon UK) Film Coated Tabs. 100 mg. 28	15682
Januvia (LTT Pharma Ltd.) Film Coated Tabs. 25 mg. 28	13117
Keppra (Lexon UK) Film Coated Tabs. 1000 mg. 60	22863
Keppra (Lexon UK) Tabs. 250 mg. 60	51472
Keppra (Lexon UK) Tabs. 500 mg. 60	51473
Lamictal (Lexon UK) Dispersible/Chewable Tabs. 25 mg. 56	32066
Lamictal (Lexon UK) Dispersible/Chewable Tabs. 50 mg. 56	32067
Lamictal (Lexon UK) Dispersible/Chewable Tabs. 100 mg. 56	32068
Lamictal (Lexon UK) Dispersible/Chewable Tabs. 200 mg. 56	32125
Lamictal (Lexon UK) Tabs. 25 mg. 56	30703
Lumigan (Lexon UK) Eye Drops Soln. 0.3 mg./ml. 3 ml.	77404
Lyrica (Lexon UK) Caps. 25 mg. 56	53150
Lyrica (Lexon UK) Caps. 200 mg. 84	53151
Micardis (Lexon UK) Tabs. 20 mg. 28	64480
Micardis (Lexon UK) Tabs. 40 mg. 28	64481
Micardis (Lexon UK) Tabs. 80 mg. 28	64482
Micardis Plus (Lexon UK) Tabs. 40 mg./12.5 mg. 28	64493
Micardis Plus (Lexon UK) Tabs. 80 mg./12.5 mg. 28	64494
Mirapexin PR (Lexon UK) Tabs. 0.26 mg. 10	36653
Mirapexin PR (Lexon UK) Tabs. 0.52 mg. 10	36654
Mirapexin PR (Lexon UK) Tabs. 1.05 mg. 30	36655
Mirapexin PR (Lexon UK) Tabs. 3.15 mg. 30	36657
Multaq (Lexon UK) Film Coated Tabs. 400 mg. 60	32653
Neupro Transdermal (Lexon UK) Patches 4 mg./24 Hour 28	19300
Neupro Transdermal (Lexon UK) Patches 6 mg./24 Hour 28	19347
Neupro Transdermal (Lexon UK) Patches 8 mg./24 Hour 28	19369
Novonorm (Lexon UK) Tabs. 1 mg. 90	76407
Opatanol (Lexon UK) Eye Drops 1 mg./ml. 5 ml.	69339
Plavix (Lexon UK) Tabs. 75 mg. 28	41095
Pradaxa (Lexon UK) Hard Caps. 110 mg. 60 (30 Day Dose)	60633

Pradaxa (Lexon UK) Hard Caps. 150 mg. 60 (30 Day Dose)	60634
Procoralan (Lexon UK) Tabs. 5 mg. 56	42710
Procoralan (Lexon UK) Film Coated Tabs. 7.5 mg. 56	42704
Rasilez (Lexon UK) Tabs. 150 mg. 28	68210
Rasilez (Lexon UK) Tabs. 300 mg. 28	68211
Relvar Ellipta (Lexon UK) Inhalation Pdr. Pre-Dispensed 184 mcg./22 mcg. 30 Dose Pack 1	19734
Requip-Modutab (Lexon UK) Prolonged Release Tabs. 4 mg. 84	79194
Requip-Modutab (Lexon UK) Prolonged Release Tabs. 8 mg. 84	79195
Selectol (Lexon UK) Tabs. 200 mg. 30	45563
Soolantra (Lexon UK) Cream 10 mg./G. 30 G.	38602
Stalevo (Lexon UK) Film Coated Tabs. 50/12.5/200 mg. 100	62441
Stalevo (Lexon UK) Film Coated Tabs. 100/25/200 mg. 100	62442
Stalevo (Lexon UK) Film Coated Tabs. 150/37.5/200 mg. 100	62443
Telfast (LTT Pharma Ltd.) Tabs. 180 mg. 30	48294
Travatan (Lexon UK) Eye Drops 40 mcg./ml. 2.5 ml. Pack 1	78605
Twynsta (Lexon UK) Tabs. 40 mg./5 mg. 28	42425
Twynsta (Lexon UK) Tabs. 80 mg./5 mg. 28	42426
Twynsta (Lexon UK) Tabs. 80 mg./10 mg. 28	42434
Valdoxan (Lexon UK) Film Coated Tabs. 25 mg. 28	51204
Ventolin Evohaler (Lexon UK) 100 mcg. 200 Dose Aerosol 1	52005
Vimpat (Lexon UK) Film Coated Tabs. 50 mg. 14	49377
Vimpat (Lexon UK) Film Coated Tabs. 150 mg. 14	19982
Zyprexa (Lexon UK) Tabs. 2.5 mg. 28	71903
Zyprexa (Lexon UK) Tabs. 5 mg. 28	71904
Zyprexa (Lexon UK) Tabs. 10 mg. 28	71905
Zyprexa (Lexon UK) Tabs. 15 mg. 28	71906
Zyprexa (Lexon UK) Velotab Tabs. 5 mg. 28	71816
Zyprexa (Lexon UK) Velotab Tabs. 10 mg. 28	71817

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ADDITIONS/CHANGES TO OSTOMY & URINARY

EFFECTIVE 1st OCTOBER 2022

Instruction	Code	Description	Price €
Add	95023	Ceannaire Suportx Easy Peel Belt-Hernia Support SPX701W/B/S, SPX702W/B/S, SPX703W/B/S, SPX704W/B/S, SPX705W/B/S 1	54.95
Add	95027	Medi Derma-S Barrier Cream Tube 28 G. 60628 1	3.75
Add	95029	Medi Derma-S Barrier Cream Tube 90 G. 60345 1	8.50
Add	95030	Medi Derma-S Barrier Cream Sachet 2 G. 60338 20	7.50
Add	95031	Medi Derma-PRO Skin Protectant Ointment Tube 115 G. 63605 1	9.57
Add	95022	Ostoform Mouldable Seal with FLOWASSIST Protection OFA-S, OFA-M, OFA-L 10	27.00
Add	95024	Stoma Stopper with 30 Dressings ACEM8, ACEM10, ACEM12, ACEM14 1 Stopper Pack 30	53.95
		CHANGE TO READ	
		CHANGES UNDERLINED	
Change	93977	Trio Healthcare Silex Silicone Flange Extenders TR1060 20	14.38
To Read	93977	Genii Flange Extenders TR1060 20	14.38
Change	93935	Trio Healthcare SILTAC Silicone Ostomy Seal 20 - 28 mm TR1020 30	57.81
To Read	93935	Genii Flat Ostomy Seals Small TR1020 30	57.81
Change	93937	Trio Healthcare SILTAC Silicone Ostomy Seal 28 - 35 mm TR1028 30	57.81
To Read	93937	Genii Flat Ostomy Seals Medium TR1028 30	57.81
Change	93936	Trio Healthcare SILTAC Silicone Ostomy Seal 35 - 44 mm TR1035 30	77.69
To Read	93936	Genii Flat Ostomy Seals Large TR1035 30	77.69
Change	93933	Trio Healthcare SILVEX Convex Ostomy Seal 20 - 30 mm TR1020CX 10	20.30
To Read	93933	Genii Convex Ostomy Seals Small 20 - 35 mm TR1020CX 10	20.30
Change	93934	Trio Healthcare SILVEX Convex Ostomy Seal 30 - 40 mm TR1030CX 10	20.30
To Read	93934	Genii Convex Ostomy Seals Large 30 - 50 mm TR1030CX 10	20.30

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
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Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Bactroban (P.C.O. Mfg.) Oint. 2% 15 G. (B) *(Non-Proprietary Name Index: Mupirocin)*	SIA	4.69	66802
Co-Diovan (P.C.O. Mfg.) Film Coated Tabs. 320 mg./12.5 mg. 28 (A) *(Non-Proprietary Name Index: Valsartan and Diuretics)*	SIB	20.95	66803
Exelon Transdermal (Lexon Ireland) Patch 4.6 mg./24 Hour 30 (A)	SIA	40.18	66806
Exelon Transdermal (Lexon Ireland) Patch 9.5 mg./24 Hour 30 (A) *Code the number of patches dispensed* *(Non-Proprietary Name Index: Rivastigmine)*	SIA	45.48	66807
Lacosamide (KRKA Pharma) Film Coated Tabs. 50 mg. 14 (A)	SIB	4.33	66808
Lacosamide (KRKA Pharma) Film Coated Tabs. 100 mg. 56 (A)	SIB	33.09	66809
Lacosamide (KRKA Pharma) Film Coated Tabs. 150 mg. 56 (A)	SIB	49.53	66810
Lacosamide (KRKA Pharma) Film Coated Tabs. 200 mg. 56 (A) *(Non-Proprietary Name Index: Lacosamide)*	SIB	63.83	66811
Lercaril (P.C.O. Mfg.) Film Coated Tabs. 10 mg./10 mg. 28 (A) *(Non-Proprietary Name Index: Enalapril and Lercanidipine)*	SIB	8.00	66812
Nebivolol (Accord Healthcare Ltd.) Tabs. 5 mg. 28 (A) *(Non-Proprietary Name Index: Nebivolol)*	SIB	3.02	66814
Sitagliptin (KRKA Pharma) Film Coated Tabs. 25 mg. 28 (A)	SIB	11.42	66816
Sitagliptin (KRKA Pharma) Film Coated Tabs. 50 mg. 28 (A)	SIB	11.40	66817
Sitagliptin (KRKA Pharma) Film Coated Tabs. 100 mg. 28 (A) *(Non-Proprietary Name Index: Sitagliptin)*	SIB	14.10	66819
Sitagliptin (Pinewood) Film Coated Tabs. 25 mg. 28 (A)	SIB	11.42	66820
Sitagliptin (Pinewood) Film Coated Tabs. 50 mg. 28 (A)	SIB	11.39	66821
Sitagliptin (Pinewood) Film Coated Tabs. 100 mg. 28 (A) *(Non-Proprietary Name Index: Sitagliptin)*	SIB	14.10	66822
Tresiba Penfill Soln. for Inj. in Cartridge 100 U/ml. 3 ml. 5 (A) *Code the number of cartridges dispensed* *(Non-Proprietary Name Index: Insulin Degludec)*	SIB	51.21	66823
Xarelto Film Coated Tabs. 2.5 mg. 56 (A) *(Non-Proprietary Name Index: Rivaroxaban)*	SIB	61.13	66815
Zanidip (P.C.O. Mfg.) Film Coated Tabs. 10 mg. 28 (A)	SIB	5.73	66824
Zanidip (P.C.O. Mfg.) Film Coated Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Lercanidipine Hydrochloride)*	SIB	9.34	66825
Zovirax (P.C.O. Mfg.) Disp. Tabs. 800 mg. 35 (A) *(Non-Proprietary Name Index: Aciclovir)*	SIA	40.97	66804

AMENDMENT TO SEPTEMBER 2022 UPDATE
CHANGES UNDERLINED

Change	Rybrila Oral Soln. 160 mcg./ml. 150 ml. 1 (A)	66961
To Read	Rybrila Oral Soln. 160 mcg./ml. <u>150 ml. (B)</u>	66961

NAME CHANGE TO LIST OF GMS REIMBURSABLE ITEMS
EFFECTIVE 1st OCTOBER 2022
CHANGES UNDERLINED

Change	Nepramel Gastro-Resistant Caps. 20 mg. 28	13865
To Read	Esomeprazole (Clonmel) Gastro-Resistant Caps. 20 mg. 28	13865
Change	Nepramel Gastro-Resistant Caps. 40 mg. 28	13866
To Read	Esomeprazole (Clonmel) Gastro-Resistant Caps. 40 mg. 28	13866

DELETIONS

Amlodipine (WPR Healthcare) Tabs. 10 mg. 28	36813
Duphalac Soln. 300 ml.	22594
Fastum (P.C.O. Mfg.) Gel 2.5% 100 G.	41074
Selectol Tabs. 200 mg. 28	45500
Truoxin Tabs. 250 mg. 10	47848

ADDENDUM TO LIST OF REIMBURSABLE NON DRUG ITEMS IN THE
GMS SCHEME EFFECTIVE 1st SEPTEMBER 2022
CLINICAL/NUTRITIONAL PRODUCTS
ADDITION

Add	Mevalia Ciabattine Low Protein Bread Rolls 260 G. Pack 1 (A)	4.90	81346

ADDITIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS
IN THE GMS SCHEME
EFFECTIVE 1st OCTOBER 2022

CLINICAL NUTRITIONAL PRODUCTS
Code the number of bottles, boxes, packs, pots, pouches, sachets, tins or tubs dispensed.

Add	Promin Low Protein Farmhouse Loaf 400 G. Pack 1 (A)	6.00	81345

DIAGNOSTICS

Add	Dexcom G7 CGM Sensor STP-GT-002 1 (A)	75.00	97631

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st OCTOBER 2022

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Abiraterone (Rowa) Film Coated Tabs. 500 mg. 56 (A)	89220	Abiraterone	1217.19	Rowex Limited	United Drug
Abriaterone Aristo (JED Pharma) Film Coated Tabs. 500 mg. 56 (A)	89221	Abiraterone	1217.19	JED Pharma	United Drug
Fingolimod (Accord Healthcare Ltd.) Hard Caps. 0.5 mg. 28 (A)	89223	Fingolimod	670.28	Accord Healthcare Ltd.	Uniphar and United Drug
Tegsedi Soln. for Inj. in Pre-filled Syr. 284 mg. 4 (A) *Code the number of pre-filled syringes dispensed*	89227	Inotersen	24,154.75	Swedish Orphan Biovitrum Ltd.	United Drug
Yuflyma Soln. for Inj. in Pre-filled Pen 80 mg./0.8 ml. 1 (A) *Code the number of pre-filled pens dispensed*	89228	Adalimumab	486.08	Celltrion Healthcare Ireland Ltd.	United Drug

CHANGE TO SEPTEMBER 2022 UPDATE
CHANGE EFFECTIVE DATE TO 1st OCTOBER 2022

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Abiraterone (Accord Healthcare Ltd.) Film Coated Tabs. 500 mg. 56 (A)	89209	Abiraterone	1,217.19	Accord Healthcare Ltd.	Allphar
Abiraterone (KRKA Pharma) Film Coated Tabs. 500 mg. 56 (A)	89212	Abiraterone	1,217.19	KRKA Pharma Dublin Ltd.	Pemberton, United Drug

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Retacrit Soln. for Inj. in Pre-filled Syr. 8000 iu/0.8 ml. 6	88775	Erythropoietin	Hospira Ireland Ltd.
Zomacton Pdr. for Soln. for Inj. Pre-Filled Syr. 10 mg./ml. 1 ml. 1	88526	Somatropin	Ferring Pharmaceuticals Ireland Ltd.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ADDITIONS AND CHANGES TO OSTOMY & URINARY

EFFECTIVE 1st SEPTEMBER 2022

Instruction	Code	Description	Price €
		ADDITIONS	
Add	95002	Aquaflush Compact Plus Monthly Kit AFCPM 1	72.02
Add	95003	Aquaflush Compact Plus Starter Kit AFCPS 1	44.32
Add	95004	Clinisupplies Prosys Single Use 2 Litre Drainable Night Bag with Click-Close Outlet Tap PSU2 10	3.89
Add	95005	Coloplast Brava Protective Seal Convex (20-60mm, 25-65mm, 30-70mm, 35-75mm, 40-80mm, 45-85mm) 12090/91/92/93/94/95 30	77.97
Add	95012	Coloplast SenSura Mio Baby 2 Piece Drainable Open Bag Flex Coupling, refeed Window 18700 10	20.40
Add	95015	Coloplast SenSura Mio Baby 2 Piece Oval Flex Baseplate, no starter hole 18705 5	22.90
Add	95016	Coloplast SenSura Mio Kids 1 Piece Drainable Bag with BodyFit Technology 18710-18711 10	39.50
Add	95017	Coloplast SenSura Mio Kids 1 Piece Urostomy Bag with BodyFit Technology 18712-18713 10	62.70
Add	95018	Coloplast SenSura Mio Kids Flex 2 Piece Drainable Bag with BodyFit Technology 18720/21/22/23/24/25 10	22.40
Add	95021	Coloplast SenSura Mio Kids Flex 2 Piece Urostomy Bag with BodyFit Technology 18730-18731 10	38.80
Add	95020	Coloplast SenSura Mio Kids Flex 2 Piece Baseplate with BodyFit Technology 18735 and 18747 5	23.55
Add	95006	Salts Healthcare Confidence BE Soft Convex Urostomy Pouch XBU13/25ST/38ST/52ST/25W/38W/52W/25B/38B/52B - XBUL13/25ST/38ST/52ST/25W/38W/52W/25B/38B/52B 10	79.80
Add	95007	Salts Healthcare Confidence BE Soft Convex Urostomy Pouch Pre-cut XBU2/1ST/5ST/8ST/1W/5W/8W/1B/5B/8B- XBU3/2ST/5ST/2W/5W/2B/5B 10	79.80
Add	95008	Salts Healthcare Confidence BE Soft Convex Urostomy Pouch Transparent Version XBUT13/25ST/38ST/52ST - XBULT13/25ST/38ST/52ST 10	79.80
Add	95009	Salts Healthcare Confidence BE Urostomy Pouch BU13ST/W/B BUL13ST/W/B 10	62.70
Add	95010	Salts Healthcare Confidence BE Urostomy Pouch Pre-cut BU2/1ST/5ST/8ST BU3/2ST/5ST BU2/1W/5W/8W BU3/2W/5W BU2/1B/5B/8B BU3/2B/5B 10	62.70
Add	95011	Salts Healthcare Confidence BE Urostomy Pouch Transparent version BUT13ST BULT13ST 10	62.70
Add	95014	Wellspect LoFric Hydro-Kit Non PVC Catheter Female CH08-CH18, Male CH08-CH18, Paed. CH08-CH10, Male Tiemann Tip CH10-CH18 30	68.99
		CHANGES TO THE LIST OF OSTOMY & URINARY ITEMS	
		CHANGES <u>UNDERLINED</u>	
Change	93002	Belts AB01 1 (Salts) 1	9.15
To Read	93002	<u>Salts Belts AB01, AB02, BB01B, BB01W</u> 1	9.15
Change	94092	Braun Actreen Hi-Lite Catheter Set Tiemann, Male, 14CH - 18CH 242114E, 242116E, 242118E 30	85.05
To Read	94092	Braun Actreen Hi-Lite Catheter Set Tiemann, Male, <u>12CH</u> - 18CH <u>242112E</u>, 242114E, 242116E, 242118E 30	85.05
Change	94093	Braun Actreen Hi-Lite Catheter Set Nelaton, Universal, 10CH - 14CH 242210E, 242212E, 242214E 30	85.05
To Read	94093	Braun Actreen HI-Lite Catheter Set Nelaton, Universal, 10CH - <u>16CH</u> 242210E, 242212E, 242214E, <u>242216E</u> 30	85.05
Change	94321	Wellspect LoFric Elle Intermittent Catheter 4181225 30	56.91
To Read	94321	Wellspect LoFric Elle Intermittent Catheter <u>4181/025/225/425</u> 30	56.91

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st September 2022

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st SEPTEMBER 2022

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Alprazolam (KRKA Pharma) Tabs. 250 mcg. 100 (A)	S1A	2.22	66903
Alprazolam (KRKA Pharma) Tabs. 500 mcg. 100 (A)	S1A	4.30	66949
Alprazolam (KRKA Pharma) Tabs. 1 mg. 100 (A)	S1A	8.97	66951
(Non-Proprietary Name Index: Alprazolam)			
Amantadine Hydrochloride Renata (Azure Pharmaceuticals) Hard Caps. 100 mg. 56 (A)	S1B	21.17	66952
(Non-Proprietary Name Index: Amantadine)			
Protizole (Accord Healthcare Ltd.) Gastro-Resistant Tabs. 20 mg. 28 (A)	S1B	2.52	66986
Protizole (Accord Healthcare Ltd.) Gastro-Resistant Tabs. 40 mg. 28 (A)	S1B	3.08	66987
(Non-Proprietary Name Index: Pantoprazole)			
Sitagliptin Mylan Film Coated Tabs. 25 mg. 28 (A)	S1B	10.94	66983
Sitagliptin Mylan Film Coated Tabs. 50 mg. 28 (A)	S1B	11.12	66984
Sitagliptin Mylan Film Coated Tabs. 100 mg. 28 (A)	S1B	13.72	66985
(Non-Proprietary Name Index: Sitagliptin)			
Sitagliptin (Rowa) Film Coated Tabs. 25 mg. 28 (A)	S1B	11.42	66979
Sitagliptin (Rowa) Film Coated Tabs. 50 mg. 28 (A)	S1B	11.40	66980
Sitagliptin (Rowa) Film Coated Tabs. 100 mg. 28 (A)	S1B	14.10	66981
(Non-Proprietary Name Index: Sitagliptin)			
Sitagliptin/Metformin hydrochloride Mylan Film Coated Tabs. 50 mg./850 mg. 56 (A)	S1B	14.21	66988
Sitagliptin/Metformin hydrochloride Mylan Film Coated Tabs. 50 mg./1000 mg. 56 (A)	S1B	13.75	66989
(Non-Proprietary Name Index: Sitagliptin/Metformin Hydrochloride)			
Sitagliptin/Metformin hydrochloride (Rowa) Film Coated Tabs. 50 mg./850 mg. 56 (A)	S1B	15.14	66990
Sitagliptin/Metformin hydrochloride (Rowa) Film Coated Tabs. 50 mg./1000 mg. 56 (A)	S1B	14.45	66991
(Non-Proprietary Name Index: Sitagliptin/Metformin Hydrochloride)			

DELETIONS

Captor Tabs. 25 mg. 60	68653
Ciproxin Tabs. 250 mg. 10	18341
Eumovate Oint. 30 G.	23124
Methotrexate (Orion Pharma) Tabs. 10 mg. 100	34042
Perinal Spray 30 ml.	41173
Pravat Tabs. 40 mg. 28	60672
Rolpryna SR (KRKA Pharma) Prolonged Release Tabs. 2 mg. 21	79120
Rosuvastatin (Actavis) Film Coated Tabs. 20 mg. 28	62832
Telmisartan (Rowex) Tabs. 20 mg. 28	63075

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st SEPTEMBER 2022

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Abiraterone (Accord Healthcare Ltd.) Film Coated Tabs. 500 mg. 56 (A)	89209	Abiraterone	1,217.19	Accord Healthcare Ltd.	Allphar
Abiraterone (Clonmel) Film Coated Tabs. 500 mg. 56 (A)	89211	Abiraterone	1,217.19	Clonmel Healthcare Ltd.	Uniphar/ United Drug
Abiraterone (KRKA Pharma) Film Coated Tabs. 500 mg. 56 (A)	89212	Abiraterone	1,217.19	KRKA Pharma Dublin Ltd.	Pemberton, United Drug
Abiraterone Mylan Film Coated Tabs. 1000 mg. 28 (A)	89213	Abiraterone	1,217.19	Viatris Ireland	United Drug
Evrenzo Film Coated Tabs. 20 mg. 12 (A)	89214	Roxadustat	72.80	Astellas Pharma Co. Ltd.	United Drug
Evrenzo Film Coated Tabs. 50 mg. 12 (A)	89215	Roxadustat	182.02	Astellas Pharma Co. Ltd.	United Drug
Evrenzo Film Coated Tabs. 70 mg. 12 (A)	89216	Roxadustat	254.83	Astellas Pharma Co. Ltd.	United Drug
Evrenzo Film Coated Tabs. 100 mg. 12 (A)	89217	Roxadustat	364.04	Astellas Pharma Co. Ltd.	United Drug
Evrenzo Film Coated Tabs. 150 mg. 12 (A)	89218	Roxadustat	546.06	Astellas Pharma Co. Ltd.	United Drug
Xeljanz Oral Soln. 1 mg./ml. 250 ml. (B)	89219	Tofacitinib citrate	718.20	Pfizer Healthcare Ireland	United Drug

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Grastofil Soln. for Inj./Inf. in Pre-filled Syringe 30 MU/0.5 ml. 0.5 ml. 5	88184	Filgrastim	Clonmel Healthcare Ltd.
Grastofil Soln. for Inj./Inf. in Pre-filled Syringe 48 MU/0.5 ml. 0.5 ml. 5	88188	Filgrastim	Clonmel Healthcare Ltd.
Retacrit Soln. for Inj. in Pre-filled Syr. 4000 iu/0.4 ml. 6	88743	Erythropoietin	Hospira Ireland ltd.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st August 2022

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st AUGUST 2022

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Rybrila Oral Soln. 160 mcg./ml. 150 ml. 1 (A) *(Non-Proprietary Name Index: Glycopyrronium)*	S1A	102.60	66961

DELETIONS

Arava (P.C.O. Mfg.) Film Coated Tabs. 10 mg. 30	12880
Arava (P.C.O. Mfg.) Tabs. 20 mg. 30	12840
Caltrate Chewable Tabs. 500 mg./1000 IU 30	28902
Captor Tabs. 50 mg. 60	68677
Cystrin Tabs. 3 mg. 56	15734
DDAVP Desmopressin Nasal Drops 2.5 ml. Pack 1	73180
Fucidin (P.C.O. Mfg.) Cream 20 mg./G. 15 G.	26210
Lansoprazole (Rowex) Orodispersible Tabs. 15 mg. 28	63703
Lansoprazole (Rowex) Orodispersible Tabs. 30 mg. 28	63704
Lantus Solostar (P.C.O. Mfg.) Soln. for Inj. 100 iu/ml. 3ml. 5	69207
Maruxa Film Coated Tabs. 10 mg. 28	32504
Maruxa Film Coated Tabs. 10 mg. 56	32505
Mezavant XL (P.C.O. Mfg.) Gastro-Resistant Prolonged Release Tabs. 1200 mg. 60	44010
Movicol Paed. (P.C.O. Mfg.) 6.9 G. Powder Sachets 30	40589
Ranexa PR (P.C.O. Mfg.) Tabs. 375 mg. 60	43262
Ranexa PR (P.C.O. Mfg.) Tabs. 500 mg. 60	43263
Rolpryna SR (KRKA Pharma) Prolonged Release Tabs. 2 mg. 21	79120
Xatral XL (P.C.O. Mfg.) Tabs. 10 mg. 30	52751

ADDITIONS/DELETION TO THE LIST OF REIMBURSABLE NON DRUG ITEMS
IN THE GMS SCHEME EFFECTIVE 1st AUGUST 2022

DIAGNOSTICS
ADDITIONS

Add	Medtronic Guardian Sensor 4 BNUIG4SCGM10 10	495.00	99962
Add	Medtronic Guardian Sensor 4 BNUIG4SMDI10 10	495.00	99963

CLINICAL NUTRITIONAL PRODUCTS
DELETIONS

Delete	Loprofin LP Dessert Mixes 150 G. Pack 1	83045

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st AUGUST 2022

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Dimethyl Fumarate Neuraxpharm Gastro-Resistant Hard Caps. 240 mg. 56 (A)	89201	Dimethyl fumarate	418.64	Neuraxpharm Ltd.	Uniphar
Lonquex (P.C.O. Mfg.) Soln. for Inj. in Pre-filled Syringe 6 mg. 1 (A) *Code the number of pre-filled syringes dispensed*	89202	Lipegfilgrastim	570.94	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.
Nexavar (P.C.O. Mfg.) Film Coated Tabs. 200 mg. 112 (A)	89203	Sorafenib	3,473.56	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.
Prostap (P.C.O. Mfg.) 3 DCS Pdr. & Solv. for Prolonged Release Susp. for Inj. in Pre-filled Syr. 11.25 mg. 1 (A) *Code the number of pre-filled syringes dispensed*	89205	Leuprorelin acetate	298.30	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.
Simponi (P.C.O. Mfg.) Soln. for Inj. in Pre-filled Pen 50 mg./0.5 ml. 0.5 ml. 1 (A) *Code the number of pre-filled pens dispensed*	89204	Golimumab	942.12	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.
Sondelbay (Accord Healthcare Ltd.) Soln. for Inj. in a Pre-filled Pen 20 mcg./80 mcL. 1 (A) *Code the number of pre-filled pens dispensed*	89206	Teriparatide	171.59	Accord Healthcare Ltd.	Uniphar/United Drug
Tecfidera (Originalis B.V.) Gastro-Resistant Hard Caps. 120 mg. 14 (A)	89207	Dimethyl fumarate	187.03	Originalis B.V.	RxSource
Tecfidera (Originalis B.V.) Gastro-Resistant Hard Caps. 240 mg. 56 (A)	89208	Dimethyl fumarate	999.87	Originalis B.V.	RxSource
Xagrid (P.C.O. Mfg.) Hard Caps. 0.5 mg. 100 (A)	89210	Anagrelide	292.28	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Tenofovir Disoproxil (Accord Healthcare Ltd.) Film Coated Tabs. 245 mg. 30	88859	Tenofovir Disoproxil	Accord Healthcare Ltd.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st July 2022

Clinical Nutritional Products

ADDITIONS/DELETIONS TO THE LIST OF REIMBURSABLE CLINICAL NUTRITIONAL ITEMS IN THE GMS SCHEME EFFECTIVE 1st JULY 2022.

Code the number of bottles, boxes, packs, pots, pouches, sachets, tins or tubs dispensed.

ADDITIONS

	Drug Description including coding instruction	Reimbursement Price €	Drug Code
Add	Compleat Paediatric Liquid 500 ml. Pack 1 (A)	8.58	81340
Add	*Ensure Crème Protein 125 G. Pack 1 (A) **Ref Circ. 016/19 (Addition to list B)*	1.60	81315
Add	*Fortisip PlantBased 1.5Kcal 200 ml. Bottle 1 (A) **Ref Circ. 016/19 (Addition to list B)*	1.70	81316
Add	GA Explore 5 12.5 G. Sachet 30 (A)	166.91	81317
Add	HCU Explore 5 12.5 G. Sachet 30 (A)	166.91	81318
Add	Mevalia Burger Mix 350 G. Sachet 1 (A)	13.54	81321
Add	Mevalia Fruit Bar 25 G. Pack 5 (A)	5.90	81325
Add	Mevalia Fusilli 500 G. Pack 1 (A)	3.65	81326
Add	Mevalia Pan Carré 300 G. Pack 1 (A)	4.90	81327
Add	Mevalia Pizza Base (2 x 150 G.) 300 G. Pack 1 (A)	5.50	81324
Add	MMA/PA Explore 5 12.5 G. Sachet 30 (A)	166.91	81328
Add	MSUD Explore 5 12.5 G. Sachet 30 (A)	166.91	81331
Add	Promin LP Cereal 340 G. Pack 1 (A)	9.05	81333
Add	SMA Soya 800 G. Pack 1 (A)	11.18	81335
Add	TYR Explore 5 12.5 G. Sachet 30 (A)	166.91	81336

DELETIONS

Delete	Aymes Shake Compact (Mixed Flavours) 57 G. Sachet (Starter Pack with Shaker) 5 (A)	83267
Delete	Nutriplete Shake 57 G. Sachet (Starter Pack with Shaker) 5 (A)	83255
Delete	Nutrison MCT 1 L. Pack 1 (A)	81148

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st July 2022

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st JULY 2022

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Montelukast (Bluefish) Chewable Tabs. 4 mg. 28 (A)	S1B	5.03	66968
Montelukast (Bluefish) Chewable Tabs. 5 mg. 28 (A)	S1B	5.32	66969
(Non-Proprietary Name Index: Montelukast)			
Montelukast (Bluefish) Film Coated Tabs. 10 mg. 28 (A)	S1B	5.88	66970
(Non-Proprietary Name Index: Montelukast)			
Trimoptin Tabs. 100 mg. 28 (A)	S1A	1.91	66966
Trimoptin Tabs. 200 mg. 28 (A)	S1A	3.69	66967
(Non-Proprietary Name Index: Trimethoprim)			

DELETIONS

Aceomel Tabs. 50 mg. 60	13795
By-Mycin Caps. 100 mg. 8	15687
Escitalopram (Actavis) Film Coated Tabs. 10 mg. 28	13130
Flutiform k-haler Pressurised Inhalation, Susp. 125 mcg./5 mcg. per actuation, 120 Dose 1	33305
Melcam Tabs. 7.5 mg. 30	32440
Pregabalin Mylan (Gerard Labs.) Hard Caps. 25 mg. 56	36937
Quedute Soft Caps. 0.5 mg. 30	54343
Rosuvastatin (Actavis) Film Coated Tabs. 40 mg. 28	62833
Suprecur Nasal Spray 150 mcg. 10 G. Vial 1	47875
Zismirt Orotab Orodispersible Tabs. 15 mg. 30	62601
Zofran Suppos. 16 mg. 1	53219

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st JULY 2022

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Cibinqo Film Coated Tabs. 50 mg. 28 (A)	89195	Abrocitinib	1,085.40	Pfizer Healthcare Ireland	United Drug
Cibinqo Film Coated Tabs. 100 mg. 28 (A)	89196	Abrocitinib	1,085.40	Pfizer Healthcare Ireland	United Drug
Cibinqo Film Coated Tabs. 200 mg. 28 (A)	89198	Abrocitinib	1,085.40	Pfizer Healthcare Ireland	United Drug
Fingolimod (Mylan) Hard Caps. 0.5 mg. 28 (A)	89192	Fingolimod	670.28	Viatris Ltd.	United Drug
Hyrimoz Soln. for Inj. in Pre-filled Pen 40 mg./0.8 ml. 2 (A) *Code the number of pre-filled pens dispensed*	89200	Adalimumab	617.07	Novartis Ireland Ltd.	Uniphar
IIumetri Soln. for Inj. in Pre-filled Syr. 100 mg. 1 (A) *Code the number of pre-filled syringes dispensed*	89183	Tildrakizumab	3,138.23	Almirall Ltd.	Allphar
IIumetri Soln. for Inj. in Pre-filled Syr. 100 mg. 2 (A) *Code the number of pre-filled syringes dispensed*	89184	Tildrakizumab	3,138.23	Almirall Ltd.	Allphar

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st June 2022

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st JUNE 2022

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Ducressa Eye Drops Soln. 1 mg./ml. + 5 mg./ml. 5 ml. 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Dexamethasone and Levofloxacin)*	S1A	7.56	66963
Fesoterodine Aristo (JED Pharma) Prolonged Release Tabs. 4 mg. 28 (A)	S1A	13.09	66948
Fesoterodine Aristo (JED Pharma) Prolonged Release Tabs. 8 mg. 28 (A) *(Non-Proprietary Name Index: Fesoterodine)*	S1A	15.01	66950
Metformin TEVA Film Coated Tabs. 850 mg. 60 (A) *(Non-Proprietary Name Index: Metformin)*	S1B	2.26	66954
Midodrine Tillomed (Azure Pharmaceuticals) Tabs. 2.5 mg. 100 (A)	S1B	12.12	66964
Midodrine Tillomed (Azure Pharmaceuticals) Tabs. 5 mg. 100 (A) *(Non-Proprietary Name Index: Midodrine)*	S1B	18.57	66965
Soolantra Cream 10 mg./G. 45 G. (B) *(Non-Proprietary Name Index: Ivermectin)*	S1B	32.36	66959

DELETIONS

Ditropan Tabs. 5 mg. 84	21563
Melcam Tabs. 15 mg. 30	32485
Methotrexate (Orion Pharma) Tabs. 2.5 mg. 28	34015
Phosex Tabs. 1000 mg. 180	52426
Rosuvastatin (Actavis) Film Coated Tabs. 5 mg. 28	62830
Tolusitol Prolonged Release Caps. 2 mg. 28	53622
Tolusitol Prolonged Release Caps. 4 mg. 28	53623
Zyprexa Tabs. 7.5 mg. 56	56012

DELETIONS TO THE LIST OF REIMBURSABLE NON-DRUG ITEMS
IN THE GMS SCHEME
EFFECTIVE 1st JUNE 2022

CLINICAL/NUTRITIONAL DELETION

Delete	Loprofin LP Sliced Bread 400 G. Pack 1	81375

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st JUNE 2022

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Bosulif (P.C.O. Mfg.) Film Coated Tabs. 100 mg. 28 (A)	89174	Bosutinib	793.08	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.
Ovaleap Soln. for Inj. 300 IU/0.5 mL. 1 (A) *Code the number of injections dispensed*	89186	Follitropin Alfa	67.23	Theramex Ireland Ltd.	United Drug
Ovaleap Soln. for Inj. 450 IU/0.75 mL. 1 (A) *Code the number of injections dispensed*	89187	Follitropin Alfa	100.85	Theramex Ireland Ltd.	United Drug
Ovaleap Soln. for Inj. 900 IU/1.5 mL. 1 (A) *Code the number of injections dispensed*	89188	Follitropin Alfa	200.45	Theramex Ireland Ltd.	United Drug
Rozlytrek Hard Caps. 100 mg. 30 (A)	89193	Entrectinib	1008.00	Roche Products Ireland Ltd.	Allphar/Uniphar
Rozlytrek Hard Caps. 200 mg. 90 (A)	89194	Entrectinib	6048.00	Roche Products Ireland Ltd.	Allphar/Uniphar
Somatuline Autogel (P.C.O. Mfg.) Soln. for Inj. in Pre-filled Syr. 120 mg. 1 (A) *Code the number of pre-filled syringes dispensed*	89189	Lanreotide	1295.06	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Cosentyx Soln. for Inj. in Pre-filled Pen 150 mg. 2	88172	Secukinumab	Novartis Ireland Limited

Feidhmeannacht na Seirbhíse Sláinte
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Product Updates Notification
Effective 1st May 2022

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st MAY 2022
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Cozaar Comp (P.C.O. Mfg.) Film Coated Tabs. 100 mg./12.5 mg. 28 (A)	S1B	8.41	66941
Cozaar Comp (P.C.O. Mfg.) Film Coated Tabs. 100 mg./25 mg. 28 (A)	S1B	8.41	66942
(Non-Proprietary Name Index: Losartan and Diuretics)			
Doxatan Tabs. 1 mg. 30 (A)	S1B	5.58	66939
(Non-Proprietary Name Index: Doxazosin)			
Fesoterodine (Accord Healthcare Ltd.) Prolonged Release Tabs. 8 mg. 28 (A)	S1A	15.01	66940
(Non-Proprietary Name Index: Fesoterodine)			
Fesoterodine (Clonmel) Prolonged Release Tabs. 4 mg. 30 (A)	S1A	14.03	66934
Fesoterodine (Clonmel) Prolonged Release Tabs. 8 mg. 30 (A)	S1A	16.08	66935
(Non-Proprietary Name Index: Fesoterodine)			
Prucalopride (Pinewood) Film Coated Tabs. 1 mg. 28 (A)	S1B	18.05	66932
Prucalopride (Pinewood) Film Coated Tabs. 2 mg. 28 (A)	S1B	26.44	66933
(Non-Proprietary Name Index: Prucalopride)			
Ryaltris Nasal Spray Susp. 25 mcg. + 600 mcg. per actuation, 240 Dose 1 (A)	S1B	13.99	66943
Code the number of packs dispensed			
(Non-Proprietary Name Index: Mometasone, combinations)			
Solferol Soft Caps. 400 IU 90 (A)		5.29	66926
Solferol Soft Caps. 800 IU 30 (A)		3.23	66927
Solferol Soft Caps. 800 IU 90 (A)		9.45	66928
Solferol Soft Caps. 1,000 IU 28 (A)		3.26	66929
Solferol Soft Caps. 20,000 IU 4 (A)		6.40	66930
(Non-Proprietary Name Index: Colecalciferol)			
Valtrex (P.C.O. Mfg.) Film Coated Tabs. 500 mg. 30 (A)	S1A	27.65	66944
Valtrex (P.C.O. Mfg.) Film Coated Tabs. 500 mg. 42 (A)	S1A	38.72	66945
(Non-Proprietary Name Index: Valaciclovir)			
Zarontin (P.C.O. Mfg.) Syrup 250 mg./5 ml. 200 ml. (B)	S1B	52.38	66946
(Non-Proprietary Name Index: Ethosuximide)			
Zebinix (P.C.O. Mfg.) Tabs. 800 mg. 30 (A)	S1B	126.56	66947
(Non-Proprietary Name Index: Eslicarbazepine)			

CHANGE TO LIST OF REIMBURSABLE NON DRUG ITEM
OSTOMY AND URINARY AUGUST 2021 UPDATE
CHANGES UNDERLINED

Change	Aquaflush Lite System Refill Pack AFLA (15 Silicone Cones) 15	94357
To Read	Aquaflush <u>Silicone Cone</u> Refill Pack AFLA (15 Silicone Cones) 15	94357

DELETIONS

Adcortyl Inj. 10 mg./ml. 1 ml. 5	60054
Cidomycin Inj. Paed. 10 mg./ml. 2 ml. 5	18023
Codipar Eff. Tabs. 15 mg./500 mg. 100	16401
Cyclimorph 10 Inj. 1 ml. 5	19305
Diamox SR Caps. 250 mg. 28	21164
Diamox SR Caps. 250 mg. 30	21207
Diazemuls Inj. 5 mg./ml. 2 ml. 10	20974
Difene Suppos. 100 mg. 10	19852
Erythroped Forte SF Susp. 500 mg./5 ml. 140 ml.	91747
Erythroped Tabs. Adult 500 mg. 100	23752
Hytrin Starter Pack 1	27596
Intal Spinhaler c. Case 1 Pack	29289

Isoptin Tabs. 120 mg. 100	29424
Pregabalin Mylan (Gerard Labs.) Hard Caps. 50 mg. 84	36938
Provera Tabs. 2.5 mg. 30	43628
Provera Tabs. 5 mg. 30	43637
Stugeron Tabs. 25 mg. 50	47368
Tasmar Tabs. 100 mg. 100	49675
Xatral Tabs. 2.5 mg. 60	53406
Zanaflex (P.C.O. Mfg.) Tabs. 2 mg. 30	54431

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
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ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Brukinsa Hard Caps. 80 mg. 120 (A)	89182	Zanubrutinib	5899.80	BeiGene UK Limited	Movianto
Kaftrio Film Coated Tabs. 37.5 mg./25 mg./50 mg. 56 (A)	89191	Ivacaftor, Tezacaftor and Elexacaftor	9819.18	Vertex Pharmaceuticals (Europe) Ltd.	Arvato
Opsumit (P.C.O. Mfg.) Film Coated Tabs. 10 mg. 30 (A)	89185	Macitentan	2532.08	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.
Viread (P.C.O. Mfg.) Film Coated Tabs. 245 mg. 30 (A)	89190	Tenofovir Disoproxil	174.74	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Xtandi Soft Caps. 40 mg. 112	88699	Enzalutamide	Astellas Pharma Co. Ltd.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st April 2022

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st APRIL 2022
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Fixapost Eye Drop Soln. 50 mcg./ml + 5 mg./ml. 0.2 ml Single Dose Container 30 (A) *Code the number of containers dispensed* *(Non-Proprietary Name Index: Timolol, combinations)*	S1B	13.72	66936
Pedippi Pdr. for Oral Susp. 2 mg./ml. 90 ml. Bottle 1 (A) *(Non-Proprietary Name Index: Omeprazole)*	S1B	98.27	66938
Tramadol/Paracetamol (Accord Healthcare Ltd.) Film Coated Tabs. 37.5 mg./325 mg. 60 (A) *(Non-Proprietary Name Index: Tramadol and Paracetamol)*	S1A	4.00	66937

NAME CHANGE
CHANGES UNDERLINED

Change	Rinatec Nasal Pump Spray 180 Dose Pack 1	44164
To Read	Rhinaspray 21 mcg. per metered dose Nasal Spray Soln. (15 ml.) 180 Dose Pack 1	44164

DELETIONS

Adalat LA (P.C.O. Mfg.) Tabs. 30 mg. 28	56031
By-Mycin Caps. 50 mg. 28	15615
Cosimprel Film Coated Tabs. 5 mg./5 mg. 30	22501
Cosimprel Film Coated Tabs. 10 mg./10 mg. 30	22504
Diltam 90 Retard Tabs. 90 mg. 60	20024
Pariet Tabs. 10 mg. 28	38825
Selectol Tabs. 400 mg. 28	45554
Serenace Tabs. 5 mg. 30	45328
Serenace Tabs. 10 mg. 30	45381

ADDITION/DELETIONS TO THE LIST OF REIMBURSABLE NON-DRUG ITEMS
IN THE GMS SCHEME
EFFECTIVE 1st APRIL 2022

DIAGNOSTIC ADDITION

Add	mylife Aveo Test Strips 700017358 50 (A)	8.75	97630

CLINICAL/NUTRITIONAL DELETIONS

Delete	Aptamil Pepti 1 450 G. Pack 1	84034
Delete	Aptamil Pepti 2 450 G. Pack 1	85006
Delete	Juvela LP Cookies 125 G. Pack 1	81083
Delete	Loprofin LP Gnocchetti Sardi 500 G. Pack 1	81061
Delete	Loprofin LP Wafers 100 G. Pack 1	81221
Delete	Loprofin Snack Pot 47 G. Pack 1	81499
Delete	Loprofin Vermicelli 250 G. Pack 1	81060
Delete	MSUD Anamix Junior 29 G. Sachet 30	81044
Delete	PKU Anamix Junior 29 G. Sachet 30	81039
Delete	TYR Anamix Junior 29 G. Sachet 30	81352

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st APRIL 2022

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Emgality Soln. for Inj. in Pre-filled Pen 120 mg. 1 (A) *Code the number of pre-filled pens dispensed*	89169	Galcanezumab	414.03	Eli Lilly & Co. Ltd.	United Drug
Nubeqa Film Coated Tabs. 300 mg. 112 (A)	89172	Darolutamide	3,194.23	Bayer Ltd.	Allphar
Pergoveris Soln. for Inj. in Pre-filled Pen (450 IU + 225 IU)/0.72 mL. 1 (A) *Code the number of pre-filled pens dispensed*	89173	Follitropin alfa & Lutropin alfa	221.96	Merck Serono (Ireland) Ltd.	Uniphar

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Imbruvica Hard Caps. 140 mg. 120	88597	Ibrutinib	Janssen - Cilag Ltd.
Lynparza Caps. 50 mg. 448	88871	Olaparib	AstraZeneca Pharmaceuticals (Ireland) Ltd.
Mysildecard Film Coated Tabs. 20 mg. 90	88036	Sildenafil	Gerard Labs.
NeoRecormon Pre-filled Syringe 20,000 iu 6	88673	Erythropoietin	Roche Products Ireland Ltd.
Norditropin Simplexx Soln. for Inj. 10 mg./ml. 1.5 ml. 1	88114	Somatropin	Novo Nordisk Femcare Ag
Norditropin Simplexx Soln. for Inj. 15 mg./ml. 1.5 ml. 1	88115	Somatropin	Novo Nordisk Femcare Ag
Retacrit Soln. for Inj. in Pre-filled Syr. 2000 iu/0.6 ml. 6	88726	Erythropoietin	Hospira Ireland Ltd.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
as at 1st March 2022

DELETIONS TO THE LIST OF GMS REIMBURSEABLE ITEMS EFFECTIVE 1st MARCH 2022	
Acerycal (Imbat Ltd.) Tabs. 5 mg./10 mg. 30	13537
Acerycal (Imbat Ltd.) Tabs. 10 mg./10 mg. 30	13539
Abilify (BR Lewis Pharmaceuticals) Tabs. 5 mg. 28	10204
Abilify (BR Lewis Pharmaceuticals) Tabs. 10 mg. 28	10210
Abilify (BR Lewis Pharmaceuticals) Tabs. 15 mg. 28	10224
Abilify (BR Lewis Pharmaceuticals) Tabs. 30 mg. 28	10271
Abilify (Doncaster Ltd.) Tabs. 5 mg. 28	17258
Abilify (Doncaster Ltd.) Tabs. 10 mg. 28	10400
Abilify (Doncaster Ltd.) Tabs. 15 mg. 28	10458
Abilify (Doncaster Ltd.) Tabs. 30 mg. 28	17263
Acerycal (Imbat Ltd.) Tabs. 5 mg./5 mg. 30	13536
Acerycal (Imbat Ltd.) Tabs. 10 mg./5 mg. 30	13538
Actonel (Imbat Ltd.) Once A Week Tabs. 35 mg. 4	10505
Actos (BR Lewis Pharmaceuticals) Tabs. 15 mg. 28	10506
Actos (BR Lewis Pharmaceuticals) Tabs. 30 mg. 28	10568
Actos (Doncaster Ltd.) Tabs. 15 mg. 28	10609
Actos (Doncaster Ltd.) Tabs. 30 mg. 28	10661
Actos (Doncaster Ltd.) Tabs. 45 mg. 28	15590
Acular (Imbat Ltd.) Eye Drops Soln. 0.5% 5 ml.	13045
Adalat (Imbat Ltd.) Retard Tabs. 20 mg. 56	56393
Adalat (Imbat Ltd.) Retard Tabs. 20 mg. 60	10773
Adalat LA (Imbat Ltd.) Tabs. 30 mg. 28	56395
Aldara (BR Lewis Pharmaceuticals) Cream 5% Sachets 12	11138
Aldara (Doncaster Ltd.) 5% Cream Sachets 12	11014
Alphagan (Doncaster Ltd. D.P.R.) Eye Drops 0.2% 5 ml.	13033
Amaryl (Imbat Ltd.) Tabs. 1 mg. 30	12713
Amaryl (Imbat Ltd.) Tabs. 2 mg. 30	12916
Amaryl (Imbat Ltd.) Tabs. 4 mg. 30	12738
Aprovel (BR Lewis Pharmaceuticals) Tabs. 75 mg. 28	12118
Aprovel (BR Lewis Pharmaceuticals) Tabs. 150 mg. 28	12124
Aprovel (BR Lewis Pharmaceuticals) Tabs. 300 mg. 28	12193
Aprovel (Doncaster Ltd.) Tabs. 75 mg. 28	12100
Aprovel (Doncaster Ltd.) Tabs. 300 mg 28	12142
Aprovel (Doncaster Ltd.) Tabs. 150 mg. 28	12125
Arava (BR Lewis Pharmaceuticals) Film Coated Tabs. 10 mg. 30	12837
Arava (BR Lewis Pharmaceuticals) Tabs. 20 mg. 30	12871
Arava (BR Lewis Pharmaceuticals) Tabs. 100 mg. 3	12810
Arcoxia (Eurodrug Ltd. D.P.R.) Film Coated Tabs. 60 mg. 28	11963
Arcoxia (Eurodrug Ltd. D.P.R.) Film Coated Tabs. 90 mg. 28	11965
Arcoxia (Eurodrug Ltd. D.P.R.) Film Coated Tabs. 120 mg. 28	11981
Arcoxia (Imbat Ltd.) Film Coated Tabs. 30 mg. 28	14239
Aricept (Imbat Ltd.) Tabs. 5 mg. 28	13007
Aricept (Imbat Ltd.) Film Coated Tabs. 10 mg. 28	13151
Arimidex (Imbat Ltd.) Film Coated Tabs. 1 mg. 28	12935
Aromasin (Imbat Ltd.) Film Coated Tabs. 25 mg. 30	13712
Asacolon (Imbat Ltd.) Gastro-Resistant Tabs. 400 mg. 100	14303
Asasantin Retard (Imbat Ltd.) Caps 200 mg./25 mg. 60	13351
Atacand (Imbat Ltd.) Tabs. 4 mg. 28	15427
Atacand (Imbat Ltd.) Tabs. 8 mg. 28	15428
Atacand (Imbat Ltd.) Tabs. 16 mg. 28	13707
Atacand (Profind Wholesale Ltd.) Tabs. 4 mg. 28	13088
Atacand (Profind Wholesale Ltd.) Tabs. 8 mg. 28	13090
Atacand (Profind Wholesale Ltd.) Tabs. 16 mg. 28	13092
Atacand Plus (Imbat Ltd) Tabs. 16/12.5 mg. 28	15405
Augmentin (Imbat Ltd.) Tabs. 250/125 mg. 100	13521
Augmentin-Duo (Imbat Ltd.) Susp. 400 mg./57 mg./5 ml. 35 ml.	91115
Augmentin-Duo (Imbat Ltd.) Susp. 400 mg./57 mg./5 ml. 70 ml.	91107
Avamys (Doncaster Ltd.) Nasal Spray Susp. 27.5 mcg. 120 Dose Pack 1	53605
Avodart (Imbat Ltd.) Soft Caps 0.5 mg. 30	53470
Azarga (Doncaster Ltd.) Eye Drop Susp. 10 mg./ml. + 5 mg./ml. 5 ml. Pack 1	53565

Azopt (BR Lewis Pharmaceuticals) Eye Drops Susp. 10 mg./ml. 5 ml.	50808
Azopt (Doncaster Ltd.) Eye Drops Susp. 10 mg./ml. 5 ml.	50789
Betoptic (Eurodrug Ltd. D.P.R.) Eye Drops 0.5% 5 ml.	13674
Bactroban (Imbat Ltd.) Nasal Oint. 2% 3 G.	13716
Becotide (Amimed) Evohaler 250 mcg. 200 Dose Aerosol 1	58303
Betacap (Eurodrug Ltd. D.P.R.) Scalp Applic. 100 ml.	14702
Bonviva (BR Lewis Pharmaceuticals) Tabs. 150 mg. 1	14021
Bonviva (Doncaster Ltd.) Tabs. 150 mg. 1	14017
Bricanyl (Imbat Ltd.) Turbohaler 500 mcg. 100 Dose Inhaler Pack 1	76408
Calcichew-D3 Forte (Eurodrug Ltd. D.P.R.) Tabs. 100	13923
Cardicor (Imbat Ltd.) Tabs. 1.25 mg. 28	16103
Cardicor (Imbat Ltd.) Tabs. 2.5 mg. 28	16114
Cardicor (Imbat Ltd.) Tabs. 3.75 mg. 28	16120
Cardicor (Imbat Ltd.) Tabs. 5 mg. 28	16131
Cardicor (Imbat Ltd.) Tabs. 7.5 mg. 28	16148
Cardicor (Imbat Ltd.) Tabs. 10 mg. 28	16152
Cardura XL (Imbat Ltd.) Tabs. 4 mg. 28	16202
Cardura XL (Imbat Ltd.) Tabs. 8 mg. 28	16257
Casodex (Imbat Ltd.) Tabs. 50 mg. 28	88592
Celebrex (Imbat Ltd.) Caps. 200 mg. 30	17390
Cellcept (Doncaster Ltd.) Caps. 250 mg. 100	88323
Cellcept (Doncaster Ltd.) Caps. 500 mg. 50	88324
Celluvisc (Imbat Ltd.) Eye Drop Soln. 1% 0.4 ml. Unit Dose 60	17062
Champix (BR Lewis Pharmaceuticals) Tabs. 1 mg. 28	17136
Champix (BR Lewis Pharmaceuticals) Tabs. 2 Week Starter Pack 1	17118
Champix (Doncaster Ltd.) Tabs. 1 mg. 28	17120
Champix (Doncaster Ltd.) Tabs. 1 mg. 56	17143
Champix (Doncaster Ltd.) Tabs. 2 Week Starter Pack 1	34574
Cilest (Imbat Ltd.) Tabs. 250 mcg./35 mcg. 21	17619
Cipramil (Imbat Ltd.) Film Coated Tabs. 10 mg. 28	18351
Cipramil (Imbat Ltd.) Film Coated Tabs. 20 mg. 28	18310
Clorom (Imbat Ltd.) Tabs. 500 mg. 14	17989
Co-Aprovel (BR Lewis Pharmaceuticals) Tabs. 150/12.5 mg. 28	17182
Co-Aprovel (BR Lewis Pharmaceuticals) Tabs. 300/12.5 mg. 28	17190
Co-Aprovel (Doncaster Ltd.) Tabs. 150/12.5 mg. 28	17923
Co-Aprovel (Doncaster Ltd.) Tabs. 300/12.5 mg. 28	17961
Co-Diovan (Imbat Ltd.) Film Coated Tabs. 80 mg./12.5 mg. 28	18727
Co-Diovan (Imbat Ltd.) Film Coated Tabs. 160 mg./12.5 mg. 28	18728
Co-Diovan (Imbat Ltd.) Film Coated Tabs. 160 mg./25 mg. 28	18729
Colofac (Imbat Ltd.) Tabs. 135 mg. 100	17795
Combigan (Eurodrug Ltd. D.P.R.) Eye Drops Soln. 5 ml.	14320
Combivent (Imbat Ltd.) Metered Inhaler 20 mcg./100mcg. 200 Dose Aerosol 1	18460
Competact (Doncaster Ltd.) Tabs. 15 mg./850 mg. 56	18306
Cordarone X (Imbat Ltd.) Tabs. 100 mg. 28	18721
Cordarone X (Imbat Ltd.) Tabs. 200 mg. 28	18780
Cosopt (Eurodrug Ltd. D.P.R.) Eye Drops Soln. 5 ml.	18530
Coversyl Arginine (Imbat Ltd.) Tabs. 5 mg. 30	19433
Coversyl Arginine (Imbat Ltd.) Tabs. 10 mg. 30	19441
Coversyl Arginine Plus (Imbat Ltd.) Film Coated Tabs. 5 mg./1.25 mg. 30	19512
Cozaar (Imbat Ltd.) Tabs. 50 mg. 28	19065
Cozaar (Imbat Ltd.) Tabs. 100 mg. 28	19051
Cozaar Comp (Imbat Ltd.) Tabs. 50 mg./12.5 mg. 28	19280
Cozaar Comp (Imbat Ltd.) Tabs. 100 mg./25 mg. 28	19220
Creon 10,000 (Imbat Ltd.) Gastro-Resistant Caps. 100	19117
Crestor (Eurodrug Ltd. D.P.R.) Tabs. 5 mg. 28	19260
Crestor (Eurodrug Ltd. D.P.R.) Tabs. 10 mg. 28	19261
Crestor (Eurodrug Ltd. D.P.R.) Tabs. 20 mg. 28	19226
Crestor (Eurodrug Ltd. D.P.R.) Tabs. 40 mg. 28	19262
Crestor (Imbat Ltd.) Tabs. 20 mg. 28	19202
Cymbalta (BR Lewis Pharmaceuticals) Gastro-Resistant Caps. 60 mg. 28	21010
Cymbalta (Doncaster Ltd.) Gastro-Resistant Caps. 30 mg. 28	21006
Detrusitol (Imbat Ltd.) Film Coated Tabs. 1 mg. 56	20469
Detrusitol (Imbat Ltd.) Film Coated Tabs. 2 mg. 56	20470
Detrusitol SR (Imbat Ltd.) Prolonged Release Hard Caps. 4 mg. 28	53617
Diamicron MR (Imbat Ltd.) Tabs. 30 mg. 60	69540
Dianette (Imbat Ltd.) Film Coated Tabs. 21	20705

Difene (Imbat Ltd.) Dual Release Caps. 75 mg. 60	19710
Dilzem SR (Eurodrug Ltd. D.P.R.) Caps. 60 mg. 56	16023
Dilzem SR (Eurodrug Ltd. D.P.R.) Caps. 90 mg. 56	16256
Dilzem SR (Eurodrug Ltd. D.P.R.) Caps. 120 mg. 56	16387
Dilzem XL (Eurodrug Ltd. D.P.R.) Caps. 120 mg. 28	21727
Dilzem XL (Eurodrug Ltd. D.P.R.) Caps. 180 mg. 28	21728
Dilzem XL (Eurodrug Ltd. D.P.R.) Once Daily Caps. 240 mg. 28	21758
Diovan (Imbat Ltd.) Film Coated Tabs. 40 mg. 28	73708
Diovan (Imbat Ltd.) Tabs. 80 mg. 28	73770
Diovan (Imbat Ltd.) Tabs. 160 mg. 28	73775
Dovobet (Imbat Ltd.) Oint. 50 mcg./G. + 0.5 mg./G. 120 G.	22103
Durogesic DTrans (Imbat Ltd.) Transdermal Patches 25 mcg./hour 5	73204
Durogesic DTrans (Imbat Ltd.) Transdermal Patches 50 mcg./hour 5	73205
Durogesic DTrans (Imbat Ltd.) Transdermal Patches 75 mcg./hour 5	73206
Durogesic DTrans (Imbat Ltd.) Transdermal Patches 100 mcg./hour 5	73207
Ebixa (BR Lewis Pharmaceuticals) Drops 10 mg./ml. 50 ml.	74591
Ebixa (BR Lewis Pharmaceuticals) Film Coated Tabs. 10 mg. 56	74589
Ebixa (Doncaster Ltd.) Tabs. 10 mg. 28	74511
Ebixa (Doncaster Ltd.) Tabs. 10 mg. 56	74540
Efexor (Imbat Ltd.) Tabs 37.5 mg. 56	22820
Efexor (Imbat Ltd.) Tabs. 75 mg. 56	22821
Efexor XL (Imbat Ltd.) Caps. 75 mg. 28	22898
Efexor XL (Imbat Ltd.) Caps. 150 mg. 28	22899
Efexor XL (Profind Wholesale Ltd.) Tabs. 75 mg. 28	64380
Efexor XL (Profind Wholesale Ltd.) Tabs. 150 mg. 28	64381
Elantan LA (Imbat Ltd.) Caps. 25 mg. 28	28260
Elantan LA (Imbat Ltd.) Caps. 50 mg. 28	22108
Eltroxin (Imbat Ltd.) Tabs. 25 mcg. 28	23120
Eltroxin (Imbat Ltd.) Tabs. 50 mcg. 28	23142
Eltroxin (Imbat Ltd.) Tabs. 100 mcg. 28	23171
Emadine (BR Lewis Pharmaceuticals) Eye Drops 0.05% 5 ml.	22514
Epilim Enteric (Imbat Ltd.) Tabs. 200 mg. 100	23665
Epilim Enteric (Imbat Ltd.) Tabs. 500 mg. 100	23666
Evista (BR Lewis Pharmaceuticals) Tabs. 60 mg. 28	24527
Evista (Doncaster Ltd.) Tabs. 60 mg. 28	24552
Evra (Doncaster Ltd.) Transdermal Patches 3	24402
Exelon (BR Lewis Pharmaceuticals) Caps. 6 mg. 56	24410
Exelon (BR Lewis Pharmaceuticals) Soln. 2 mg./ml. 120 ml.	23311
Exelon (Doncaster Ltd.) Caps. 1.5 mg. 56	24420
Exelon (Doncaster Ltd.) Caps. 3 mg. 56	24421
Exelon (Doncaster Ltd.) Caps. 4.5 mg. 56	24422
Exforge (BR Lewis Pharmaceuticals) Tabs. 5 mg./80 mg. 28	23401
Exforge (BR Lewis Pharmaceuticals) Tabs. 10/160 mg. 28	23425
Exforge (Doncaster Ltd.) Tabs. 5 mg./160 mg. 28	32651
Ezetrol (Eurodrug Ltd. D.P.R.) Tabs. 10 mg. 28	17025
Flotros (Eurodrug Ltd. D.P.R.) Film Coated Tabs. 20 mg. 60	43750
Forsteo (Doncaster Ltd.) Soln. for Inj. in Pre-filled Pen 20 mcg./80 mcl. 1	88384
Fosamax (Eurodrug Ltd. D.P.R.) Once Weekly Tabs. 70 mg. 4	75219
Fosamax (Imbat Ltd.) Once Weekly Tabs. 70 mg. 4	75210
Fosavance (BR Lewis Pharmaceuticals) Tabs. 70 mg./2800 IU 4	26112
Fosavance (Doncaster Ltd.) Tabs. 70 mg./2800 IU 4	75279
Fosavance (Doncaster Ltd.) Tabs. 70 mg./5600 iu 4	75315
Fucidin (Imbat Ltd.) Cream 20 mg./G. 15 G.	59411
Fucidin (Imbat Ltd.) Cream 20 mg./G. 30 G.	59436
Hay-Crom (Imbat Ltd.) Aqueous Eye Drops 13.5 ml. Pack 1	27590
Ikorel (Imbat Ltd.) Tabs. 10 mg. 60	28708
Ikorel (Imbat Ltd.) Tabs. 20 mg. 60	28709
Imdur (Imbat Ltd.) Tabs. 60 mg. 28	31441
Imodium (Imbat Ltd.) Caps. 2 mg. 60	28706
Imuran (Imbat Ltd.) Tabs. 50 mg. 100	28847
Inegy (Eurodrug Ltd. D.P.R.) Tabs. 10 mg./20 mg. 28	19562
Inegy (Eurodrug Ltd. D.P.R.) Tabs. 10 mg./40 mg. 28	19635
Inegy (Eurodrug Ltd. D.P.R.) Tabs. 10/80 mg. 28	29803
Innovace (Imbat Ltd.) Tabs. 5 mg. 28	29827
Innovace (Imbat Ltd.) Tabs. 20 mg. 28	29819
Inspra (Imbat Ltd.) Tabs. 25 mg. 28	30557

Istin (Imbat Ltd.) Tabs. 5 mg. 28	28901
Istin (Imbat Ltd.) Tabs. 10 mg. 28	29090
Ixprim (Imbat Ltd.) Tabs. 37.5 mg./325 mg. 60	29012
Januvia (Doncaster Ltd.) Tabs. 100 mg. 28	19675
Kapake (Imbat Ltd.) Tabs. 30 mg./500 mg. 100	19832
Keflex (Imbat Ltd.) Film Coated Tabs. 500 mg. 21	30205
Keflex (Imbat Ltd.) Hard Caps. 250 mg. 28	58445
Kentera (Doncaster Ltd.) Transdermal Patch 3.9 mg./24 hour 8	30276
Keppra (BR Lewis Pharmaceuticals) Tabs. 250 mg. 60	30211
Keppra (BR Lewis Pharmaceuticals) Tabs. 500 mg. 60	30222
Keppra (BR Lewis Pharmaceuticals) Tabs. 1000 mg. 60	30234
Keppra (Doncaster Ltd.) Oral Soln. 100 mg./ml. 300 ml.	30290
Keppra (Doncaster Ltd.) Tabs. 250 mg. 60	30203
Keppra (Doncaster Ltd.) Tabs. 500 mg. 60	30271
Keppra (Doncaster Ltd.) Tabs. 1000 mg. 60	51465
Klacid (Imbat Ltd.) Tabs. 250 mg. 14	32064
Klacid Forte (Imbat ltd.) Tabs. 500 mg. 14	32065
Klacid LA (Imbat Ltd.) Tabs. 500 mg. 7	31714
Lamisil (Imbat Ltd.) Cream 15 G.	31013
Lamictal (Imbat Ltd.) Disp. Tabs. 25 mg. 56	30992
Lamictal (Imbat Ltd.) Tabs. Disp/Chewable 50 mg. 56	39220
Lamictal (Imbat Ltd.) Tabs. Disp/Chewable 100 mg. 56	39221
Lamictal (Imbat Ltd.) Tabs. Disp/Chewable 200 mg. 56	39222
Lamisil (Imbat Ltd.) Tabs. 250 mg. 28	30913
Lexapro (Imbat Ltd.) Tabs. 5 mg. 28	45922
Lexapro (Imbat Ltd.) Tabs. 10 mg. 28	45923
Lexapro (Imbat Ltd.) Tabs. 20 mg. 28	45924
Lipantil Supra (Imbat Ltd.) Film Coated Tabs. 145 mg. 30	31605
Lipitor (Imbat Ltd.) Tabs. 10 mg. 28	32551
Lipitor (Imbat Ltd.) Tabs. 20 mg. 28	31710
Lipitor (Imbat Ltd.) Tabs. 40 mg. 28	31731
Lipitor (Imbat Ltd.) Tabs. 80 mg. 28	31752
Lipostat (Imbat Ltd.) Tabs. 10 mg. 28	31504
Lipostat (Imbat Ltd.) Tabs. 20 mg. 28	31549
Lipostat (Imbat Ltd.) Tabs. 40 mg. 28	31811
Livial (Imbat Ltd.) Tabs. 2.5 mg. 28	41826
Losec MUPS (Imbat Ltd.) Tabs. 10 mg. 28	32120
Losec MUPS (Imbat Ltd.) Tabs. 20 mg. 28	65532
Lumigan (BR Lewis Pharmaceuticals) Eye Drops. 0.3 mg./ml. 3 ml.	77154
Lumigan (Doncaster Ltd.) Eye Drops Soln. 0.3 mg./ml. 3 ml.	41901
Lustral (Imbat Ltd.) Tabs. 50 mg. 30	31561
Lustral (Imbat Ltd.) Tabs. 100 mg. 30	31582
Lyrica (BR Lewis Pharmaceuticals) Caps. 25 mg. 56	32331
Lyrica (BR Lewis Pharmaceuticals) Caps. 50 mg. 84	32375
Lyrica (BR Lewis Pharmaceuticals) Caps. 75 mg. 56	32351
Lyrica (BR Lewis Pharmaceuticals) Caps. 100 mg. 84	32388
Lyrica (BR Lewis Pharmaceuticals) Caps. 150 mg. 56	32368
Lyrica (Doncaster Ltd.) Caps. 25 mg. 56	32401
Lyrica (Doncaster Ltd.) Caps. 25 mg. 84	32418
Lyrica (Doncaster Ltd.) Caps. 50 mg. 84	32453
Lyrica (Doncaster Ltd.) Caps. 75 mg. 56	32454
Lyrica (Doncaster Ltd.) Caps. 100 mg. 84	53128
Lyrica (Doncaster Ltd.) Caps. 150 mg. 56	32445
Lyrica (Doncaster Ltd.) Caps. 200 mg. 84	53134
Lyrica (Doncaster Ltd.) Caps. 300 mg. 56	53135
Lyrinel XL (Eurodrug Ltd. D.P.R.) Tabs. 5 mg. 30	32383
Lyrinel XL (Eurodrug Ltd. D.P.R.) Tabs. 10 mg. 30	32329
Mezavant XL (Imbat Ltd.) Gastro-Resistant Prolonged Release Tabs. 1200 mg. 60	44018
Micardis (BR Lewis Pharmaceuticals) Tabs. 20 mg. 28	34522
Micardis (BR Lewis Pharmaceuticals) Tabs. 40 mg. 28	34541
Micardis (BR Lewis Pharmaceuticals) Tabs. 80 mg. 28	34562
Micardis (Doncaster Ltd.) Tabs. 20 mg. 28	34502
Micardis (Doncaster Ltd.) Tabs. 40 mg. 28	34530
Micardis (Doncaster Ltd.) Tabs. 80 mg. 28	34593
Micardis Plus (BR Lewis Pharmaceuticals) Tabs. 80 mg./12.5 mg. 28	34811
Micardis Plus (Doncaster Ltd.) Tabs. 40 mg./12.5 mg. 28	34611

Micardis Plus (Doncaster Ltd.) Tabs. 80 mg./12.5 mg. 28	34629
Micardis Plus (Doncaster Ltd.) Tabs. 80 mg./25 mg. 28	64406
Minocin SA (Imbat Ltd.) Caps. 100 mg. 56	34511
Minox (Imbat Ltd.) Film Coated Tabs. 50 mg. 100	34406
Mirapexin (BR Lewis Pharmaceuticals) Tabs. 0.18 mg. 100	33550
Mirapexin (BR Lewis Pharmaceuticals) Tabs. 0.7 mg. 100	33524
Mirapexin (Doncaster Ltd.) Tabs. 0.18 mg. 100	36607
Mirapexin (Eurodrug Ltd.) Tabs. 0.7 mg. 100	36621
Mirapexin PR (Doncaster Ltd.) Tabs. 0.26 mg. 30	36616
Mirapexin PR (Doncaster Ltd.) Tabs. 1.05 mg. 30	36617
Mirapexin PR (Doncaster Ltd.) Tabs. 2.1 mg. 30	36618
Mirapexin PR (Doncaster Ltd.) Tabs. 3.15 mg. 100	36619
Movicol (Imbat Ltd.) 13 G. Powder Sachets 30	34588
Movicol Paed. (Eurodrug Ltd. D.P.R.) 6.9 G. Powder Sachets 30	42172
Mycostatin (Imbat Ltd.) Oral Susp. 30 ml.	60017
Nasacort (Eurodrug Ltd. D.P.R.) Nasal Spray 55 mcg. 120 Dose Pack 1	34217
Nasonex (Eurodrug Ltd. D.P.R.) Aqueous Nasal Spray 50 mcg. 140 Dose Pack 1	67145
Natrilix SR (Imbat Ltd.) Tabs. 1.5 mg. 30	67370
Nebilet (Imbat Ltd.) Tabs. 5 mg. 28	35608
Neoclarityn (Doncaster Ltd.) Syrup 0.5 mg./ml. 100 ml.	35853
Neoclarityn (Doncaster Ltd.) Tabs. 5 mg. 30	35821
Neupro Transdermal (Doncaster Ltd.) Patches 2 mg./24 Hour 28	37910
Neupro Transdermal (Doncaster Ltd.) Patches 4 mg./24 Hour 28	37911
Neupro Transdermal (Doncaster Ltd.) Patches 6 mg./24 Hour 28	37912
Neupro Transdermal (Doncaster Ltd.) Patches 8 mg./24 Hour 28	37913
Nexium (Imbat Ltd.) Gastro Resistant Tabs. 20 mg. 28	36519
Nexium (Imbat Ltd.) Gastro Resistant Tabs. 40 mg. 28	36554
Nitrolingual (Eurodrug Ltd. D.P.R.) Pump Spray 200 Dose Pack 1	42433
Nizoral (Imbat Ltd.) Shampoo 20 mg./G. 120 ml.	76350
Noctamid (Imbat Ltd.) Tabs. 1 mg. 30	36808
Nu-Seals (Imbat Ltd.) Aspirin Tabs. 75 mg. 28	37350
Omesar (Imbat Ltd.) Film Coated Tabs. 40 mg. 28	37620
Omnexel (Imbat Ltd.) Prolonged Release Tabs. 400 mcg. 30	37511
One-Alpha (Imbat Ltd.) Caps. 0.25 mcg. 30	72523
Opatanol (BR Lewis Pharmaceuticals) Eye Drops 1 mg./ml. 5 ml.	37412
Osteofos D3 (Imbat Ltd.) Sachets Pdr. for Oral Susp. 1200 mg./800 IU 30	69805
Pariet (Imbat Ltd.) Gastro-Resistant Tabs. 10 mg. 28	38920
Pariet (Imbat Ltd.) Tabs. 20 mg. 28	38811
Pentasa (Imbat ltd.) Prolonged Release Tabs. 500 mg. 100	59690
Pentasa SR (Amimed) Tabs. 500 mg. 100	59700
Plavix (BR Lewis Pharmaceuticals) Tabs. 75 mg. 28	40901
Plavix (Doncaster Ltd.) Tabs. 75 mg. 28	41021
Plavix (Doncaster Ltd.) Tabs. 75 mg. 30	41086
Pravitin (Imbat Ltd.) Tabs. 20 mg. 30	60512
Prolia (Doncaster Ltd.) Soln. for Inj. in a Pre-filled Syringe 60 mg./ml. 1 ml. Pack 1	65460
Proscar (Imbat Ltd.) Tabs. 5 mg. 28	42655
Protelos (BR Lewis Pharmaceuticals) Grans. Sachet 2 G. 28	43240
Protelos (Doncaster Ltd.) Grans. Sachets 2 G. 28	43267
Protium (Imbat Ltd.) Tabs. 20 mg. 28	43421
Protium (Imbat Ltd.) Tabs. 40 mg. 28	43422
Protopic (Doncaster Ltd.) Oint. 0.03% 30 G.	66306
Protopic (Doncaster Ltd.) Oint. 0.1% 30 G.	66310
Prozac (Eurodrug Ltd. D.P.R.) Caps. 20 mg. 30	42522
Prozac (Imbat Ltd.) Caps. 20 mg. 30	43480
Pulmicort Turbohaler (Amimed) 200 mcg. 100 Dose Inhaler 1	43578
Rasilez (Doncaster Ltd.) Tabs. 150 mg. 28	68280
Rasilez (Doncaster Ltd.) Tabs. 300 mg. 28	68281
Relifex (Imbat Ltd.) Tabs. 500 mg. 56	42548
Renagel (Doncaster Ltd.) Tabs. 800 mg. 180	43954
Rilutex (Doncaster Ltd.) Film Coated Tabs. 50 mg. 56	88891
Risperdal (Imbat Ltd.) Tabs. 0.5 mg. 20	45492
Risperdal (Imbat Ltd.) Tabs. 1 mg. 20	45493
Risperdal (Imbat Ltd.) Tabs. 1 mg. 60	45494
Salamol (Imbat Ltd.) CFC-Free Inhaler 100 mcg. 200 Dose Aerosol 1	44811
Salamol (Imbat Ltd.) Easi-Breathe CFC-Free Inhaler 100 mcg. 200 Dose Aerosol 1	44898
Scheriproct (Imbat Ltd.) Oint 30 G.	45406

Scheriproct (Imbat Ltd.) Suppos. 12	45440
Serc-16 (Imbat Ltd.) Tabs. 84	56654
Seretide (Imbat Ltd.) Diskus 50 mcg./250 mcg. 60 Blisters Complete Pack 1	45311
Seretide (Imbat Ltd.) Diskus 50 mcg./500 mcg. 60 Blisters Complete Pack 1	45378
Seretide Diskus (Amimed) 250 mcg. 60 Blisters Complete Pack 1	72882
Seretide Diskus (Imbat Ltd.) 50 mcg./100 mcg. 60 Blisters Complete Pack 1	72803
Seroquel (Imbat Ltd.) Film Coated Tabs. 100 mg. 60	45903
Seroquel (Imbat Ltd.) Tabs. 25 mg. 60	46003
Seroquel XR (Imbat Ltd.) Prolonged Release Tabs. 50 mg. 60	46025
Seroquel XR (Imbat Ltd.) Prolonged Release Tabs. 200 mg. 60	46026
Seroquel XR (Imbat Ltd.) Prolonged Release Tabs. 300 mg. 60	46027
Seroquel XR (Imbat Ltd.) Prolonged Release Tabs. 400 mg. 60	46028
Seroxat (Imbat Ltd.) Tabs. 20 mg. 30	45608
Seroxat (Imbat Ltd.) Tabs. 30 mg. 30	45609
Sinemet (Eurodrug Ltd. D.P.R.) Prolonged Release Tabs. 12.5 mg. + 50 mg. 90	46105
Sinemet CR (Eurodrug Ltd. D.P.R.) Tabs. 50 mg./200 mg. 60	66902
Sinemet CR (Imbat Ltd) Tabs. 30	61623
Sinemet-110 (Imbat Ltd.) Tabs. 100	61601
Sinemet-Plus (Imbat Ltd.) Tabs. 25 mg./100 mg. 100	61674
Singulair (Eurodrug Ltd. D.P.R.) Tabs. 10 mg. 28	73002
Solian (Imbat Ltd.) Tabs. 200 mg. 60	46870
Sotacor (Imbat Ltd.) Tabs. 80 mg. 30	46725
Spasmonal Forte (Eurodrug Ltd. D.P.R.) Caps.120 mg. 60	46834
Spiriva (Amimed) Combopack 18 mcg. i.e. 1 Handihaler/30 Caps. 1	61500
Spiriva (Imbat Ltd.) Combopack 18 mcg. i.e. 1 Handihaler/30 Caps. 1	46811
Spiriva Refill (Imbat Ltd.) Caps. 18 mcg. 30	61503
Sporanox (Imbat Ltd.) Caps. 100 mg. 15	61455
Stalevo (BR Lewis Pharmaceuticals) Tabs. 50/12.5/200 mg. 100	62440
Stalevo (BR Lewis Pharmaceuticals) Tabs.100/25/200 mg. 100	62464
Stalevo (BR Lewis Pharmaceuticals) Tabs. 150/37.5/200 mg. 100	62475
Stalevo (Doncaster Ltd.) Tabs. 50/12.5/200 mg. 100	45401
Stalevo (Doncaster Ltd.) Tabs. 75/18.75/200 mg. 100	62505
Stalevo (Doncaster Ltd.) Tabs. 100/25/200 mg. 100	45433
Stalevo (Doncaster Ltd.) Tabs. 150/37.5/200 mg. 100	45482
Starlix (BR Lewis Pharmaceuticals) Tabs. 120 mg. 84	45428
Stilnoct (Imbat Ltd.) Tabs. 5 mg. 28	62755
Stilnoct (Imbat Ltd.) Tabs. 10 mg. 28	62756
Symbicort Turbohaler (Imbat Ltd.) 100 mcg./6 mcg. 120 Dose Inhaler 1	36910
Telfast (Eurodrug Ltd. D.P.R.) Tabs. 120 mg. 30	48287
Telfast (Eurodrug Ltd. D.P.R.) Tabs. 180 mg. 30	48288
Telfast (Imbat Ltd.) Tabs. 120 mg. 30	48246
Telfast (Imbat Ltd.) Tabs. 180 mg. 30	48284
Tetralysal 300 (Imbat Ltd.) Caps. 28	78308
Teveten (Imbat Ltd.) Tabs. 600 mg. 28	49422
Toviaz (Doncaster Ltd.) Prolonged Release Tabs. 4 mg. 28	47505
Toviaz (Doncaster Ltd.) Prolonged Release Tabs. 8 mg. 28	47506
Travatan (BR Lewis Pharmaceuicals) Eye Drops 40 mcg./ml. 2.5 ml. Pack 1	78621
Travatan (Doncaster Ltd.) Eye Drops 40 mcg./ml. 2.5 ml. Pack 1	78642
Traxam (Imbat Ltd.) Gel 100 G.	50293
Tritace (Imbat Ltd.) Tabs. 1.25 mg. 28	48166
Tritace (Imbat Ltd.) Tabs. 2.5 mg. 28	48175
Tritace (Imbat Ltd.) Tabs. 5 mg. 28	48189
Tritace (Imbat Ltd.) Tabs. 10 mg. 28	48122
Trusopt (Eurodrug Ltd. D.P.R.) Eye Drops 2% 5 ml.	57580
Ursofalk (Imbat Ltd.) Caps. 250 mg. 100	48531
Valdoxan (Doncaster Ltd.) Tabs. 25 mg. 28	51206
Vaniqa (Amimed) Cream 11.5% 30 G.	52311
Ventolin Evohaler (Imbat Ltd.) 100 mcg. 200 Dose Aerosol 1	74135
Vesitirim (Imbat Ltd.) Tabs. 5 mg. 30	51910
Vesitirim (Imbat Ltd.) Tabs. 10 mg. 30	51911
Viagra (BR Lewis Pharmaceuticals) Tabs. 50 mg. 4	51601
Viagra (Doncaster Ltd.) Tabs. 25 mg. 4	51785
Viagra (Doncaster Ltd.) Tabs. 50 mg. 4	57439
Viagra (Doncaster Ltd.) Tabs. 100 mg. 4	51787
Vimpat (Doncaster Ltd.) Film Coated Tabs. 100 mg. 14	49375
Vimpat (Doncaster Ltd.) Film Coated Tabs. 150 mg. 14	49376

Vimpat (Doncaster Ltd.) Film Coated Tabs. 50 mg. 14	49374
Voltarol (Imbat Ltd.) Emulgel 50 G.	77443
Warticon (Eurodrug Ltd. D.P.R.) Cream 0.15% 5 G.	61780
Xarelto (Doncaster Ltd.) Tabs. 10 mg. 10	53356
Xarelto (Doncaster Ltd.) Tabs. 10 mg. 30	53357
Xatral XL (Imbat Ltd.) Tabs. 10 mg. 30	53572
Xyzal (Amimed) Tabs. 5 mg. 30	74770
Xyzal (Imbat Ltd.) Film Coated Tabs. 5 mg. 30	74732
Zanidip (Imbat Ltd.) Tabs. 10 mg. 28	63815
Zanidip (Imbat Ltd.) Tabs. 20 mg. 28	63892
Zantac (Imbat Ltd.) Tabs. 150 mg. 60	55781
Zimovane (Imbat Ltd.) Tabs. 7.5 mg. 28	53054
Zineryt (Imbat Ltd.) Pdr. & Solv. for Soln. 40 mg./12 mg./ml. 30 ml.	91910
Zispin SolTab (Imbat Ltd.) Orodispersible Tabs. 15 mg. 30	62736
Zispin SolTab (Imbat Ltd.) Orodispersible Tabs. 30 mg. 30	62752
Zispin SolTab (Imbat Ltd.) Orodispersible Tabs. 45 mg. 30	62769
Zocor (Imbat Ltd.) Tabs. 10 mg. 28	52241
Zocor (Imbat Ltd.) Tabs. 20 mg. 28	52268
Zoladex LA (Doncaster Ltd.) Implant 10.8 mg. 1	88423
Zonegran (BR Lewis Pharmaceuticals) Caps. 25 mg. 14	74805
Zonegran (Doncaster Ltd.) Caps. 100 mg. 56	74832
Zoton (Imbat Ltd.) Caps. 15 mg. 14	54025
Zoton (Imbat Ltd.) Caps. 30 mg. 14	54047
Zoton (Imbat Ltd.) FasTab. Tabs. 15 mg. 28	53737
Zoton (Imbat Ltd.) FasTab. Tabs. 30 mg. 28	53753
Zovirax (Imbat Ltd.) Cream 2 G.	52811
Zydol (Imbat Ltd.) Caps. 50 mg. 100	54163
Zyprexa (BR Lewis Pharmaceuticals) Tabs. 2.5 mg. 28	56104
Zyprexa (BR Lewis Pharmaceuticals) Tabs. 5 mg. 28	56113
Zyprexa (BR Lewis Pharmaceuticals) Tabs. 7.5 mg. 56	56198
Zyprexa (BR Lewis Pharmaceuticals) Tabs. 10 mg. 28	56142
Zyprexa (BR Lewis Pharmaceuticals) Tabs. 15 mg. 28	56179
Zyprexa (BR Lewis Pharmaceuticals) Velotab Tabs. 5 mg. 28	56311
Zyprexa (BR Lewis Pharmaceuticals) Velotab Tabs. 10 mg. 28	56348
Zyprexa (BR Lewis Pharmaceuticals) Velotab Tabs. 15 mg. 28	56390
Zyprexa (Doncaster Ltd.) Tabs. 2.5 mg. 28	71716
Zyprexa (Doncaster Ltd.) Tabs. 5 mg. 28	56120
Zyprexa (Doncaster Ltd.) Tabs. 7.5 mg. 56	71717
Zyprexa (Doncaster Ltd.) Tabs. 10 mg. 28	56139
Zyprexa (Doncaster Ltd.) Tabs. 15 mg. 28	56184
Zyprexa (Doncaster Ltd.) Velotab Tabs. 5 mg. 28	71808
Zyprexa (Doncaster Ltd.) Velotab Tabs. 10 mg. 28	56271
Zyprexa (Doncaster Ltd.) Velotab Tabs. 15 mg. 28	56292
Zyprexa (Doncaster Ltd.) Velotab Tabs. 20 mg. 28	71852

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st March 2022

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st MARCH 2022
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Doxatan Tabs. 2 mg. 30 (A) *(Non-Proprietary Name Index: Doxazosin)*	S1B	7.45	66931
Sevelamer Hydrochloride (Waymade B.V.) Film Coated Tabs. 800 mg. 180 (A) *(Non-Proprietary Name Index: Sevelamer)*	S1B	77.22	43511

CHANGE TO THE LIST OF DELETIONS ON
GMS SCHEME EFFECTIVE 1st FEBRUARY 2022
ADD

Add	Half Beta-Prograne Caps. 80 mg. 28	67340

NAME CHANGE
CHANGES UNDERLINED

Change	Actonel Once A Week Tabs. 35 mg. 4	10581
To Read	Risedronate Sodium (Accord Healthcare Ltd.) Once a Week Tabs. 35 mg. 4	10581

DELETIONS

Abstral Sublingual Tabs. 100 mcg. 30	10881
Abstral Sublingual Tabs. 200 mcg. 30	10883
Abstral Sublingual Tabs. 300 mcg. 30	10885
Abstral Sublingual Tabs. 400 mcg. 30	10887
Aceomel Tabs. 25 mg. 60	13782
Celebrex Caps. 100 mg. 100	17030
Celebrex Caps. 200 mg. 100	17094
Escitalopram (Actavis) Film Coated Tabs. 20 mg. 28	13132
Frovatriptan (Pinewood Healthcare) Film Coated Tabs. 2.5 mg. 6	37658
Primolut N Tabs. 5 mg. 30	42544
Prozac Caps. 20 mg. 30	38458
Rosuvastatin (Actavis) Film Coated Tabs. 10 mg. 28	62831
Trialix Tabs. 28	53636
Twicor (Mylan) Film Coated Tabs. 10 mg./10 mg. 30	62882
Twicor (Mylan) Film Coated Tabs. 20 mg./10 mg. 30	62883

ADDITIONS/DELETION TO THE LIST OF REIMBURSABLE NON DRUG ITEMS
IN THE GMS SCHEME

OSTOMY & URINARY ITEMS
ADDITIONS

Add	Aquaflush Short Cone Refill Pack AFSC (15 Silicone Cones) Kit 1	73.49	94945
Add	Eakin Freeseal 10	22.70	94944
Add	MiroMed SupraCare All Silicone Two Way Open Tip Foley Catheter with Unibal Integral Balloon 1	10.95	94989

DIAGNOSTICS
DELETION TO THE LIST OF NON DRUG ITEMS
EFFECTIVE 1st MARCH 2022

Delete	GlucoRx AIDEX Continuous Glucose Monitoring Sensor 1	85241

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st MARCH 2022

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Adtralza Soln. for Inj. in Pre-filled Syringe 150 mg. (Multipack) 4 (A) *Code the number of pre-filled syringes dispensed.*	89167	Tralokinumab	1,224.37	LEO Pharma	United Drug
Deferasirox (Accord Healthcare Ltd.) Film Coated Tabs. 90 mg. 30 (A)	89164	Deferasirox	72.49	Accord Healthcare Ltd.	Allphar
Deferasirox (Accord Healthcare Ltd.) Film Coated Tabs. 180 mg. 30 (A)	89165	Deferasirox	146.55	Accord Healthcare Ltd.	Allphar
Deferasirox (Accord Healthcare Ltd.) Film Coated Tabs. 360 mg. 30 (A)	89166	Deferasirox	288.47	Accord Healthcare Ltd.	Allphar
Erelzi Soln. for Inj. in Pre-filled Pen 50 mg./1.0 ml. 4 (A) *Code the number of pre-filled pens dispensed.*	89170	Etanercept	646.17	Novartis Ireland Ltd.	Uniphar
Ibrance Film Coated Tabs. 75 mg. 21 (A)	89178	Palbociclib	2,365.20	Pfizer Healthcare Ireland	Pfizer Healthcare Ireland
Ibrance Film Coated Tabs. 100 mg. 21 (A)	89179	Palbociclib	2,365.20	Pfizer Healthcare Ireland	Pfizer Healthcare Ireland
Ibrance Film Coated Tabs. 125 mg. 21 (A)	89180	Palbociclib	2,365.20	Pfizer Healthcare Ireland	Pfizer Healthcare Ireland
Lenalidomide (KRKA Pharma) Hard Caps. 5 mg. 21 (A)	89159	Lenalidomide	2,000.64	KRKA Pharma Dublin Ltd.	KRKA Pharma
Lenalidomide (KRKA Pharma) Hard Caps. 10 mg. 21 (A)	89160	Lenalidomide	2,082.45	KRKA Pharma Dublin Ltd.	KRKA Pharma
Lenalidomide (KRKA Pharma) Hard Caps. 15 mg. 21 (A)	89161	Lenalidomide	2,171.96	KRKA Pharma Dublin Ltd.	KRKA Pharma
Lenalidomide (KRKA Pharma) Hard Caps. 25 mg. 21 (A)	89162	Lenalidomide	2,357.86	KRKA Pharma Dublin Ltd.	KRKA Pharma
Lenalidomide TEVA Hard Caps. 5 mg. 21 (A)	89150	Lenalidomide	2,000.64	TEVA Pharmaceuticals Ireland	United Drug
Lenalidomide TEVA Hard Caps. 10 mg. 21 (A)	89151	Lenalidomide	2,082.45	TEVA Pharmaceuticals Ireland	United Drug
Lenalidomide TEVA Hard Caps. 15 mg. 21 (A)	89153	Lenalidomide	2,171.96	TEVA Pharmaceuticals Ireland	United Drug
Lenalidomide TEVA Hard Caps. 20 mg. 21 (A)	89152	Lenalidomide	2,291.75	TEVA Pharmaceuticals Ireland	United Drug

Lenalidomide TEVA Hard Caps. 25 mg. 21 (A)	89154	Lenalidomide	2,357.86	TEVA Pharmaceuticals Ireland	United Drug
Nerlynx Film Coated Tabs. 40 mg. 180 (A)	89171	Neratinib	4,992.69	Pierre Fabre Ltd.	Allphar
Remsima Soln. for Inj. in Pre-filled Pen 120 mg./ml. 2 (A) *Code the number of pre-filled pens dispensed.*	89177	Infliximab	540.00	Celltrion Healthcare Ireland Ltd.	United Drug
Skyrizi Soln. for Inj. in Pre-filled Pen. 150 mg. 1 (A) *Code the number of pre-filled pens dispensed*	89175	Risankizumab	3,027.21	Abbvie Ltd.	Uniphar
Vyndaqel Soft Caps. 61 mg. 30 (A)	89176	Tafamidis	9,180.00	Pfizer Healthcare Ireland	United Drug

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DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Gonal F Pdr. and Solv. for Soln. for Inj. 1050 iu 1	88468	Follitropin Alfa	Merck Sereno
Suprefact Soln. for Inj. 1 mg./ml. 5.5 ml. Vial. 2 Vial Pack 1	88510	Buserelin	Sanofi-Aventis

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st February 2022

Clinical Nutritional Products

ADDITIONS/CHANGES TO THE LIST OF REIMBURSABLE CLINICAL NUTRITIONAL ITEMS IN THE GMS SCHEME EFFECTIVE 1st FEBRUARY 2022.

Code the number of bottles, boxes, packs, pots, pouches, sachets, tins or tubs dispensed.

ADDITIONS

	Drug Description including coding instruction	Reimbursement Price €	Drug Code
Add	Altraplen Protein Daily Tetra Pack 250 ml. 1 (A)	3.10	85033
Add	Aptamil Pepti Syneo 400 G. 1 (A)	11.21	83275
Add	Aptamil Pepti Syneo 800 G. 1 (A)	22.42	83276
Add	AYMES ActaSolve Protein Compact 57 G. Sachet 7 (A)	7.85	83272
Add	AYMES ActaSolve Protein Compact 57 G. Sachet (Starter pack plus Shaker) 5 (A)	5.61	85032
Add	AYMES Shake Compact (Mixed Flavours) 57 G. Sachet (Starter Pack with Shaker) 6 (A)	4.44	83277
Add	AYMES Shake Fibre 57 G. Sachet 7 (A)	5.74	83270
Add	AYMES Shake Fibre 57 G. Sachet (Starter pack plus Shaker) 5 (A)	4.10	83271
Add	Nutrison Protein Shot 40 ml. 6 (A)	8.40	83274
Add	Peptisip Energy HP 200 ml. 1 (A)	3.38	83273
Add	PKU GMPro Mix-in Sachet 12.5 G. 30 (A)	193.28	83280
Add	PKU GMPro Ultra Sachet 33.4 G. 30 (A)	389.10	83279
Add	Renastart 400 G. 1 (A)	31.50	81123
Add	Renastep Sip feed 125 ml. 1 (A)	4.23	81313
Add	TYR GMPro Mix-In Sachet 12.5 G. 30 (A)	316.71	81312

CHANGES

CHANGES UNDERLINED

Change	Betaquik 225 ml. Bottle 1	3.98	85107
To Read	K.Quik 225 ml. Bottle 1	3.98	85107
Change	Keyo Pot 100 G. Pack 1	5.50	85066
To Read	K.Yo 100 G. Pack 1	5.50	85066

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st February 2022

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st FEBRUARY 2022

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Sinemet (MSD) Tabs. 12.5 mg./50 mg. 100 (A)	S1B	10.32	66912
(Non-Proprietary Name Index: Levodopa and Decarboxylase Inhibitor)			

DELETIONS

Artelac (Lexon UK) Eye Drops Single Dose Unit 0.5 ml. 60	13235
Azopt (P.C.O. Mfg.) Eye Drops Susp. 10 mg./ml. 5 ml.	50730
Beta-Prograne (LTT Pharma Ltd.) Caps. 160 mg. 28	67321
Ciproxin Tabs. 250 mg. 20	18368
Coversyl Arginine (LTT Pharma Ltd.) Film Coated Tabs. 10 mg. 30	68347
Coversyl Arginine Plus (LTT Pharma Ltd.) Film Coated Tabs. 5 mg./1.25 mg. 30	68311
Frovex (LTT Pharma Ltd.) Film Coated Tabs. 2.5 mg. 6	36821
Half Beta-Prograne Caps. 80 mg. 28	67340
Nexium (LTT Pharma Ltd.) Gastro Resistant Tabs. 20 mg. 28	61404
Noctamid (P.C.O. Mfg.) Tabs. 1 mg. 30	52596
Priadel Liq. 150 ml.	41793
Quetiapine (Actavis) Film Coated Tabs. 25 mg. 60	46030
Quetiapine (Actavis) Film Coated Tabs. 100 mg. 60	46031
Telmisartan (Rowex) Tabs. 80 mg. 28	63759

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st FEBRUARY 2022

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Decapeptyl (iMED Healthcare Ltd.) 6 Month Pack 22.5 mg Pdr. and Solv. for Susp. for Inj. 1 (A) *Code the number of packs dispensed*	89126	Triptorelin	577.66	iMED Healthcare Ltd.	iMED Healthcare Ltd.
Kesimpta Soln. for Inj. in Pre-filled Pen 20 mg. 1 (A) *Code the number of pre-filled pens dispensed*	89128	Ofatumumab	1296.00	Novartis Ireland Ltd.	Uniphar
Lenalidomide (Clonmel) Hard Caps. 5 mg. 21 (A)	89136	Lenalidomide	2000.64	Clonmel Healthcare Ltd.	Clonmel Healthcare Ltd.
Lenalidomide (Clonmel) Hard Caps. 10 mg. 21 (A)	89137	Lenalidomide	2082.45	Clonmel Healthcare Ltd.	Clonmel Healthcare Ltd.
Lenalidomide (Clonmel) Hard Caps. 15 mg. 21 (A)	89138	Lenalidomide	2171.96	Clonmel Healthcare Ltd.	Clonmel Healthcare Ltd.
Lenalidomide (Clonmel) Hard Caps. 20 mg. 21 (A)	89139	Lenalidomide	2291.75	Clonmel Healthcare Ltd.	Clonmel Healthcare Ltd.
Lenalidomide (Clonmel) Hard Caps. 25 mg. 21 (A)	89140	Lenalidomide	2357.86	Clonmel Healthcare Ltd.	Clonmel Healthcare Ltd.
Lenalidomide (Mylan) Hard Caps. 5 mg. 21 (A)	89141	Lenalidomide	2000.64	Viatris Ltd.	United Drug
Lenalidomide (Mylan) Hard Caps. 10 mg. 21 (A)	89142	Lenalidomide	2082.45	Viatris Ltd.	United Drug
Lenalidomide (Mylan) Hard Caps. 15 mg. 21 (A)	89143	Lenalidomide	2171.96	Viatris Ltd.	United Drug
Lenalidomide (Mylan) Hard Caps. 20 mg. 21 (A)	89144	Lenalidomide	2291.75	Viatris Ltd.	United Drug
Lenalidomide (Mylan) Hard Caps. 25 mg. 21 (A)	89145	Lenalidomide	2357.86	Viatris Ltd.	United Drug
Lenalidomide (Rowex) Hard Caps. 5 mg. 21 (A)	89146	Lenalidomide	2000.64	Rowex Ltd.	United Drug
Lenalidomide (Rowex) Hard Caps. 10 mg. 21 (A)	89147	Lenalidomide	2082.45	Rowex Ltd.	United Drug
Lenalidomide (Rowex) Hard Caps. 15 mg. 21 (A)	89148	Lenalidomide	2171.96	Rowex Ltd.	United Drug
Lenalidomide (Rowex) Hard Caps. 25 mg. 21 (A)	89149	Lenalidomide	2357.86	Rowex Ltd.	United Drug
Mayzent (Titration Pack) Film Coated Tabs. 0.25 mg. 12 (A)	89120	Siponimod	246.80	Novartis Ireland Ltd.	Uniphar
Mayzent Film Coated Tabs. 0.25 mg. 120 (A)	89118	Siponimod	1892.33	Novartis Ireland Ltd.	Uniphar
Mayzent Film Coated Tabs. 2 mg. 28 (A)	89119	Siponimod	1787.86	Novartis Ireland Ltd.	Uniphar
Ponvory Treatment Initiation Pack (2 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7 mg, 8 mg, 9 mg, 10 mg.) Film Coated Tabs. Pack 14 (A) *Code the number of packs dispensed*	89129	Ponesimod	489.63	Janssen Sciences Ireland UC	Allphar
Ponvory Film Coated Tabs. 20 mg. 28 (A)	89130	Ponesimod	979.26	Janssen Sciences Ireland UC	Allphar
Rinvoq Prolonged Release Tabs. 30 mg. 28 (A)	89155	Upadacitinib	1246.16	AbbVie Ltd.	Uniphar

Sunitinib (Accord Healthcare Ltd.) Hard Caps. 12.5 mg. 28 (A)	89133	Sunitinib	492.50	Accord Healthcare Ireland Ltd.	Allphar
Sunitinib (Accord Healthcare Ltd.) Hard Caps. 25 mg. 28 (A)	89131	Sunitinib	981.86	Accord Healthcare Ireland Ltd.	Allphar
Sunitinib (Accord Healthcare Ltd.) Hard Caps. 50 mg. 28 (A)	89132	Sunitinib	1,958.84	Accord Healthcare Ireland Ltd.	Allphar

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Norditropin Simplexx Soln. for Inj. 5 mg./ml. 1.5 ml. 1	88113	Somatropin	Novo Nordisk Ltd.
Pelmeg Soln. for Inj. in Pre-filled Syringe. 6 mg./0.6 ml. 0.6 ml. 1	88849	Pegfilgrastim	Mundipharma Pharma Ltd.
Rebif Initiation Pack 1	88307	Interferon beta-1a	Merck Serono (Ireland) Ltd.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st January 2022

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st JANUARY 2022

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
AcuSal Preservative Free Eye Drops 5% 10 ml. (B) *(Non-Proprietary Name Index: Sodium Chloride Hypertonic)*		16.17	69931
AirBuFo Forspiro Inhalation Powder, Pre-dispensed 320 mcg./9 mcg. 60 Dose Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Formoterol and Budesonide)*	S1B	25.92	69933
Ongentys Hard Caps. 50 mg. 30 (A) *(Non-Proprietary Name Index: Opicapone)*	S1B	107.68	66925

DELETIONS

Adalat LA (P.C.O. Mfg.) Tabs. 60 mg. 28	56372
Aripiprazole (Wockhardt Ltd.) Tabs. 5 mg. 28	37028
Cosimprel Film Coated Tabs. 5 mg./10 mg. 30	22502
Difflam Cream 50 G.	21032
Dithrocream 0.25% 50 G.	76279
Escitalopram (Actavis) Film Coated Tabs. 5 mg. 28	13129
Insuman Comb 25 Cartridge 100 IU/ml. 3 ml. Cartridge 5	68047
Montelukast Paed. (Rowex) Chewable Tabs. 5 mg. 28	45153
Novolizer Budesonide 400 mcg. 50 Metered Dose Cartridge Plus Inhaler Complete Pack	76436
Novolizer Budesonide 200 mcg. 100 Metered Dose Cartridge Plus Inhaler Complete Pack	76573
Novolizer Salbutamol 100 mcg. 200 Metered Dose Cartridge Plus Inhaler Complete Pack	76468
Parlodel Caps. 5 mg. 100	38865
Prestim Tabs. 30	70939
Quetiapine (Actavis) Film Coated Tabs. 200 mg. 60	46032
Spiolto Respimat Inhalation Soln. 2.5 mcg./2.5 mcg. 30 Dose Pack 1	46801
Striverdi Respimat Soln. for Inhalation 2.5 mcg. 4.0 ml. Cartridge Plus 60 Dose Inhaler Complete Pack 1	13182
Zibor Soln. for Inj. Pre-filled Syringe 2,500 iu/0.2 ml. 0.2 ml. 10	62950
Zibor Soln. for Inj. Pre-filled Syringe 3,500 iu/0.2 ml. 0.2 ml 10	62955
Zibor Soln. for Inj. Pre-filled Syringe 25,000 iu/ml. 0.2 ml. 10	62965
Zibor Soln. for Inj. Pre-filled Syringe 25,000 iu/ml. 0.3 ml. 10	62970
Zibor Soln. for Inj. Pre-filled Syringe 25,000 iu/ml. 0.4 ml. 10	62975

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st JANUARY 2022

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Dificlir Granules for Oral Susp. 40 mg./ml. 7.7 G. Bottle 1 (A) *Code the number of bottles dispensed*	89127	Fidaxomicin	1596.62	Tillotts Pharma Ltd.	United Drug
Epidyolex Oral Soln. 100 mg./ml. 100 ml. (B)	89117	Cannabidiol	1176.75	GW Pharmaceuticals	United Drug
Fulvestrant (Accord Healthcare Ltd.) Soln. for Inj. in Pre-filled Syr. 250 mg./5 ml. 2 (A) *Code the number of pre-filled syringes dispensed*	89121	Fulvestrant	231.93	Accord Healthcare Ltd.	Allphar
Icatibant (Accord Healthcare Ltd.) Soln. for Inj. in Pre-filled Syr. 30 mg./3 ml. 1 (A) *Code the number of pre-filled syringes dispensed*	89122	Icatibant	699.48	Accord Healthcare Ltd.	Allphar
Prograf (iMED Healthcare Ltd.) Hard Caps. 0.5 mg. 30 (A)	89125	Tacrolimus	32.93	iMED Healthcare Ltd.	iMED Healthcare Ltd.
Pulmozyme (P.C.O. Mfg.) Nebuliser Soln. Ampoules 2500 U/2.5 ml. 6 (A) *Code the number of amps dispensed*	89123	Dornase Alfa (Desoxyribonuclease)	134.30	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.

Code the number of individual items supplied e.g. pieces, strips, needles etc.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

CHANGES TO THE LIST OF REIMBURSABLE NON DRUG ITEMS

DIAGNOSTICS

EFFECTIVE 1st OCTOBER 2021

CHANGES UNDERLINED

Code the number of individual items supplied e.g. pieces, strips, needles etc.

Instruction	Code	Description	Supplier	Price €
Change	85213	AutoSoft30 Infusion Set 13mm Cannula, 60cm Tubing T:lock Grey 1002825 – 10 Pieces	Unomedical	9.99
To Read	85213	AutoSoft30 Infusion Set 13mm Cannula, 60cm Tubing T:lock Grey 1002825 – 10 Pieces	Unomedical	99.88
Change	85216	AutoSoft30 Infusion Set 13mm Cannula, 110cm Tubing T:lock Grey 1002826 – 10 Pieces	Unomedical	9.99
To Read	85216	AutoSoft30 Infusion Set 13mm Cannula, 110cm Tubing T:lock Grey 1002826 – 10 Pieces	Unomedical	99.88
Change	85218	AutoSoft90 Infusion Set 6mm Cannula, 60cm Tubing T:lock Blue 1002823 – 10 Pieces	Unomedical	9.99
To Read	85218	AutoSoft90 Infusion Set 6mm Cannula, 60cm Tubing T:lock Blue 1002823 – 10 Pieces	Unomedical	99.88
Change	85220	AutoSoft90 Infusion Set 6mm Cannula, 60cm Tubing T:lock Grey 1002817– 10 Pieces	Unomedical	9.99
To Read	85220	AutoSoft90 Infusion Set 6mm Cannula, 60cm Tubing T:lock Grey 1002817– 10 Pieces	Unomedical	99.88
Change	85222	AutoSoft90 Infusion Set 6mm Cannula, 60cm Tubing T:lock Pink 1002821 – 10 Pieces	Unomedical	9.99
To Read	85222	AutoSoft90 Infusion Set 6mm Cannula, 60cm Tubing T:lock Pink 1002821 – 10 Pieces	Unomedical	99.88
Change	85223	AutoSoft90 Infusion Set 6mm Cannula, 110cm Tubing T:lock Grey 1002818 – 10 Pieces	Unomedical	9.99
To Read	85223	AutoSoft90 Infusion Set 6mm Cannula, 110cm Tubing T:lock Grey 1002818 – 10 Pieces	Unomedical	99.88
Change	85224	AutoSoft90 Infusion Set 9mm Cannula, 60cm Tubing T:lock Blue 1002824 – 10 Pieces	Unomedical	9.99
To Read	85224	AutoSoft90 Infusion Set 9mm Cannula, 60cm Tubing T:lock Blue 1002824 – 10 Pieces	Unomedical	99.88
Change	85226	AutoSoft90 Infusion Set 9mm Cannula, 60cm Tubing T:lock Grey 1002819 – 10 Pieces	Unomedical	9.99
To Read	85226	AutoSoft90 Infusion Set 9mm Cannula, 60cm Tubing T:lock Grey 1002819 – 10 Pieces	Unomedical	99.88
Change	85228	AutoSoft90 Infusion Set 9mm Cannula, 60cm Tubing T:lock Pink 1002822 – 10 Pieces	Unomedical	9.99
To Read	85228	AutoSoft90 Infusion Set 9mm Cannula, 60cm Tubing T:lock Pink 1002822 – 10 Pieces	Unomedical	99.88
Change	85229	AutoSoft90 Infusion Set 9mm Cannula, 110cm Tubing T:lock Grey 1002820 – 10 Pieces	Unomedical	9.99
To Read	85229	AutoSoft90 Infusion Set 9mm Cannula, 110cm Tubing T:lock Grey 1002820 – 10 Pieces	Unomedical	99.88
Change	85230	T:Slim Cartridge T:lock Connector 300 units – 10 Pieces	Unomedical	3.58
To Read	85230	T:Slim Cartridge T:lock Connector 300 units – 10 Pieces	Unomedical	35.83
Change	85231	TruSteel Infusion Set 6mm Cannula, 60cm Tubing T:lock 1002833 – 10 Pieces	Unomedical	9.99
To Read	85231	TruSteel Infusion Set 6mm Cannula, 60cm Tubing T:lock 1002833 – 10 Pieces	Unomedical	99.88

Code the number of individual items supplied e.g. pieces, strips, needles etc.

Change	85232	TruSteel Infusion Set 6mm Cannula, 80cm Tubing T:lock 1002834 – 10 Pieces	Unomedical	9.99
To Read	85232	TruSteel Infusion Set 6mm Cannula, 80cm Tubing T:lock 1002834 – 10 Pieces	Unomedical	99.88
Change	85233	TruSteel Infusion Set 8mm Cannula, 60cm Tubing T:lock 1002835 – 10 Pieces	Unomedical	9.99
To Read	85233	TruSteel Infusion Set 8mm Cannula, 60cm Tubing T:lock 1002835 – 10 Pieces	Unomedical	99.88
Change	85234	TruSteel Infusion Set 8mm Cannula, 80cm Tubing T:lock 1002836 – 10 Pieces	Unomedical	9.99
To Read	85234	TruSteel Infusion Set 8mm Cannula, 80cm Tubing T:lock 1002836 – 10 Pieces	Unomedical	99.88
Change	85236	VariSoft Infusion Set 13mm Cannula, 60cm Tubing T:lock 1002827 – 10 Pieces	Unomedical	9.99
To Read	85236	VariSoft Infusion Set 13mm Cannula, 60cm Tubing T:lock 1002827 – 10 Pieces	Unomedical	99.88
Change	85238	VariSoft Infusion Set 17mm Cannula, 60cm Tubing T:lock 1002830 – 10 Pieces	Unomedical	9.99
To Read	85238	VariSoft Infusion Set 17mm Cannula, 60cm Tubing T:lock 1002830 – 10 Pieces	Unomedical	99.88
Change	85240	VariSoft Infusion Set 17mm Cannula, 110cm Tubing T:lock 1002832 – 10 Pieces	Unomedical	9.99
To Read	85240	VariSoft Infusion Set 17mm Cannula, 110cm Tubing T:lock 1002832 – 10 Pieces	Unomedical	99.88

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st December 2021

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st DECEMBER 2021

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Crestor (P.C.O. Mfg.) Film Coated Tabs. 5 mg. 28 (A)	S1B	13.36	66914
Crestor (P.C.O. Mfg.) Film Coated Tabs. 10 mg. 28 (A)	S1B	17.30	66915
Crestor (P.C.O. Mfg.) Film Coated Tabs. 20 mg. 28 (A)	S1B	26.81	66916
Crestor (P.C.O. Mfg.) Film Coated Tabs. 40 mg. 28 (A)	S1B	27.54	66917
(Non-Proprietary Name Index: Rosuvastatin)			
Losec MUPS (P.C.O. Mfg.) Gastro-Resistant Tabs. 20 mg. 28 (A)	S1B	13.79	66918
Losec MUPS (P.C.O. Mfg.) Gastro-Resistant Tabs. 40 mg. 14 (A)	S1B	13.77	66919
(Non-Proprietary Name Index: Omeprazole)			
Seroquel (P.C.O. Mfg.) Film Coated Tabs. 25 mg. 60 (A)	S1A	22.62	66920
Seroquel (P.C.O. Mfg.) Film Coated Tabs. 100 mg. 60 (A)	S1A	56.53	66921
(Non-Proprietary Name Index: Quetiapine)			
Seroquel XR (P.C.O. Mfg.) Prolonged Release Tabs. 150 mg. 60 (A)	S1A	95.89	66922
Seroquel XR (P.C.O. Mfg.) Prolonged Release Tabs. 200 mg. 60 (A)	S1A	50.10	66923
Seroquel XR (P.C.O. Mfg.) Prolonged Release Tabs. 300 mg. 60 (A)	S1A	65.30	66924
(Non-Proprietary Name Index: Quetiapine)			

DELETIONS

Adalat LA Tabs. 30 mg. 28	10433
Alprazolam (Rowex) Tabs. 1 mg. 100	15919
Ativan Inj. 4 mg./ml. 1 ml. 10	84689
Atorvas Film Coated Tabs. 20 mg. 28	41931
Brieka Hard Caps. 150 mg. 56	53586
Flutiform k-haler Pressurised Inhalation, Susp. 50 mcg./5 mcg. per actuation, 120 Dose 1	33310
Lestace Tabs. 2.5 mg. 28	17690
Olanzapine (Actavis) Film Coated Tabs. 2.5 mg. 28	32907
Olanzapine (Actavis) Film Coated Tabs. 5 mg. 28	32908
Olanzapine (Actavis) Film Coated Tabs. 10 mg. 28	32910
Olanzapine (Actavis) Film Coated Tabs. 15 mg. 28	32911
Pravat Tabs. 10 mg. 28	60607
Pravat Tabs. 20 mg. 28	60649
Risperdal Tabs. 1 mg. 60	44249
Rivotril Tabs. 2 mg. 100	64769
Spiriva Respimat Soln. for Inhalation 2.5 mcg. 1 x 4.0 ml. Cartridge Plus Inhaler Complete Pack 1	49712
Strattera Caps. 25 mg. 7	47245
Telmisartan (Rowex) Tabs. 40 mg. 28	63289
Zispin Tabs. 30 mg. 30	62649

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st DECEMBER 2021

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Betaferon (P.C.O. Mfg.) Pdr. & Solv. for Soln. for Inj. 250 mcg./ml. 15 (A) *Code the number of Injections dispensed*	89116	Interferon beta-1b	733.90	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.
Cufence (Univar) Hard Caps. 200 mg. 100 (A)	89011	Trientine	4,223.86	Abacus Medicine A/S	RxSource Ltd.
Lenalidomide (Accord Healthcare Ltd.) Hard Caps. 5 mg. 21 (A)	89111	Lenalidomide	2,000.64	Accord Healthcare Ltd.	Allphar/Uniphar/ United Drug
Lenalidomide (Accord Healthcare Ltd.) Hard Caps. 10 mg. 21 (A)	89112	Lenalidomide	2,082.45	Accord Healthcare Ltd.	Allphar/Uniphar/ United Drug
Lenalidomide (Accord Healthcare Ltd.) Hard Caps. 15 mg. 21 (A)	89113	Lenalidomide	2,171.96	Accord Healthcare Ltd.	Allphar/Uniphar/ United Drug
Lenalidomide (Accord Healthcare Ltd.) Hard Caps. 20 mg. 21 (A)	89114	Lenalidomide	2,291.75	Accord Healthcare Ltd.	Allphar/Uniphar/ United Drug
Lenalidomide (Accord Healthcare Ltd.) Hard Caps. 25 mg. 21 (A)	89115	Lenalidomide	2,357.86	Accord Healthcare Ltd.	Allphar/Uniphar/ United Drug
Pergoveris Soln. for Inj. in Pre-filled Pen (300 IU + 150 IU)/0.48 mL. 1 (A) *Code the number of pre-filled pens dispensed*	89026	Follitropin alfa & Lutropin alfa	147.97	Merck Serono (Ireland) Ltd.	Uniphar

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Kineret Soln. for Inj. 100 mg./0.67 ml. 28	88288	Anakinra	Swedish Orphan Biovitrum Ltd. (SOBI)

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st November 2021

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st NOVEMBER 2021

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Calcipotriol/Betamethasone (Aristo) Gel 50 mcg./G. + 0.5 mg./G. 60 G. (B) *(Non-Proprietary Name Index: Calcipotriol, Combinations)*	S1A	16.33	31600
Co-Tipol Max Suppos. 1000 mg./60 mg. 10 (A) *(Non-Proprietary Name Index: Codeine, Combinations excl. Psycholeptics)*	S1B	10.10	22166
Famotidine (Clonmel) Film Coated Tabs. 20 mg. 60 (A)	S1B	13.77	44452
Famotidine (Clonmel) Film Coated Tabs. 40 mg. 30 (A) *(Non-Proprietary Name: Famotidine)*	S1B	13.77	44453
Janumet (Originalis B.V.) Film Coated Tabs. 50 mg./850 mg. 56 (A)	S1B	36.72	29768
Janumet (Originalis B.V.) Film Coated Tabs. 50 mg./1000 mg. 56 (A) *(Non-Proprietary Name: Metformin and Sitagliptin)*	S1B	35.02	29770

DELETIONS

Adalat (P.C.O. Mfg.) Retard Tabs. 20 mg. 60	56185
Atorvas Film Coated Tabs. 40 mg. 28	41932
Atorvas Film Coated Tabs. 80 mg. 28	41933
Glucophage Powder Sachets 500 mg. 30	30396
Inderal Tabs. 10 mg. 100	29068
Tenoretic Tabs. 28	75396
Zismirt Orotab Orodispersible Tabs. 45 mg. 30	62693

ADDITION TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME
DIAGNOSTICS

Add	GlucoRx AIDEX Continuous Glucose Monitoring Sensor 1 (A)	35.34	85241

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st NOVEMBER 2021

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Ajovy Soln. for Inj. in Pre-filled Pen 225 mg. 1 (A) *Code the number of pre-filled pens dispensed*	89109	Fremanezumab	432.00	TEVA Pharmaceuticals Ireland	United Drug
Yuflyma Soln. for Inj. in Pre-filled Pen 40 mg./0.4 ml. 2 (A) *Code the number of pre-filled pens dispensed*	89110	Adalimumab	618.63	Celltrion Healthcare Ireland Ltd.	United Drug

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Imbruvica Hard Caps. 140 mg. 90	88595	Ibrutinib	Janssen-Cilag Ltd.

Code the number of individual items supplied e.g. pieces, strips, needles etc.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ADDITIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS

DIAGNOSTICS

EFFECTIVE 1st OCTOBER 2021

Code the number of individual items supplied e.g. pieces, strips, needles etc.

Instruction	Code	Description	Supplier	Price €
Add	85213	AutoSoft30 Infusion Set 13mm Cannula, 60cm Tubing T:lock Grey 1002825 – 10 Pieces	Unomedical	9.99
Add	85216	AutoSoft30 Infusion Set 13mm Cannula, 110cm Tubing T:lock Grey 1002826 – 10 Pieces	Unomedical	9.99
Add	85218	AutoSoft90 Infusion Set 6mm Cannula, 60cm Tubing T:lock Blue 1002823 – 10 Pieces	Unomedical	9.99
Add	85220	AutoSoft90 Infusion Set 6mm Cannula, 60cm Tubing T:lock Grey 1002817– 10 Pieces	Unomedical	9.99
Add	85222	AutoSoft90 Infusion Set 6mm Cannula, 60cm Tubing T:lock Pink 1002821 – 10 Pieces	Unomedical	9.99
Add	85223	AutoSoft90 Infusion Set 6mm Cannula, 110cm Tubing T:lock Grey 1002818 – 10 Pieces	Unomedical	9.99
Add	85224	AutoSoft90 Infusion Set 9mm Cannula, 60cm Tubing T:lock Blue 1002824 – 10 Pieces	Unomedical	9.99
Add	85226	AutoSoft90 Infusion Set 9mm Cannula, 60cm Tubing T:lock Grey 1002819 – 10 Pieces	Unomedical	9.99
Add	85228	AutoSoft90 Infusion Set 9mm Cannula, 60cm Tubing T:lock Pink 1002822 – 10 Pieces	Unomedical	9.99
Add	85229	AutoSoft90 Infusion Set 9mm Cannula, 110cm Tubing T:lock Grey 1002820 – 10 Pieces	Unomedical	9.99
Add	85230	T:Slim Cartridge T:lock Connector 300 units – 10 Pieces	Unomedical	3.58
Add	85231	TruSteel Infusion Set 6mm Cannula, 60cm Tubing T:lock 1002833 – 10 Pieces	Unomedical	9.99
Add	85232	TruSteel Infusion Set 6mm Cannula, 80cm Tubing T:lock 1002834 – 10 Pieces	Unomedical	9.99
Add	85233	TruSteel Infusion Set 8mm Cannula, 60cm Tubing T:lock 1002835 – 10 Pieces	Unomedical	9.99
Add	85234	TruSteel Infusion Set 8mm Cannula, 80cm Tubing T:lock 1002836 – 10 Pieces	Unomedical	9.99
Add	85236	VariSoft Infusion Set 13mm Cannula, 60cm Tubing T:lock 1002827 – 10 Pieces	Unomedical	9.99
Add	85238	VariSoft Infusion Set 17mm Cannula, 60cm Tubing T:lock 1002830 – 10 Pieces	Unomedical	9.99
Add	85240	VariSoft Infusion Set 17mm Cannula, 110cm Tubing T:lock 1002832 – 10 Pieces	Unomedical	9.99

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st October 2021

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st OCTOBER 2021

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Clindamycin (Azure Pharmaceuticals) Hard Caps. 150 mg. 24 (A) *(Non-Proprietary Name Index: Clindamycin)*	S1A	5.66	22002
Doxatan Tabs. 4 mg. 30 (A) *Non-Proprietary Name Index: Doxazosin)*	S1B	14.77	22005
Duac (P.C.O. Mfg.) Once Daily Gel 10 mg./G. + 50 mg./G. 30 G. (B) *(Non-Proprietary Name Index: Benzoyl Peroxide, Combinations)*	S1A	15.32	22164
Fluoxetine (Thame Laboratories) Oral Soln. 20 mg./5 ml. 70 ml. (B) *(Non-Proprietary Name: Fluoxetine)*	S1A	8.76	22165
Lenzetto Transdermal Spray, Soln. 1.53 mg./Spray (56 Sprays) 6.5 ml. Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Estradiol)*	S1A	8.52	78085
Lipertance Film Coated Tabs. 10 mg./5 mg./5 mg. 30 (A)	S1B	9.68	24506
Lipertance Film Coated Tabs. 20 mg./5 mg./5 mg. 30 (A)	S1B	10.58	24507
Lipertance Film Coated Tabs. 20 mg./10 mg./5 mg. 30 (A)	S1B	13.86	24508
Lipertance Film Coated Tabs. 20 mg./10 mg./10 mg. 30 (A)	S1B	14.76	24509
Lipertance Film Coated Tabs. 40 mg./10 mg./10 mg. 30 (A) *(Non-Proprietary Name Index: Atorvastatin, Amlodipine and Perindopril)*	S1B	16.26	24510
Ozempic (P.C.O. Mfg.) Once Weekly Soln. for Inj. in Pre-filled Pen 0.25 mg. (1 pre-filled pen, 4 needles) Pack 1 (A)	S1A	103.71	37706
Ozempic (P.C.O. Mfg.) Once Weekly Soln. for Inj. in Pre-filled Pen 0.5 mg. (1 pre-filled pen, 4 needles) Pack 1 (A)	S1A	103.71	37707
Ozempic (P.C.O. Mfg.) Once Weekly Soln. for Inj. in Pre-filled Pen 1 mg. (1 pre-filled pen, 4 needles) Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Semaglutide)*	S1A	103.71	37708
Trulicity (P.C.O. Mfg.) Once Weekly Soln. for Inj. in Pre-filled Pen 0.75 mg./0.5 ml. 4 (A)	S1A	97.66	73952
Trulictiy (P.C.O. Mfg.) Once Weekly Soln. for Inj. in Pre-filled Pen 1.5 mg./0.5 ml. 4 (A) *Code the number of pre-filled pens dispensed* *(Non-Proprietary Name Index: Dulaglutide)*	S1A	95.54	73593

DELETIONS

Citalopram (Actavis) Tabs. 20 mg. 28	18323
Mucodyne Caps. 375 mg. 120	39218
Nexium (P.C.O. Mfg.) Gastro Resistant Tabs. 20 mg. 28	61374
Ranitic Tabs. 300 mg. 30	43147
Silodosin (Accord Healthcare Ltd.) Hard Caps. 4 mg. 30	42662
Silodosin (Accord Healthcare Ltd.) Hard Caps. 8 mg. 30	42663
Solifenacin (Teva) Film Coated Tabs. 5 mg. 30	28917
Solifenacin (Teva) Film Coated Tabs. 10 mg. 30	28918

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st OCTOBER 2021

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Ajovy Soln. for Inj. in Pre-filled Syringe 225 mg. 1 (A) *Code the number of pre-filled syringes dispensed*	89094	Fremanezumab	432.00	TEVA Pharmaceuticals Ireland	United Drug
Calquence Hard Caps. 100 mg. 56 (A)	89107	Acalabrutinib	5,506.51	AstraZeneca Pharmaceuticals (Ireland) Ltd.	United Drug
Doptelet Film Coated Tabs. 20 mg. 30 (A)	89098	Avatrombopag	1,951.83	Swedish Orphan Biovitrum Ltd.	United Drug
Entyvio Soln. for Inj. in Pre-filled Pen 108 mg. 1 (A) *Code the number of pre-filled pens dispensed*	89099	Vedolizumab	573.21	Takeda Products Ireland Ltd.	United Drug
Entyvio Soln. for Inj. in Pre-filled Syringe 108 mg. 1 (A) *Code the number of pre-filled syringes dispensed*	89100	Vedolizumab	573.21	Takeda Products Ireland Ltd.	United Drug
Fasenra Soln. for Inj. in Pre-filled Pen 30 mg. 1 (A) *Code the number of pre-filled pens dispensed*	89108	Benralizumab	1,999.24	AstraZeneca Pharmaceuticals (Ireland) Ltd.	United Drug
Nucala Soln. for Inj. in Pre-filled Pen 100 mg. 1 (A) *Code the number of pre-filled pens dispensed*	89101	Mepolizumab	1,058.02	GlaxoSmithKline (Ireland) Ltd.	United Drug
Nucala Soln. for Inj. in Pre-filled Syringe 100 mg. 1 (A) *Code the number of pre-filled syringes dispensed*	89102	Mepolizumab	1,048.62	GlaxoSmithKline (Ireland) Ltd.	United Drug
Quofenix Tabs. 450 mg. 10 (A)	89106	Delafloxacin	648.00	A. Menarini Pharmaceuticals Ireland Ltd.	United Drug
Rydapt Soft Caps. 25 mg. 56 (A)	89103	Midostaurin	7,144.11	Novartis Ireland Ltd.	Uniphar

CHANGE TO UPDATE EFFECTIVE
1st SEPTEMBER 2021
CHANGES UNDERLINED

Change	Aimovig Soln. for Inj. in Pre-filled Pen 70 mg. 1 (A) *Code the number of pre-filled pens dispensed*	89090	Erenumab	459.00	Novartis Ireland Ltd.	Uniphar
To Read	Aimovig Soln. for Inj. in Pre-filled Pen 70 mg. 1 (A) *Code the number of pre-filled pens dispensed*	89090	Erenumab	455.31	Novartis Ireland Ltd.	Uniphar
Change	Aimovig Soln. for Inj. in Pre-filled Pen 140 mg. 1 (A) *Code the number of pre-filled pens dispensed*	89091	Erenumab	459.00	Novartis Ireland Ltd.	Uniphar
To Read	Aimovig Soln. for Inj. in Pre-filled Pen 140 mg. 1 (A) *Code the number of pre-filled pens dispensed*	89091	Erenumab	454.59	Novartis Ireland Ltd.	Uniphar

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ADDITIONS AND DELETIONS TO OSTOMY & URINARY

EFFECTIVE 1st OCTOBER 2021

Instruction	Code	Description	Price €
		ADDITIONS	
Add	94325	Coloplast Peristeen Plus Anal Irrigation System Small and Standard 29140/7 1	88.66
Add	94326	Coloplast Peristeen Plus Rectal Accessory Unit Small and Standard 29142/9 15	154.51
Add	94327	Coloplast Peristeen Plus Rectal Catheters Small and Standard 29143/50 10	98.78
Add	94329	Coloplast Peristeen Plus Straps 1 Pair 29145 10	6.34
Add	94330	Coloplast Peristeen Plus Tubes 29146 2	8.34
		DELETIONS	
Delete	93080	Easiflex Two Piece Baseplate 90 mm. 14309 5	
Delete	93759	Easiflex Two Piece Baseplate 14301/2/3 & 14387/8 10	
Delete	93780	Easiflex Two Piece Closed Bag Maxi with Dual Filter & Soft Cover/Design 14479 and 14485 30	
Delete	93770	Easiflex Two Piece Closed Bag Midi with Dual Filter & Soft Cover/Design 14464/65 30	
Delete	94147	Easiflex Two Piece Drainable Bag Maxi with Hideaway Outlet & Integral Filter & Soft Cover/Design 14349, 14361 & 14362 30	
Delete	94142	Easiflex Two Piece Drainable Bag Maxi with Hideaway Outlet & Integral Filter Transparent 14344, 14356 & 14357 30	
Delete	94114	Easiflex Two Piece Drainable Bag Midi with Hideaway Outlet & Integral Fllter & Soft Cover/Design 14346/7 30	
Delete	94101	Easiflex Two Piece Drainable Bag Midi with Hideaway Outlet & Integral Filter Transparent 14342 30	
Delete	94162	Easiflex Two Piece Drainable Bag XL with Hideaway Outlet & Integral Filter & Soft Cover 14364 30	
Delete	94160	Easiflex Two Piece Drainable Bag XL with Hideaway Outlet & Integral Filter Transparent 14359 30	
Delete	93081	Easiflex Two Piece Drainable Bag XXL Hide-away Outlet & Integral Filter Transparent & Soft Cover 14378/9 30	
Delete	93087	Easiflex Two Piece Soft Seal Baseplate 14401/3 & 14642/6 5	
Delete	93221	Easiflex Two Piece Soft Seal Extra Baseplate 14601/3 5	
Delete	93365	Easiflex Uro Urostomy Bag Maxi Multichamber Transparent & White 14552/5 30	

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st September 2021

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st SEPTEMBER 2021

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Asacolon Suppos. 1000 mg. 30 (A) *(Non-Proprietary Name Index: Mesalazine)*	S1B	32.63	34451
Isotretinoin (Rowex) Soft Caps. 10 mg. 30 (A) *(Non-Proprietary Name Index: Isotretinoin)*	S1A	4.43	32070
Sametec Airmaster Inhalation Powder Pre-Dispensed 50 mcg./100 mcg. 60 Dose Pack 1 (A)	S1B	16.50	34457
Sametec Airmaster Inhalation Powder Pre-Dispensed 50 mcg./250 mcg. 60 Dose Pack 1 (A)	S1B	20.66	34458
Sametec Airmaster Inhalation Powder Pre-Dispensed 50 mcg./500 mcg. 60 Dose Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Salmeterol and Fluticasone)*	S1B	24.48	34459
Trixeo Aerosphere Pressurised Inhalation, Susp. 5 mcg./7.2 mcg./160 mcg. per actuation, 120 Dose 1 (A) *Code the number of Inhalers dispensed* *(Non-Proprietary Name Index: Formoterol, Glycopyrronium Bromide and Budesonide)*	S1B	55.43	34460

DELETIONS

Amoclav Powder for Oral Suspension 125 mg./31.25 mg./5 ml. 100 ml.	90742
Burinex Tabs. 5 mg. 28	61045
Cibacen Tabs. 5 mg. 28	17526
MST Continus Susp. 20 mg. Sachet 30	53066
MST Continus Susp. 30 mg. Sachet 30	53058
Solaraze Gel 3% 25 G.	46815

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st SEPTEMBER 2021

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Aimovig Soln. for Inj. in Pre-filled Pen 70 mg. 1 (A) *Code the number of pre-filled pens dispensed*	89090	Erenumab	459.00	Novartis Ireland Ltd.	Uniphar
Aimovig Soln. for Inj. in Pre-filled Pen 140 mg. 1 (A) *Code the number of pre-filled pens dispensed*	89091	Erenumab	459.00	Novartis Ireland Ltd.	Uniphar
Cosentyx Soln for Inj. in Pre-filled Pen 300 mg. 2 ml. 1 (A) *Code the number of pre-filled pens dispensed*	89092	Secukinumab	1,159.90	Novartis Ireland Ltd.	Uniphar
Firmagon (P.C.O. Mfg.) Pdr. & Solv. for Soln. for Inj. 80 mg. 1 (A) *Code the number of injections dispensed*	89093	Degarelix	150.68	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.
Simponi (Originalis B.V.) Soln. for Inj. in Pre-filled Pen 100 mg. 1 (A) *Code the number of pre-filled pens dispensed*	89096	Golimumab	1,052.84	Originalis B.V.	RxSource Ltd.
Takhzyro Soln. for Inj. in Pre-filled Syringe 300 mg./2 ml. 1 (A) *Code the number of syringes dispensed*	89097	Lanadelumab	14,906.00	Takeda Products Ireland Ltd.	United Drug

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st August 2021

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st AUGUST 2021
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Vagirux Vaginal Tabs. 10 mcg. 24 (A) *(Non-Proprietary Name Index: Estradiol)*	S1A	14.16	34449
Zafrilla Tabs. 2 mg. 28 (A) *(Non-Proprietary Name Index: Dienogest)*	S1B	10.26	34450

CHANGE TO THE LIST OF DELETIONS ON
GMS SCHEME EFFECTIVE 1st JUNE 2021
ADD

Add	DuoTrav Eye Drop Soln. 40 mcg./ml. + 5 mg./ml. 2.5 ml. 1	22560

DELETIONS

Cosimprel Film Coated Tabs. 10 mg./5 mg. 30	22503
Donepezil Hydrochloride (Wockhardt UK Ltd.) Film Coated Tabs. 5 mg. 28	38216
Donepezil Hydrochloride (Wockhardt UK Ltd.) Film Coated Tabs. 10 mg. 28	38217
Epilim Chrono CR Tabs. 500 mg. 100	60598
Hypovase Tabs. 1 mg. 60	28580
Instanyl Nasal Spray 100 mcg. 20 Dose Pack 1	73688
Oramorph Conc. Oral Soln. 20 mg./ml. 30 ml.	37990
Ranitic Tabs. 150 mg. 60	43051
Zorac Gel 0.05% 60 G.	53339
Zorac Gel 0.1% 30 G.	53354
Zorac Gel 0.1% 60 G.	53387

ADDITIONS/DELETIONS TO THE LIST OF REIMBURSABLE NON-DRUG ITEMS
IN THE GMS SCHEME

DIAGNOSTICS
ADDITIONS

Add	Contour Plus Blood Glucose Test Strips 50	9.68	85156
Add	Greenlan Lancets 100	2.89	85159
Add	Smart Health Lancets 30 G. 100	3.00	85155

DELETION

Delete	Contour Test Strips 50	81537

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st AUGUST 2021

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Erleada Film Coated Tabs. 60 mg. 112 (A)	89087	Apalutamide	3217.18	Janssen Sciences Ireland	Allphar
Zeposia Treatment Initiation Pack (0.23 mg. x 4 and 0.46 mg. x 3) Hard Caps. Pack 1 (A) *Code the number of packs dispensed*	89088	Ozanimod	361.53	Bristol-Myers Squibb	United Drug
Zeposia Hard Caps. 0.92 mg. 28 (A)	89089	Ozanimod	1446.08	Bristol-Myers Squibb	United Drug

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Entecavir (Rowex) Film Coated Tabs. 1 mg. 30	88880	Entecavir	Rowex Ltd.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ADDITIONS, DELETIONS AND CHANGES TO OSTOMY & URINARY

EFFECTIVE 1st AUGUST 2021

Instruction	Code	Description	Price €
		ADDITION	
Add	94357	Aquaflush Lite System Refill Pack AFLA (15 Silicone Cones) 15	65.00
		DELETIONS	
Delete	93922	Fannin Uriflo Non-Sterile 2 Litre Night Bag (tear strip) F2 10	
Delete	93479	Fannin Uriflo Sterile 2 Litre Night Bag with Slide Tap F2000 10	
Delete	93877	Fannin Uriflo Sterile 500 ML Leg Bag with Long Tubing and Lever Tap F500L-LT 10	
Delete	93876	Fannin Uriflo Sterile 500 ML Leg Bag with Long Tubing and Slide Tap F500L 10	
Delete	93875	Fannin Uriflo Sterile 500 ML Leg Bag with Short Tubing and Lever Tap F500S-LT 10	
Delete	93873	Fannin Uriflo Sterile 500 ML Leg Bag with Short Tubing and Slide Tap F500S 10	
Delete	93879	Fannin Uriflo Sterile 750 ML Leg Bag with Long Tubing and Slide Tap F750L 10	
Delete	93878	Fannin Uriflo Sterile 750 ML Leg Bag with Short Tubing and Slide Tap F750S 10	
		CHANGES TO THE LIST OF OSTOMY & URINARY ITEMS	
		CHANGES UNDERLINED	
Change	94178	Fannin Prosys Catheter Retaining Strap Short PCS35 5	
To Read	94178	Fannin Prosys Catheter Retaining Strap Short PCS40 5	
Change	94179	Fannin Prosys Catheter Retaining Strap Adult PCS45 5	
To Read	94179	Fannin Prosys Catheter Retaining Strap Adult PCS50 5	
Change	93864	Clinisupplies Ltd. Prosys Non-Sterile 2 Litre Night Bag (Tear Strip) P2ND 10	
To Read	93864	Clinisupplies Ltd. Prosys Non-Sterile 2 Litre Night Bag (Tear Strip) P2 10	
Change	94239	Clinisupplies Urlite Leg Bag 500 ml Long/T Lever Tap UL500L-LT+ 10	
To Read	94239	Clinisupplies Urilite Leg Bag 500 ml Long/T Lever Tap UL500L-LT+ 10	
Change	94240	Clinisupplies Urlite Leg Bag 500 ml Long/T Slide Tap UL500L+ 10	
To Read	94240	Clinisupplies Urilite Leg Bag 500 ml Long/T Slide Tap UL500L+ 10	

Change	94241	Clinisupplies Urlite Leg Bag 500 ml Long/T Lever Tap UL500S-LT+ 10	
To Read	94241	Clinisupplies Urilite Leg Bag 500 ml Long/T Lever Tap UL500S-LT+ 10	
Change	94243	Clinisupplies Urlite Leg Bag 500 ml Short/T Slide Tap UL500S+ 10	
To Read	94243	Clinisupplies Urilite Leg Bag 500 ml Short/T Slide Tap UL500S+ 10	
Change	94244	Clinisupplies Urlite Leg Bag 750 ml Long/T Slide Tap UL750L+ 10	
To Read	94244	Clinisupplies Urilite Leg Bag 750 ml Long/T Slide Tap UL750L+ 10	
Change	94245	Clinisupplies Urlite Leg Bag 750 ml Short/T Slide Tap UL750S+ 10	
To Read	94245	Clinisupplies Urilite Leg Bag 750 ml Short/T Slide Tap UL750S+ 10	
Change	94246	Clinisupplies Urlite Night Bag Sterile 2 Litre 100 cm/T Lever Tap UL2000-LT+ 10	
To Read	94246	Clinisupplies Urilite Night Bag Sterile 2 Litre 100 cm/T Lever Tap UL2000-LT+ 10	
Change	94247	Clinisupplies Urlite Night Bag Sterile 2 Litre 100 cm/T Slide Tap UL2000+ 10	
To Read	94247	Clinisupplies Urilite Night Bag Sterile 2 Litre 100 cm/T Slide Tap UL2000+ 10	

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st July 2021

Clinical Nutritional Products

ADDITIONS/CHANGES/DELETIONS TO THE LIST OF REIMBURSABLE CLINICAL NUTRITIONAL ITEMS IN THE GMS SCHEME EFFECTIVE 1st JULY 2021.

Code the number of bottles, boxes, packs, pots, pouches, sachets, tins or tubs dispensed.

ADDITIONS

	Drug Description including coding instruction	Reimbursement Price €	Drug Code
Add	ActaGain 600 250 ml. Pack 1 (A)	1.85	85136
Add	*Altrajuce 200 ml. Pack 1 (A) **Ref Circ. 016/19 (Addition to list B)*	1.80	85153
Add	Aymes Shake Compact (Single Flavour) 57 G. Sachet 7 (A)	3.89	83265
Add	Aymes Shake Compact (Mixed Flavours) 57 G. Sachet (Starter Pack with Shaker) 5 (A)	2.78	83267
Add	Aymes Shake (Mixed Flavours) 57 G. Sachet (Starter pack with Shaker) 6 (A)	4.44	83268
Add	Ensure Compact Protein 125 ml. Pack 1 (A)	1.60	83962
Add	Fortisip Advanced 200 ml. Pack 1 (A)	1.60	85048
Add	Glucerna 1.5 kcal 220 ml. Pack 1 (A)	2.75	81358
Add	Glucerna 1.5 kcal 500 ml. Pack 1 (A)	5.00	81359
Add	KetoClassic 3:1 Bar 30 G. Pack 14 (A)	24.83	81842
Add	KetoClassic 3:1 Bolognese Meal 130 G. Pack 14 (A)	86.28	81843
Add	KetoClassic 3:1 Chicken Meal 135 G. Pack 14 (A)	87.33	81844
Add	KetoClassic 3:1 Muesli Meal 300 G. Pack 2 (A)	39.70	81845
Add	KetoClassic 3:1 Porridge Meal 300 G. Pack 2 (A)	39.70	81846
Add	KetoClassic 3:1 Savoury Meal (2 x 30 G.) Pack 14 (A)	49.14	81847
Add	MSUD Lophlex 28 G. Pack 30 (A)	507.16	83269
Add	Neocate Syneo 400 G. Pack 1 (A)	29.10	85050
Add	Nutrison Peptisorb Plus HEHP 500 ml. Pack 1 (A)	8.88	81475
Add	Nutrison Peptisorb Plus HEHP 1000 ml. Pack 1 (A)	17.75	81476
Add	PKU Explore 5 12.5 G. Sachet 30 (A)	94.41	81362
Add	PKU Explore 10 25 G. Sachet 30 (A)	188.82	81363
Add	Promin Low Protein All Purpose Baking Mix 1000 G. Pack 1 (A)	12.80	82701
Add	Promin Low Protein Burger Mix 62 G. Sachet 4 (A)	13.06	82702
Add	Promin Low Protein Burger Mix Beef Flavour 62 G. Sachet 4 (A)	13.54	82703
Add	Promin Low Protein Burger Mix Chicken Flavour 62 G. Sachet 4 (A)	13.54	82704
Add	Promin Low Protein Burger Mix Chilli Flavour 62 G. Sachet 4 (A)	13.54	82705
Add	Promin Low Protein Instant Mash Potato Mix 445 G. Pack 1 (A)	10.90	82706
Add	Promin Low Protein Potato Cake Mix 300 G. Pack 1 (A)	6.35	82707
Add	TYR Lophlex 28 G. Pack 30 (A)	507.16	85034

CHANGES

CHANGES <u>UNDERLINED</u>

Change	Loprofin PKU Milk 200 ml. Pack 1	81175
To Read	Loprofin <u>Drink LQ</u> 200 ml. Pack 1	81175
Change	NUTRIPLETE Shake 57 G. Sachet 7	83254
To Read	<u>Aymes</u> Shake 57 G. Sachet 7	83254
Change	TwoCal 200 ml. Bottle 1	81119
To Read	TwoCal <u>Bolus</u> 200 ml. Bottle 1	81119

DELETIONS

Delete	Aymes Creme 125 G. Pack 4	83256
Delete	Carbzero 225 ml. Bottle 1	85108
Delete	Fortisip Multi Fibre Savoury 200 ml. Pack 1	81611
Delete	Galactomin 17 400 G. Pack 1	81515
Delete	Loprofin LP Bread Rolls White 260 G. Pack 1	81292
Delete	Nutilis Powder 670 G. Pack 1	83039
Delete	Phlexy-10 Caps. 200 Pack 1	81741
Delete	PKU start 500 ml. Pack 1	81052
Delete	Pro-Cal 15 G. Sachet 25	81539
Delete	Pro-Cal Shot 250 ml. Pack 1	81076
Delete	QuickCal 13 G. Sachet 25	81622
Delete	Swalloweze Clear 125 G. Tub (with scoop) 1	85090
Delete	Vitapro 250 G. Pack 1	81700

Code the number of individual items supplied e.g. pieces, strips, needles etc.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

CHANGES TO THE LIST OF REIMBURSABLE NON DRUG ITEMS

DIAGNOSTICS

EFFECTIVE 1st JULY 2021

Code the number of individual items supplied e.g. pieces, strips, needles etc.

Instruction	Code	Description	Supplier	Price €
Add	85132	Accu-Chek Instant Test Strips 50	Roche Diabetes Care Limited	8.54
Add	85166	Medtronic MiniMed Mio 30 60 cm. 13 mm. MMT-905A – 10 Pieces	Medtronic	105.00
Add	85168	Medtronic MiniMed Mio 30 110 cm. 13 mm. MMT-906A – 10 Pieces	Medtronic	105.00
Add	85171	Medtronic MiniMed Mio Advance 60 cm. 6 mm. MMT-242A – 10 Pieces	Medtronic	107.00
Add	85163	Medtronic MiniMed Mio Advance 60 cm. 9 mm. MMT-243A – 10 Pieces	Medtronic	107.00
Add	85164	Medtronic MiniMed Mio Advance 110 cm. 6 mm. MMT-213A – 10 Pieces	Medtronic	107.00
Add	85165	Medtronic MiniMed Mio Advance 110 cm. 9 mm. MMT-244A – 10 Pieces	Medtronic	107.00
Add	85172	Medtronic MiniMed Paradigm Silhouette 60 cm. Full Set MMT-378A – 10 Pieces	Medtronic	105.00
Add	85174	Medtronic MiniMed Paradigm Silhouette 60 cm. 13 mm. MMT-381A – 10 Pieces	Medtronic	105.00
Add	85175	Medtronic MiniMed Paradigm Silhouette 110 cm. Full Set MMT-377A – 10 Pieces	Medtronic	105.00
Add	85176	Medtronic MiniMed Paradigm Silhouette 110 cm. 13 mm. MMT-382A – 10 Pieces	Medtronic	105.00
Add	85177	Medtronic Mio Blue 45 cm. 6 mm. MMT-941A – 10 Pieces	Medtronic	105.00
Add	85180	Medtronic Mio Blue 60 cm. 6 mm. MMT-943A – 10 Pieces	Medtronic	105.00
Add	85181	Medtronic Mio Blue 80 cm. 6 mm. MMT-954A – 10 Pieces	Medtronic	105.00
Add	85183	Medtronic Mio Grey 80 cm. 6 mm. MMT-965A – 10 Pieces	Medtronic	105.00
Add	85212	Medtronic Mio Grey 80 cm. 9 mm. MMT-975A – 10 Pieces	Medtronic	105.00
Add	85184	Medtronic Mio Pink 45 cm. 6 mm. MMT-921A – 10 Pieces	Medtronic	105.00
Add	85185	Medtronic Mio Pink 60 cm. 6 mm. MMT-932A – 10 Pieces	Medtronic	105.00
Add	85186	Medtronic Mio Pink 80 cm. 6 mm. MMT-925A – 10 Pieces	Medtronic	105.00
Add	85188	Medtronic Quick-Set Paradigm 45 cm. 6 mm. MMT-394A – 10 Pieces	Medtronic	96.80
Add	85190	Medtronic Quick-Set Paradigm 60 cm. 6 mm. MMT-399A – 10 Pieces	Medtronic	96.80
Add	85191	Medtronic Quick-Set Paradigm 60 cm. 9 mm. MMT-397A – 10 Pieces	Medtronic	96.80
Add	85192	Medtronic Quick-Set Paradigm 110 cm. 6 mm. MMT-398A – 10 Pieces	Medtronic	96.80
Add	85194	Medtronic Quick-Set Paradigm 110 cm. 9 mm. MMT-396A – 10 Pieces	Medtronic	96.80
Add	85196	Medtronic Silhouette Paradigm 45 cm. 13 mm. MMT-368A – 10 Pieces	Medtronic	105.00
Add	85198	Medtronic Silhouette Paradigm 80 cm. 13 mm. MMT-383A – 10 Pieces	Medtronic	105.00

Code the number of individual items supplied e.g. pieces, strips, needles etc.

Add	85199	Medtronic Silhouette Paradigm 80 cm. 17 mm. MMT-384A – 10 Pieces	Medtronic	105.00
Add	85202	Medtronic Sure-T Paradigm 45 cm. 6 mm. MMT-862A – 10 Pieces	Medtronic	70.00
Add	85204	Medtronic Sure-T Paradigm 60 cm. 6 mm. MMT-864A – 10 Pieces	Medtronic	70.00
Add	85205	Medtronic Sure-T Paradigm 60 cm. 8 mm. MMT-874A – 10 Pieces	Medtronic	70.00
Add	85206	Medtronic Sure-T Paradigm 60 cm. 10 mm. MMT-884A – 10 Pieces	Medtronic	70.00
Add	85207	Medtronic Sure-T Paradigm 80 cm. 6 mm. MMT-866A – 10 Pieces	Medtronic	70.00
Add	85209	Medtronic Sure-T Paradigm 80 cm. 8 mm. MMT-876A – 10 Pieces	Medtronic	70.00
Add	85211	Medtronic Sure-T Paradigm 80 cm. 10 mm. MMT-886A – 10 Pieces	Medtronic	70.00
DELETIONS				
Delete	85373	Medtronic MiniMed 508 Quick-Set 60 cm. 6mm MMT-393 - 10 Pieces		
Delete	85368	Medtronic MiniMed 508 Quick-Set 60 cm. 9mm MMT-392 - 10 Pieces		
Delete	85360	Medtronic MiniMed 508 Quick-Set 110 cm. 6mm MMT-391 - 10 Pieces		

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st July 2021

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st JULY 2021
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Amlodipine/Valsartan/Hydrochlorothiazide (Rowex) Film Coated Tabs. 5 mg./160 mg./ 12.5 mg. 28 (A)	S1B	8.99	36550
Amlodipine/Valsartan/Hydrochlorothiazide (Rowex) Film Coated Tabs. 10 mg./160 mg./ 12.5 mg. 28 (A)	S1B	9.85	36551
(Non-Proprietary Name Index: Valsartan/Amlodipine/Hydrochlorothiazide)			
Crinone (Lexon UK) 8% Vag. Gel Applicator 15 (A) *(Non-Proprietary Name Index: Progesterone)*	S1A	43.76	36553
Imigran (Lexon UK) Ftab. Film Coated Tabs. 50 mg. 6 (A) *(Non-Proprietary Name Index: Sumatriptan)*	S1B	18.79	36555
Pyranistole Prolonged Release Caps. 200 mg. 60 (A) *(Non-Proprietary Name Index: Dipyridamole)*	S1B	23.80	34437
Trosyl (Lexon UK) Nail Soln. 283 mg./ml. 12 ml. (B) *(Non-Proprietary Name Index Tioconazole)*	S1B	26.84	34440

CHANGE TO THE LIST OF DELETIONS ON GMS SCHEME
NON-DRUG OSTOMY & URINARY
ADD

Add	Convatec Stomahesive Seal 48MM 413503/04 10	21.56	93711

DELETIONS

Abasaglar Soln. For Inj., Cartridge 100 units/ml. 3 ml. 5	69238
By-Vertin Tabs. 16 mg. 84	14599
Duloxetine (Rowa) Hard Gastro-Resistant Caps. 30 mg. 28	43003
Duloxetine (Rowa) Hard Gastro-Resistant Caps. 60 mg. 28	43004
Efestad Film Coated Tabs. 5 mg. 30	44620
Epilim Chrono CR Tabs. 200 mg. 100	60573
Epilim Chrono CR Tabs. 300 mg. 100	60586
Instanyl Nasal Spray 100 mcg. 10 Dose Pack 1	73687
MUSE Urethral Stick 250 mcg. 6	32480
MUSE Urethral Stick 500 mcg. 6	71901
MUSE Urethral Stick 1000 mcg. 1	71916
MUSE Urethral Stick 1000 mcg. 6	71939
Persantin Retard Perlongets 200 mg. 60	36801
Zileze Tabs. 7.5 mg. 28	59829

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st JULY 2021

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Cinacalcet TEVA Film Coated Tabs. 30 mg. 28 (A)	89080	Cinacalcet	72.95	TEVA Pharmaceuticals Ireland	United Drug
Cinacalcet TEVA Film Coated Tabs. 60 mg. 28 (A)	89081	Cinacalcet	136.43	TEVA Pharmaceuticals Ireland	United Drug
Cinacalcet TEVA Film Coated Tabs. 90 mg. 28 (A)	89082	Cinacalcet	200.48	TEVA Pharmaceuticals Ireland	United Drug
Luveris (P.C.O. Mfg.) Pdr. and Solv. for Soln. for Inj. 75 iu 1 (A) *Code the number of injections dispensed*	89083	Lutropin alfa	36.66	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.
Sunitinib (Rowex) Hard Caps. 12.5 mg. 28 (A)	89084	Sunitinib	492.50	Rowex Ltd.	United Drug
Sunitinib (Rowex) Hard Caps. 25 mg. 28 (A)	89085	Sunitinib	981.86	Rowex Ltd.	United Drug
Sunitinib (Rowex) Hard Caps. 50 mg. 28 (A)	89086	Sunitinib	1958.84	Rowex Ltd.	United Drug

CHANGE TO THE LIST OF DELETIONS ON
HIGH TECH SCHEME EFFECTIVE 1st JULY 2021
ADD

PROPRIETARY NAME INDEX		CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Add	Esmya Tabs. 5 mg. 28	88109	Ulipristal	139.86	Gedeon Richter	Allphar

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Entecavir (Actavis) Film Coated Tabs. 0.5 mg. 30	88877	Entecavir	Accord Health Ltd.
Gonapeptyl Depot Pre-filled Syringe 3.75 mg. Pack	88435	Triptorelin	Ferring Pharmaceuticals Ireland Ltd.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st June 2021

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st JUNE 2021

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Esomeprazole Aristo (JED Pharma) Gastro Resistant Hard Caps. 20 mg. 28 (A)	S1B	3.64	36548
Esomeprazole Aristo (JED Pharma) Gastro Resistant Hard Caps. 40 mg. 28 (A) *(Non-Proprietary Name Index: Esomeprazole)*	S1B	6.44	36549
Flixotide (P.C.O. Mfg.) Evohaler 50 mcg. 120 Dose Aerosol 1 (A) *Code the number of aerosols dispensed* *(Non-Proprietary Name Index: Fluticasone)*	S1B	7.62	26135
Invega (P.C.O. Mfg.) Prolonged Release Tabs. 3 mg. 28 (A) *(Non-Proprietary Name Index: Paliperidone)*	S1A	65.96	29207
Megace (P.C.O. Mfg.) Tabs. 160 mg. 30 (A) *(Non-Proprietary Name Index: Megestrol)*	S1A	35.73	33579
Renvela (P.C.O. Mfg.) Film Coated Tabs. 800 mg. 180 (A) *(Non-Proprietary Name Index: Sevelamer)*	S1B	96.66	43927
Tibolone Aristo (JED Pharma) Tabs. 2.5 mg. 28 (A) *(Non-Proprietary Name Index: Tibolone)*	S1A	4.85	41800
Trileptal (P.C.O. Mfg.) Oral Susp. 60 mg./ml. 250 ml. (B) *(Non-Proprietary Name Index: Oxcarbazepine)*	S1B	29.72	74950
Urorec (P.C.O. Mfg.) Hard Caps. 4 mg. 30 (A) *(Non-Proprietary Name Index: Silodosin)*	S1B	7.56	47500
*Versatis (P.C.O. Mfg.) Medicated Plasters 5% 30 (A) *(Non-Proprietary Name Index: Lidocaine)* **Ref Circ. 033/17*	S1B	75.20	30500
Vesomni (P.C.O. Mfg.) Modified Release Tabs. 6 mg./0.4 mg. 30 (A) *(Non-Proprietary Name Index: Tamsulosin and Solifenacin)*	S1B	37.47	34598
Xyzal (P.C.O. Mfg.) Oral Soln. 0.5 mg./ml. 200 ml. (B) *(Non-Proprietary Name Index: Levocetirizine)*	S1B	5.64	74700
Zonegran (P.C.O. Mfg.) Hard Caps. 25 mg. 14 (A) *(Non-Proprietary Name Index: Zonisamide)*	S1B	6.32	74806

DELETIONS

Adalat LA Tabs. 60 mg. 28	10467
Alendronate/Colecalciferol (Rowex) Tabs. 70 mg./5600 iu 4	21653
Alomide Ophth. Soln. 10 ml.	10871
Amlodipine (Pfizer) Tabs. 10 mg. 28	16587
Aripiprazole (Wockhardt Ltd.) Tabs. 10 mg. 28	37029
Aripiprazole (Wockhardt Ltd.) Tabs. 15 mg. 28	37030
Betoptic Eye Drops Susp. 0.25% Single Dose 50	14437
Betoptic Ophth Soln. 5 ml.	14494
By-Vertin Tabs. 8 mg. 120	14582
Clonamox Caps. 500 mg. 500	17973
DuoTrav Eye Drop Soln. 40 mcg./ml. + 5 mg./ml. 2.5 ml. 1	22560
Innozide Tabs. 28	29939
Lercanidipine TEVA Film Coated Tabs. 10 mg. 28	51414
Lercanidipine TEVA Film Coated Tabs. 20 mg. 28	51415
Maxidex Eye Oint 3 G.	77208
Maxitrol Eye Oint 3.5 G. Pack 1	73156
Montelukast (Rowex) F.C. Tabs. 10 mg. 28	45154
Moxivig Eye Drops Soln. 0.5% 5 ml.	21730
MST Continus Susp. 60 mg. Sachet 30	54362
Pregabalin (Wockhardt UK Ltd.) Hard Caps. 25 mg. 56	65440

DELETIONS

Protelos Grans. Sachets 2 G. 28	43154
Razole Gastro-Resistant Tabs. 10 mg. 28	37505
Rythmodan Retard Tabs. 250 mg. 60	44710
Sildenafil (Pfizer) Film Coated Tabs. 50 mg. 4	33357
Sildenafil (Pfizer) Film Coated Tabs. 100 mg. 4	33542
Simatan Tabs. 5 mg. 28	76418
Trobalt Film Coated Tabs. 50 mg. 21	34226
Trobalt Film Coated Tabs. 50 mg. 84	34227
Trobalt Film Coated Tabs. 100 mg. 21	34228
Trobalt Film Coated Tabs. 100 mg. 84	34229
Trobalt Film Coated Tabs. 200 mg. 84	34230
Trobalt Film Coated Tabs. 300 mg. 84	34231
Trobalt Film Coated Tabs. 400 mg. 84	34232

DELETION TO HIV PRE-EXPOSURE PROPHYLAXIS (PrEP)

DELETION

Delete	Emtricitabine and Tenofovir Disoproxil (Rowex) Film Coated Tabs. 200 mg./245 mg. 30	77102

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st JUNE 2021

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Cinacalcet (Rowex) Film Coated Tabs. 30 mg. 28 (A)	89078	Cinacalcet	72.95	Rowex Ltd.	United Drug
Cinacalcet (Rowex) Film Coated Tabs. 60 mg. 28 (A)	89079	Cinacalcet	136.43	Rowex Ltd.	United Drug

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st May 2021

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st MAY 2021
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Bronx Airmaster Inhalation Powder Pre-Dispensed 50 mcg./100 mcg. 60 Dose Pack 1 (A)	S1B	16.50	32521
Bronx Airmaster Inhalation Powder Pre-Dispensed 50 mcg./250 mcg. 60 Dose Pack 1 (A)	S1B	20.66	32523
Bronx Airmaster Inhalation Powder Pre-Dispensed 50 mcg./500 mcg. 60 Dose Pack 1 (A)	S1B	24.48	32525
Code the number of packs dispensed			
(Non-Proprietary Name Index: Salmeterol and Fluticasone)			
Carbimazole (Essential Healthcare Ltd.) Tabs. 5 mg. 100 (A)	S1B	5.28	32531
Carbimazole (Essential Healthcare Ltd.) Tabs. 20 mg. 100 (A)	S1B	18.39	32534
(Non-Proprietary Name Index: Carbimazole)			
Fycompa Oral Susp. 0.5 mg./ml. 340 ml. Bottle 1 (A)	S1B	113.78	43973
(Non-Proprietary Name Index: Perampanel)			
Olmesartan Medoxomil/Amlodipine/Hydrochlorothiazide (Accord Healthcare Ltd.) Film Coated Tabs. 20 mg./5 mg./12.5 mg. 28 (A)	S1B	7.75	37421
Olmesartan Medoxomil/Amlodipine/Hydrochlorothiazide (Accord Healthcare Ltd.) Film Coated Tabs. 40 mg./5 mg./12.5 mg. 28 (A)	S1B	8.48	37422
Olmesartan Medoxomil/Amlodipine/Hydrochlorothiazide (Accord Healthcare Ltd.) Film Coated Tabs. 40 mg./5 mg./25 mg. 28 (A)	S1B	8.48	37423
Olmesartan Medoxomil/Amlodipine/Hydrochlorothiazide (Accord Healthcare Ltd.) Film Coated Tabs. 40 mg./10 mg./12.5 mg. 28 (A)	S1B	8.59	37424
Olmesartan Medoxomil/Amlodipine/Hydrochlorothiazide (Accord Healthcare Ltd.) Film Coated Tabs. 40 mg./10 mg./25 mg. 28 (A)	S1B	8.59	37425
(Non-Proprietary Name Index: Olmesartan Medoxomil, Amlodipine and Hydrochlorothiazide)			
Sperizak Pdr. and Solv. for Prolonged Release Susp. for Inj. 25 mg. Vial 1 (A)	S1A	39.75	37426
Sperizak Pdr. and Solv. for Prolonged Release Susp. for Inj. 37.5 mg. Vial 1 (A)	S1A	55.55	37428
Sperizak Pdr. and Solv. for Prolonged Release Susp. for Inj. 50 mg. Vial 1 (A)	S1A	69.99	37429
Code the number of vials dispensed			
(Non-Proprietary Name Index: Risperidone)			
Zerseos Nebuliser Soln. Amp. 0.5 mg./2.5 mg. 2.5 ml. (12 x 5) 60 (A)	S1B	8.90	37430
Code the number of amps dispensed			
(Non-Proprietary Name Index: Salbutamol and Ipratropium Bromide)			

DELETIONS

Arcoxia Tabs. 120 mg. 7	14180
Atorvas Film Coated Tabs. 10 mg. 28	41930
Derbac-M Liq. 50 ml.	53944
Derbac-M Liq. 200 ml.	53957
Dioderm Cream 0.1% 30 G.	76252
Dithrocream 2% 50 G.	20834
Epilim Crushable Tabs. 100 mg. 100	23485
Epilim Enteric Coated Tabs. 200 mg. 100	23663
Epilim Enteric Coated Tabs. 500 mg. 100	75205
Polyfax Oint. 20 G.	41440
Saflutan (P.C.O. Mfg.) Eye Drops 15 mcg./ml. 0.3 ml. Unit Dose Vial 30	36849
Zantac Tabs. 150 mg. 60	54437

ADDITIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME
CLINICAL NUTRITIONAL PRODUCTS
Code the number of bottles, boxes, packs, pots, pouches, sachets, tins or tubs dispensed.

Add	HCU Lophlex 29 G. 30 (A)	507.16	83262
Add	SMA LF 400 G. Pack 1 (A)	5.22	83263
Add	Wysoy 800 G. Pack 1 (A)	10.40	83264

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st MAY 2021

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Dupixent Soln. for Inj. in Pre-filled Syringe 200 mg. 2 (A) *Code the number of pre-filled syringes dispensed*	89074	Dupilumab	1,246.16	Sanofi Aventis Ireland Ltd.	Allphar
Dupixent Soln. for Inj. in Pre-filled Syringe 300 mg. 2 (A) *Code the number of pre-filled syringes dispensed*	89075	Dupilumab	1246.16	Sanofi Aventis Ireland Ltd.	Allphar
Talzenna Hard Caps. 0.25 mg. 30 (A)	89076	Talazoparib	1,440.00	Pfizer Healthcare Ireland	United Drug
Talzenna Hard Caps 1 mg. 30 (A)	89077	Talazoparib	4,320.00	Pfizer Healthcare Ireland	United Drug

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ADDITIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS

EFFECTIVE 1ST MAY 2021

Dressings listed are for use in doctors' surgeries and requirements should only be ordered and supplied on the appropriate order form (pink).

Instruction	Code	Description	Supplier	Price €
Add	86401	3M Coban 2 Toe Boot Kit Compression Bandage System 2092 Pack 1	3M or Allphar	6.87
Add	86402	3M Coban 2 XL Compression Bandaging System 2094XL Pack 1	3M or Allphar	16.09
Add	86422	Biatain AG Non-Adhesive 10 cm x 10 cm 9622 5	United Drug	9.41
Add	86423	Biatain AG Non-Adhesive 10 cm x 20 cm 9623 5	United Drug	17.29
Add	86424	Biatain AG Non-Adhesive 15 cm x 15 cm 9625 5	United Drug	18.88
Add	86425	Biatain Silicone 12.5 cm x 12.5 cm 3436 10	United Drug	2.68
Add	86426	Biatain Silicone 15 cm x 15 cm 3437 5	United Drug	3.45
Add	86427	Biatain Silicone AG 10 cm x 10 cm 9637 5	United Drug	6.17
Add	86428	Biatain Silicone AG 12.5 cm x 12.5 cm 9638 5	United Drug	8.08
Add	86429	Biatain Silicone AG 15 cm x 15 cm 9639 5	United Drug	12.95
Add	86430	Biatain Silicone AG 18 cm x 18 cm Heel 39652 5	United Drug	15.97
Add	86432	HidraWear Wound Dressing & Fastener 8 x 13 cm Pack 60	Uniphar	75.00
Add	86433	HidraWear Starter Pack (2 x HidraWear Dressing Retention Garment, 1 x HidraWear Dressing, 60 box, 8 x 13cm) 1	Uniphar	194.90
Add	86434	Readywrap Adjustable Compression Wrap System Calf Piece Average 30cm Beige/Black Small to XX-Large 1	Uniphar	97.29
Add	86435	Readywrap Adjustable Compression Wrap System Calf Piece Tall 35cm Beige/Black Small to XX-Large 1	Uniphar	97.29
Add	86436	Readywrap Adjustable Compression Wrap System Foot Piece Left Beige/Black Small to XX-Large 1	Uniphar	40.56
Add	86437	Readywrap Adjustable Compression Wrap System Foot Piece Right Beige/Black Small to XX-Large 1	Uniphar	40.56
Add	86438	Readywrap Adjustable Compression Wrap System Knee Piece Beige/Black Small to XX-Large 1	Uniphar	51.51
Add	86439	Readywrap Adjustable Compression Wrap System Thigh Piece Average 25cm Beige/Black Small to XX-Large 1	Uniphar	108.73
Add	86440	Readywrap Adjustable Compression Wrap System Thigh Piece Tall 30cm Beige/Black Small to XX-Large 1	Uniphar	108.73
Add	86441	Readywrap Adjustable Compression Wrap System Toe Piece Left Beige/Black Small to XX-Large 1	Uniphar	59.58
Add	86442	Readywrap Adjustable Compression Wrap System Toe Piece Right Beige/Black Small to XX-Large 1	Uniphar	59.58
Add	86443	Readywrap Compression Wrap System Extender Strap 104740 Beige 104741 Black 1	Uniphar	20.00
Add	86444	Readywrap Liners Below Knee Small-Large 149032 X Large-XX Large 149033 2	Uniphar	18.08
Add	86445	Readywrap Liners Thigh Length Small-Large 149034 X Large-XX Large 149035 2	Uniphar	19.10

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ADMINISTRATIVE CODES FOR USE BY PHARMACY FOR THE PROVISION OF COMPRESSION HOSIERY TO GMS PATIENTS ONLY

CODE THE NUMBER OF PAIRS OR PACKS* DISPENSED

(Circular 001/18 Refers)

EFFECTIVE 1ST MAY 2021

Instruction	Code	Description	Supplier	Price €
Add	86403	Actilymph Adore Class 1 Below Knee Closed Toe Natural Tan/Black Small to X-Large (European Standard) Pair 1	Uniphar	30.00
Add	86404	Actilymph Adore Class 1 Below Knee Closed Toe Petite Length Natural Tan/Black Small to X-Large (European Standard) Pair 1	Uniphar	30.00
Add	86405	Actilymph Adore Class 1 Thigh High Closed Toe Regular Top Band Tan/Black Small to X-Large (European Standard) Pair 1	Uniphar	51.00
Add	86406	Actilymph Class 1 Below Knee Closed Toe Sand/Black Small to XX-Large (European Standard) Pair 1	Uniphar	30.00
Add	86407	Actilymph Class 1 Below Knee Closed Toe Petite Length Sand Small to X-Large (European Standard) Pair 1	Uniphar	30.00
Add	86408	Actilymph Class 1 Below Knee Open Toe Sand/Black Small to XX-Large (European Standard) Pair 1	Uniphar	30.00
Add	86409	Actilymph Class 1 Thigh High Closed Toe Wide Top Band Sand/Black Small to X-Large (European Standard) Pair 1	Uniphar	51.00
Add	86410	Actilymph Class 1 Thigh High Open Toe Regular Top Band Sand/Black Small to XX-Large (European Standard) Pair 1	Uniphar	51.00
Add	86411	Actilymph Adore Class 2 Below Knee Closed Toe Tan/Black Small to X-Large (European Standard) Pair 1	Uniphar	30.00
Add	86412	Actilymph Adore Class 2 Below Knee Petite Length Closed Toe Tan/Black Small to X-Large (European Standard) Pair 1	Uniphar	30.00
Add	86413	Actilymph Adore Class 2 Thigh High Closed Toe Regular Top Band Tan/Black Small to X-Large (European Standard) Pair 1	Uniphar	51.00
Add	86414	Actilymph Class 2 Below Knee Closed Toe Petite Length Sand sizes Small to X-Large (European Standard) Pair 1	Uniphar	30.00
Add	86415	Actilymph Class 2 Below Knee Closed Toe Sand/Black Small to X-Large (European Standard) Pair 1	Uniphar	30.00
Add	86416	Actilymph Class 2 Below Knee Open Toe Sand/Black Small to XX-Large (European Standard) Pair 1	Uniphar	30.00
Add	86417	Actilymph Class 2 Thigh High Closed Toe Wide Top Band Sand/Black Small to X-Large (European Standard) Pair 1	Uniphar	51.00
Add	86418	Actilymph Class 2 Thigh High Open Toe Regular Top Band Sand/Black Small to XX-Large (European Standard) Pair 1	Uniphar	51.00
Add	86419	Actilymph Class 2 Thigh High Open Toe Wide Top Band Sand Small to X-Large (European Standard) Pair 1	Uniphar	51.00
Add	86420	Actilymph Class 3 Closed Toe Stocking Below Knee Sand Small to X-Large (European Standard) Pair 1	Uniphar	37.50
Add	86421	Actilymph Class 3 Stocking Thigh High Open Toe Wide Top Band Sand Small to X-Large (European Standard) Pair 1	Uniphar	68.00
Add	86431	BSN Medical JOBST OPQ RAL Class 2 RTW Knee High Petite Noppe/Dotted Open Toe 00060/00065-00 00066/00071-00 (European Standard) Pair 1	Healthcare 21	30.00

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ADDITIONS TO OSTOMY & URINARY

EFFECTIVE 1ST MAY 2021

Instruction	Code	Description	Price €
Add	94207	3M Cavilon Advanced Skin Protectant 5051G4P 0.7 ml. Applicator 4	33.20
Add	94209	3M Cavilon Advanced Skin Protectant 5051G 0.7 ml. Applicator 20	166.00
Add	94210	3M Cavilon Advanced Skin Protectant 5050G4P 2.7 ml. Applicator 4	55.28
Add	94212	AMI Medical Easy Peel Support Belt with Shield 20 cm Small, Medium, Large, X Large, XX Large SPX761LW/62LW/63LW/64LW/65LW 1	80.52
Add	94215	AMI Medical Easy Peel Support Belt with Shield 20 cm Small, Medium, Large, X Large, XX Large SPX761LB/62LB/63LB/64LB/65LB 1	80.52
Add	94216	AMI Medical Easy Peel Support Belt with Shield 20 cm Small, Medium, Large, X Large, XX Large SPX761LS/62LS/63LS/64LS/65LS 1	80.52
Add	94217	AMI Medical Easy Peel Support Belt with Shield 20 cm Small, Medium, Large, X Large, XX Large SPX761RW/62RW/63RW/64RW/65RW 1	80.52
Add	94218	AMI Medical Easy Peel Support Belt with Shield 20 cm Small, Medium, Large, X Large, XX Large SPX761RB/62RB/63RB/64RB/65RB 1	80.52
Add	94219	AMI Medical Easy Peel Support Belt with Shield 20 cm Small, Medium, Large, X Large, XX Large SPX761RS/62RS/63RS/64RS/65RS 1	80.52
Add	94221	AMI Medical Easy Peel Support Belt with Shield 26 cm Small, Medium, Large, X Large, XX Large SPX771LW/72LW/73LW/74LW/75LW 1	87.33
Add	94222	AMI Medical Easy Peel Support Belt with Shield 26 cm Small, Medium, Large, X Large, XX Large SPX771LB/72LB/73LB/74LB/75LB 1	87.33
Add	94223	AMI Medical Easy Peel Support Belt with Shield 26 cm Small, Medium, Large, X Large, XX Large SPX771LS/72LS/73LS/74LS/75LS 1	87.33
Add	94224	AMI Medical Easy Peel Support Belt with Shield 26 cm Small, Medium, Large, X Large, XX Large SPX771RW/72RW/73RW/74RW/75RW 1	87.33
Add	94225	AMI Medical Easy Peel Support Belt with Shield 26 cm Small, Medium, Large, X Large, XX Large SPX771RB/72RB/73RB/74RB/75RB 1	87.33
Add	94228	AMI Medical Easy Peel Support Belt with Shield 26 cm Small, Medium, Large, X Large, XX Large SPX771RS/72RS/73RS/74RS/75RS 1	87.33
Add	94229	Aquaflush Actif Paediatric/Adult Starter Pack Water Bag & Pump AFAS 1	103.41
Add	94230	Bardex I.C., Comprehensive Care Foley Tray (Bard) D23655S12 D2365M12 D2365L12 D23655S14 D2365M14 D2365L14 D23655S16 D2365M16 D2365L16 1	17.39
Add	94232	Biocath, Comprehensive Care Foley Tray (Bard) D22655S12 D2265M12 D2265L12 D22655S14 D2265M14 D2265L14 D22655S16 D2265M16 D2265L16 1	16.08
Add	94235	Clinimed CliniFix Universal Tube Fixation Device 110 x 25 mm 40-310 10	20.57
Add	94236	Clinimed CliniFix Universal Tube Fixation Device 140 x 44 mm 40-410 10	22.49
Add	94237	Clinimed HydroFrame with Manuka Honey MHWAFH33 30	15.24
Add	94239	Clinisupplies Urlite Leg Bag 500 ml Long/T Lever Tap UL500L-LT+ 10	31.10
Add	94240	Clinisupplies Urlite Leg Bag 500 ml Long/T Slide Tap UL500L+ 10	31.10
Add	94241	Clinisupplies Urlite Leg Bag 500 ml Long/T Lever Tap UL500S-LT+ 10	31.10
Add	94243	Clinisupplies Urlite Leg Bag 500 ml Short/T Slide Tap UL500S+ 10	31.10
Add	94244	Clinisupplies Urlite Leg Bag 750 ml Long/T Slide Tap UL750L+ 10	31.10

Instruction	Code	Description	Price €
Add	94245	Clinisupplies Urlite Leg Bag 750 ml Short/T Slide Tap UL750S+ 10	31.10
Add	94246	Clinisupplies Urlite Night Bag Sterile 2 Litre 100 cm/T Lever Tap UL2000-LT+ 10	13.81
Add	94247	Clinisupplies Urlite Night Bag Sterile 2 Litre 100 cm/T Slide Tap UL2000+ 10	13.81
Add	94248	Coloplast Brava Protective Seal 18-57 mm (2.5 mm) 12036 30	69.00
Add	94249	Coloplast Brava Protective Seal 18-57 mm (4.2 mm) 12046 30	71.00
Add	94251	Coloplast Brava Protective Seal 18-64 mm (2.5 mm) 12038 30	69.00
Add	94252	Coloplast Brava Protective Seal 18-64 mm (4.2 mm) 12048 30	71.00
Add	94253	Coloplast Brava Protective Seal 18-76 mm (2.5 mm) 12032 30	69.00
Add	94254	Coloplast Brava Protective Seal 27-76 mm (2.5 mm) 12033 30	69.00
Add	94301	Coloplast SenSura Mio Click 2 Piece Urostomy System 11499/500 30	102.24
Add	94256	ConvaTec Esteem+ Flex Convex Urostomy V1 Pre Cut 25 mm/30 mm/35 mm/40 mm/45 mm 422552/53/54/55/56 10	61.38
Add	94257	ConvaTec Esteem+ Flex Convex Urostomy V2 Pre Cut 25 mm/30 mm/35 mm 422559/60/61 10	61.38
Add	94258	ConvaTec Esteem+ Flex Convex Urostomy V3 Pre Cut 20 mm/25 mm 422564/65 10	61.38
Add	94259	ConvaTec Esteem+ Soft Convex Closed V1 Pre Cut 25 mm 422527 30	107.13
Add	94260	ConvaTec Esteem+ Soft Convex Closed V1 Pre Cut 30 mm 422528 30	107.13
Add	94261	ConvaTec Esteem+ Soft Convex Closed V1 Pre Cut 35 mm/40 mm/45 mm 422529/30/31 30	107.13
Add	94262	ConvaTec Esteem+ Soft Convex Closed V2 Pre Cut 25 mm/30 mm/35 mm 422533/34/35 30	107.13
Add	94263	ConvaTec Esteem+ Soft Convex Closed V3 Pre Cut 25 mm 422538 30	107.13
Add	94268	ConvaTec Esteem+ Soft Convex Drainable V1 Pre Cut 25 mm/30 mm/35 mm/40 mm/45 mm 422539/40/41/42/43 10	49.66
Add	94270	ConvaTec Esteem+ Soft Convex Drainable V2 Pre Cut 25 mm/30 mm/35 mm 422545/46/47 10	49.66
Add	94271	ConvaTec Esteem+ Soft Convex Drainable V3 Pre Cut 25 mm 422550 10	49.66
Add	94265	ConvaTec Esteem+ Soft Convex Urostomy V1 CTF 20-47 mm 422551 10	61.38
Add	94266	ConvaTec Esteem+ Soft Convex Urostomy V2 CTF 15-40 mm 422557 10	61.38
Add	94267	ConvaTec Esteem+ Soft Convex Urostomy V3 CTF 10-28 mm 422562 10	61.38
Add	94302	Curan Advantage Female WHF08/10/12/14 30	45.90
Add	94322	Curan Advantage Male WHM10/12/14/16 30	45.90
Add	94324	Curan Advantage Unisex WHU08/10/12/14 30	45.90
Add	94272	Farco-fill Protect 342346 10	55.95

Instruction	Code	Description	Price €
Add	94273	Laker Dansac Novalife 1 Open Soft Convex Easiview 15-44 mm 981-44 (A) 10	52.37
Add	94233	Lubri-Sil, Comprehensive Care Foley Tray (Bard) D17585S12 D17585M12 D17585L12 D17585S14 D17585M14 D17585L14 D17585S16 D17585M16 D17585L16 1	17.42
Add	94275	TG Eakin Ltd. Eakin Dot 1 Piece Convex Drainable Mini CTF 15-40 mm 840200 10	57.89
Add	94276	TG Eakin Ltd. Eakin Dot 1 Piece Convex Drainable Standard CTF 15-40 mm 840201 10	57.89
Add	94278	TG Eakin Ltd. Eakin Dot 1 Piece Convex Drainable Maxi CTF 15-40 mm 840202 10	57.89
Add	94279	TG Eakin Ltd. Eakin Dot 1 Piece Convex Drainable Maxi CTF 15-60 mm 840203 10	57.89
Add	94280	TG Eakin Ltd. Eakin Dot 1 Piece Convex Drainable Standard 20 mm 840204 10	57.89
Add	94281	TG Eakin Ltd. Eakin Dot 1 Piece Convex Drainable Standard 22.5 mm 840205 10	57.89
Add	94283	TG Eakin Ltd. Eakin Dot 1 Piece Convex Drainable Standard 25 mm 840206 10	57.89
Add	94284	TG Eakin Ltd. Eakin Dot 1 Piece Convex Drainable Standard 27.5 mm 840207 10	57.89
Add	94286	TG Eakin Ltd. Eakin Dot 1 Piece Convex Drainable Standard 30 mm 840208 10	57.89
Add	94287	TG Eakin Ltd. Eakin Dot 1 Piece Convex Drainable Standard 32.5 mm 840209 10	57.89
Add	94289	TG Eakin Ltd. Eakin Dot 1 Piece Convex Drainable Standard 35 mm 840210 10	57.89
Add	94290	TG Eakin Ltd. Eakin Dot 1 Piece Convex Drainable Standard 37.5 mm 840211 10	57.89
Add	94291	TG Eakin Ltd. Eakin Dot 1 Piece Convex Drainable Standard 40 mm 840212 10	57.89
Add	94292	TG Eakin Ltd. Eakin Dot 1 Piece Flat Drainable Mini CTF 15-55 mm 840300 30	110.72
Add	94294	TG Eakin Ltd. Eakin Dot 1 Piece Flat Drainable Standard CTF 15-55 mm 840301 30	110.72
Add	94295	TG Eakin Ltd. Eakin Dot 1 Piece Flat Drainable Maxi CTF 15-55 mm 840302 30	110.72
Add	94296	TG Eakin Ltd. Eakin Dot 1 Piece Flat Drainable Maxi CTF 15-70 mm 840303 30	110.72
Add	94297	TG Eakin Ltd. Eakin Dot 1 Piece Flat Drainable Standard 20 mm 840304 30	110.72
Add	94298	TG Eakin Ltd. Eakin Dot 1 Piece Flat Drainable Standard 22.5 mm 840305 30	110.72
Add	94299	TG Eakin Ltd. Eakin Dot 1 Piece Flat Drainable Standard 25 mm 840306 30	110.72
Add	94303	TG Eakin Ltd. Eakin Dot 1 Piece Flat Drainable Standard 27.5 mm 840307 30	110.72
Add	94304	TG Eakin Ltd. Eakin Dot 1 Piece Flat Drainable Standard 30 mm 840308 30	110.72
Add	94305	TG Eakin Ltd. Eakin Dot 1 Piece Flat Drainable Standard 32.5 mm 840309 30	110.72
Add	94306	TG Eakin Ltd. Eakin Dot 1 Piece Flat Drainable Standard 35 mm 840310 30	110.72
Add	94308	TG Eakin Ltd. Eakin Dot 1 Piece Flat Drainable Standard 37.5 mm 840311 30	110.72
Add	94309	TG Eakin Ltd. Eakin Dot 1 Piece Flat Drainable Standard 40 mm 840312 30	110.72

Instruction	Code	Description	Price €
Add	94310	TG Eakin Ltd. Eakin Dot 1 Piece Flat Drainable Standard 45 mm 840313 30	110.72
Add	94312	TG Eakin Ltd. Eakin Dot 1 Piece Flat Drainable Standard 50 mm 840314 30	110.72
Add	94313	TG Eakin Ltd. Eakin Dot 1 Piece Flat Drainable Standard 55 mm 840315 30	110.72
Add	94314	Vanilla Blush Coresitwell Level 3 Hernia Support Belt VBCSWM1 up to 78 cm Small 1	63.00
Add	94316	Vanilla Blush Coresitwell Level 3 Hernia Support Belt VBCSWM2 85 cm - 95 cm Medium 1	63.00
Add	94317	Vanilla Blush Coresitwell Level 3 Hernia Support Belt VBCSWM3 95 cm - 115 cm Large 1	63.00
Add	94318	Vanilla Blush Coresitwell Level 3 Hernia Support Belt VBCSWM4 115 cm -135 cm X-Large 1	63.00
Add	94319	Vanilla Blush Coresitwell Level 3 Hernia Support Belt VBCSWM5 135 cm -148 cm XX-Large 1	63.00
Add	94320	Welland Hyperseal Washers with Manuka Honey MHWA310 30	43.97
Add	94321	Wellspect LoFric Elle Intermittent Catheter 4181225 30	56.91
		DELETIONS	
Delete	96830	Combihesive Natura Convex Insert S7624/9 5	
Delete	93019	Combihesive Natura Two Piece Drainable Pouch Standard without Filter & with InvisiClose Outlet Transparent S7441N/5N 30	
Delete	93896	Consecura Locking Flange with Micropore Surround S602/4LP 5	
Delete	93192	Consecura Stomahesive Flexible Flange S591/3LP 5	
Delete	93927	Consecura Two Piece Closed Pouch with Filter Opaque S617/9LP 30	
Delete	93258	Consecura Two Piece Drainable Pouch Opaque S607/9LP 10	
Delete	93334	Consecura Two Piece Urostomy Pouch with Accuseal Tap Opaque S656/8LP 10	
Delete	93711	Convatec Stomahesive Seal 48MM 413503/04/05 10	
Delete	94722	System 2 Night Drainage System (Non-Sterile) 2 L. S320 5	
CHANGES TO THE LIST OF OSTOMY & URINARY ITEMS			
CHANGES <u>UNDERLINED</u>			
Change	93968	Pat Coakley Aquaflush Quick Monthly Kit AFQM 1	
To Read	93968	Aquaflush <u>Lite</u> Monthly Kit <u>AFLM</u> 1	
Change	93970	Pat Coakley Aquaflush Actif Starter Pack Water Bag & Pump Kit OMOstM 1	
To Read	93970	Aquaflush Actif <u>Paediatric/Adult Monthly</u> Pack <u>AFAM</u> 1	

Change	93972	Pat Coakley Aquaflush Quick Starter Water Bag with Pump Kit AFQS 1	
To Read	93972	Aquaflush Lite Starter Kit AFLS 1	
Change	94083	Pat Coakley Medical Ltd. Stoma Stopper 100 mm (Adj) with 1 Dressing ACE8/100, ACE10/100, ACE12/100, ACE14/100 1 Stopper Pack 1	
To Read	94083	Stoma Stopper 100 mm (Adj) with 1 Dressing ACE8/100, ACE10/100, ACE12/100, ACE14/100 1 Stopper Pack 1	
Change	94201	Qufora QKSTART IrriSedo Klick Starter Set 1	
To Read	94201	Qufora QKSTART IrriSedo Klick Starter Set 59001-005 1	
Change	94203	Qufora QKCATH IrriSedo Klick Catheter Set 1	
To Read	94203	Qufora QKCATH IrriSedo Klick Catheter Set 59201-015 1	

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st April 2021

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st APRIL 2021
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Competact (Lexon UK) Film Coated Tabs. 15 mg./850 mg. 56 (A) *(Non-Proprietary Name Index: Metformin and Pioglitazone)*	S1B	30.91	30458
Coverdine (Lexon UK) Film Coated Tabs. 5 mg./1.25 mg./5 mg. 30 (A)	S1B	12.00	32513
Coverdine (Lexon UK) Film Coated Tabs. 10 mg./2.5 mg./5 mg. 30 (A)	S1B	16.79	32515
Coverdine (Lexon UK) Film Coated Tabs. 10 mg./2.5 mg./10 mg. 30 (A) *(Non-Proprietary Name Index: Perindopril, Amlodipine and Indapamide)*	S1B	17.11	32516
Dermovate (Lexon UK) Scalp Applic. 0.05% w/v Cutaneous Soln. 50 ml. Bottle x 2 (A) *(Non-Proprietary Name Index: Clobetasol)*	S1B	9.31	64878
Dianette (Lexon UK) Film Coated Tabs. 2 mg./35 mcg. 21 (A) *(Non-Proprietary Name Index: Cyproterone and Estrogen)*	S1B	4.74	36900
*ellaOne (Lexon UK) Film Coated Tabs. 30 mg. 1 (A) *(Non-Proprietary Name Index: Ulipristal)* **Note: Circular 028/17 refers*	P	15.94	35503
ExforgeHCT (Lexon UK) Film Coated Tabs. 5 mg./160 mg./12.5 mg. 28 (A)	S1B	17.47	32667
ExforgeHCT (Lexon UK) Film Coated Tabs. 10 mg./160 mg./12.5 mg. 28 (A) *(Non-Proprietary Name Index: Valsartan, Amlodipine and Hydrochlorothiazide)*	S1B	18.67	32668
Imigran (Lexon UK) Ftab. Film Coated Tabs. 100 mg. 6 (A) *(Non-Proprietary Name Index: Sumatriptan*)	S1B	29.13	32062
Isotretinoin (Rowex) Soft Caps. 20 mg. 30 (A) *(Non-Proprietary Name Index: Isotretinoin)*	S1A	7.59	32063
Lamictal (Lexon UK) Dispersible/Chewable Tabs. 25 mg. 56 (A)	S1B	13.21	32066
Lamictal (Lexon UK) Dispersible/Chewable Tabs. 50 mg. 56 (A)	S1B	19.90	32067
Lamictal (Lexon UK) Dispersible/Chewable Tabs. 100 mg. 56 (A)	S1B	35.76	32068
Lamictal (Lexon UK) Dispersible/Chewable Tabs. 200 mg. 56 (A) *(Non-Proprietary Name Index: Lamotrigine)*	S1B	64.91	32125
Mestinon (Lexon UK) Tabs. 60 mg. 200 (A) *(Non-Proprietary Name Index: Pyridostigmine)*	S1B	46.05	36700
Proscar Film Coated Tabs. 5 mg. 30 (A) *(Non-Proprietary Name Index: Finasteride*)	S1A	12.85	42661
Renvela Pdr. for Oral Susp. 0.8 G. Sachet Pack 90 (A) *Code the number of sachets dispensed* *(Non-Proprietary Name Index: Sevelamer*)	S1B	78.85	51699
Requip-Modutab (Lexon UK) Prolonged Release Tabs. 4 mg. 84 (A)	S1B	100.74	79194
Requip-Modutab (Lexon UK) Prolonged Release Tabs. 8 mg. 84 (A) *(Non-Proprietary Name Index: Ropinirole*)	S1B	196.83	79195
Rozex (Lexon UK) Gel 0.75% 30 G. (B) *(Non-Proprietary Name Index: Metronidazole)*	S1A	5.26	58991
Selectol (Lexon UK) Tabs. 200 mg. 30 (A) *(Non-Proprietary Name Index: Celiprolol)*	S1B	10.39	45563

Topamax (Lexon UK) Film Coated Tabs. 100 mg. 60 (A) *(Non-Proprietary Name Index: Topiramate*)	S1B	38.56	69992

DELETIONS

Adalat LA Tabs. 20 mg. 28	10347
Amikin Inj. 50 mg./ml. 2 ml. 5	11789
Inegy (P.C.O. Mfg.) Tabs. 10/20 mg. 28	29885
Instanyl Nasal Spray 200 mcg. 10 Dose Pack 1	73689
Prapexin Prolonged Release Tabs. 1.05 mg. 30	79107
Pregabalin (Wockhardt UK Ltd.) Hard Caps. 50 mg. 84	65442
Pregabalin (Wockhardt UK Ltd.) Hard Caps. 75 mg. 56	65444
Pregabalin (Wockhardt UK Ltd.) Hard Caps. 100 mg. 84	65446
Pregabalin (Wockhardt UK Ltd.) Hard Caps. 150 mg. 56	65448
Pregabalin (Wockhardt UK Ltd.) Hard Caps. 200 mg. 84	65450
Pregabalin (Wockhardt UK Ltd.) Hard Caps. 300 mg. 56	65452
Prosentio Tabs. 200 mg. 30	45518
Roaccutane Caps. 20 mg. 60	44642
Rocephin Inj. IM 1 G. 1	57932
Rocephin Inj. IV 250 mg. 1	57959
Sevelamer Carbonate (Rowex) Film Coated Tabs. 800 mg. 180	43901
Zileze Tabs. 3.75 mg. 28	59834

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st APRIL 2021

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Adempas Film Coated Tabs. 2 mg. 42 (A)	89068	Riociguat	1292.59	MSD Ireland (Human Health) Ltd.	United Drug
Adempas Film Coated Tabs. 2.5 mg. 42 (A)	89069	Riociguat	1292.59	MSD Ireland (Human Health) Ltd.	United Drug
Dupixent Soln. for Inj. in Pre-filled Pen 200 mg. 2 (A) *Code the number of pre-filled pens dispensed*	89072	Dupilumab	1246.16	Sanofi Aventis Ireland Ltd.	Allphar
Dupixent Soln. for Inj. in Pre-filled Pen 300 mg. 2 (A) *Code the number of pre-filled pens dispensed*	89073	Dupilumab	1246.16	Sanofi Aventis Ireland Ltd.	Allphar
Praluent Soln. for Inj. in Pre-filled Pen 75 mg./ml. 1 ml. 2 (A) *Code the number of pre-filled pens dispensed*	89070	Alirocumab	421.24	Sanofi Aventis Ireland Ltd.	Allphar/Uniphar
Praluent Soln. for Inj. in Pre-filled Pen 150 mg./ml. 1ml. 2 (A) *Code the number of pre-filled pens dispensed*	89071	Alirocumab	421.24	Sanofi Aventis Ireland Ltd.	Allphar/Uniphar
Terrosa Soln. for Inj. Starter Kit (1 x 20 mcg./80 mcl. 2.4 ml. Cartridge + 1 Pen) 1 (A) *Code the number of packs dispensed*	89066	Teriparatide	224.20	Gedeon Richter	Allphar/Uniphar
Terrosa Soln. for Inj. Cartridge 20 mcg./80 mcl. 1 (A) *Code the number of cartridges dispensed*	89067	Teriparatide	224.20	Gedeon Richter	Allphar/Uniphar

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Exjade Tabs. 125 mg. 28	88214	Deferasirox	Novartis Ireland Ltd
Exjade Tabs. 250 mg. 28	88232	Deferasirox	Novartis Ireland Ltd
Exjade Tabs. 500 mg. 28	88287	Deferasirox	Novartis Ireland Ltd
Imatinib (Wockhardt) Film Coated Tabs. 100 mg. 60	88788	Imatinib	Pinewood Healthcare
Imatinib (Wockhardt) Film Coated Tabs. 400 mg. 30	88789	Imatinib	Pinewood Healthcare

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st March 2021

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st MARCH 2021
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Artelac (P.C.O. Mfg.) Preservative Free Eye Drops Soln. 3.2 mg./ml. 0.5 ml. Single Dose Unit 60 (A) *Code the number of vials dispensed* *(Non-Proprietary Name Index: Hypromellose)*	P	9.30	19314
Astilin Film Coated Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Amitriptyline)*	S1A	2.24	79000
Differin (P.C.O. Mfg.) 0.1% w/w Cream 30 G. (B)	S1A	7.16	21017
Differin (P.C.O. Mfg.) 0.1% w/w Gel 30 G. (B) *(Non-Proprietary Name Index: Adapalene)*	S1A	7.16	21018
Dutasteride/Tamsulosin Hydrochloride (Pinewood) Hard Caps. 0.5 mg./0.4 mg. 30 (A) *(Non-Proprietary Name Index: Tamsulosin and Dutasteride)*	S1A	9.89	18761
Exforge (P.C.O. Mfg.) Film Coated Tabs. 5 mg./160 mg. 28 (A) *(Non-Proprietary Name Index: Valsartan and Amlodipine)*	S1B	13.93	32660
Femara (P.C.O. Mfg.) Film Coated Tabs. 2.5 mg. 30 (A) *(Non-Proprietary Name Index: Letrozole)*	S1A	48.85	24571
Fycompa (P.C.O. Mfg.) Film Coated Tabs. 2 mg. 7 (A)	S1B	24.61	43790
Fycompa (P.C.O. Mfg.) Film Coated Tabs. 4 mg. 28 (A) *(Non-Proprietary Name Index: Perampanel)*	S1B	106.53	43792
Janumet (iMED Healthcare Ltd.) Film Coated Tabs. 50 mg./1000 mg. 56 (A) *(Non-Proprietary Name Index: Metformin and Sitagliptin)*	S1B	35.02	29766
Losartan (Rowa) Film Coated Tabs. 50 mg. 28 (A)	S1B	2.80	32511
Losartan (Rowa) Film Coated Tabs. 100 mg. 28 (A) *(Non-Proprietary Name Index: Losartan)*	S1B	3.64	32512
Nyxoid Nasal Spray Soln. 1.8 mg. Single Dose Container 2 (A) *Code the number of containers dispensed* *(Non-Proprietary Name Index: Naloxone)*	S1A	28.58	29896
Silodosin (Accord Healthcare Ltd.) Hard Caps. 4 mg. 30 (A)	S1B	3.84	42662
Silodosin (Accord Healthcare Ltd.) Hard Caps. 8 mg. 30 (A) *(Non-Proprietary Name Index: Silodosin)*	S1B	5.05	42663
Skudexa Granules for Oral Soln. 75 mg./25 mg. Sachets 15 (A) *Code the number of sachets dispensed* *(Non-Proprietary Name Index: Tramadol Hydrochloride/Dexketoprofen)*	S1A	3.67	69802
Thorens Hard Caps. 25,000 IU 4 (A) *(Non-Proprietary Name Index: Colecalciferol)*	S1B	8.00	69803
Twynsta (P.C.O. Mfg.) Film Coated Tabs. 40 mg./5 mg. 28 (A)	S1B	14.49	42435
Twynsta (P.C.O. Mfg.) Film Coated Tabs. 80 mg./5 mg. 28 (A)	S1B	15.49	42436
Twynsta (P.C.O. Mfg.) Film Coated Tabs. 80 mg./10 mg. 28 (A) *(Non-Proprietary Name Index: Telmisartan and Amlodipine)*	S1B	16.93	42437
Zovirax (P.C.O. Mfg.) Oral Susp. 200 mg./5 ml. (2 x 62.5 ml.) 125 ml. (B) *(Non-Proprietary Name Index: Aciclovir)*	S1A	28.53	55982

DELETIONS

Accupro (P.C.O. Mfg.) Tabs. 10 mg. 30	10614
Accupro (P.C.O. Mfg.) Tabs. 20 mg. 28	10462
Antepsin Susp. 250 ml.	12742

Antepsin Tabs. 1 G. 50	12676
Azithromycin (KRKA Pharma) Film Coated Tabs. 250 mg. 6	13104
Climara Patches 3.9 mg. 4	69588
Dazonay Film Coated Tabs. 50 mg./12.5 mg./200 mg. 100	66905
Dazonay Film Coated Tabs. 75 mg./18.75 mg./200 mg. 100	66906
Dazonay Film Coated Tabs. 100 mg./25 mg./200 mg. 100	66907
Dazonay Film Coated Tabs. 125 mg./31.25 mg./200 mg. 100	66908
Dazonay Film Coated Tabs. 150 mg./37.5 mg./200 mg. 100	66909
Dazonay Film Coated Tabs. 175 mg./43.75 mg./200 mg. 100	66910
Dazonay Film Coated Tabs. 200 mg./50 mg./200 mg. 100	66911
Etoricoxib (Pinewood) Film Coated Tabs. 30 mg. 28	37017
Etoricoxib (Pinewood) Film Coated Tabs. 60 mg. 28	37018
Etoricoxib (Pinewood) Film Coated Tabs. 90 mg. 28	37019
Etoricoxib (Pinewood) Film Coated Tabs. 120 mg. 28	37020
Insuman Basal Cartridge 100 IU/ml. 3 ml. Cartridge 5	68063
Insuman Comb 50 Cartridge 100 IU/ml. 3 ml. Cartridge 5	68032
Mirtazapine (Actavis) Film Coated Tabs. 15 mg. 30	23940
Mobic Tabs. 7.5 mg. 30	33372
Mobic Tabs. 15 mg. 30	33385
Pantoprazole (P.C.O. Mfg.) Gastro-Resistant Tabs. 40 mg. 28	77307
Spasmonal Fibre Grans. 500 G.	10413
Strattera Caps. 10 mg. 7	47211
Ternaf Tabs. 250 mg. 28	49069

EXEMPT MEDICINAL PRODUCTS
DELETIONS 1st MARCH 2021

*Amitriptyline (ULM) Tabs. 10 mg. 28	20261
*Amitriptyline (ULM) Tabs. 10 mg. 50	20423

**From 1st March 2021 these items will not be reimbursed as Exempt Medicinal Products as per circular 009/10 dated April 2010.*

CHANGE/DELETIONS TO THE LIST OF REIMBURSABLE NON-DRUG ITEMS
IN THE GMS SCHEME

OSTOMY & URINARY
CHANGES UNDERLINED

Change	Alliance Pharmaceuticals Limited Lift Plus 360 50 ml. Pack 5506/5507 1	94062
To Read	Lift Plus 360 50 ml. Pack 5506/5507 Citrus Alliance Pharmaceuticals Limited 1	94062

CLINICAL/NUTRITIONAL
DELETIONS EFFECTIVE 1st MARCH 2021

Delete	Fresubin Thickened Stage 1 200 ml. Pack 1	2.40	82533
Delete	Fresubin Thickened Stage 2 200 ml. Pack 1	2.40	82543
Delete	Thick & Easy 225 G. Pack 1	5.41	82848
Delete	Thick & Easy Clear 126 G. Pack 1	7.95	81500

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st MARCH 2021

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Jyseleca Film Coated Tabs. 100 mg. 30 (A)	89059	Filgotinib	1030.75	Gilead Sciences Ltd.	Gilead Sciences Ltd.
Jyseleca Film Coated Tabs. 200 mg. 30 (A)	89060	Filgotinib	1030.75	Gilead Sciences Ltd.	Gilead Sciences Ltd.
Plegridy Soln. for Inj. in Pre-filled Syringe 125 mcg. 2 (A) *Code the number of pre-filled syringes dispensed*	89061	Peginterferon Beta-1A	881.71	Biogen Idec (Ireland) Ltd.	United Drug
Posaconazole Teva Gastro-Resistant Tabs. 100 mg. 24 (A)	89062	Posaconazole	315.39	Teva Pharmaceuticals Ireland	United Drug
Prevymis Film Coated Tabs. 240 mg. 28 (A)	89063	Letermovir	4762.39	MSD Ireland (Human Health) Ltd.	United Drug
Prevymis Film Coated Tabs. 480 mg. 28 (A)	89064	Letermovir	9360.00	MSD Ireland (Human Health) Ltd.	United Drug
Zejula Hard Caps. 100 mg. 56 (A)	89065	Niraparib	5409.13	GlaxoSmithKline (Ireland) Ltd.	GlaxoSmithKline (Ireland) Ltd.

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Zeffix Oral Soln. 5 mg./ml. 240 ml.	88261	Lamivudine	GlaxoSmithKline (Ireland) Ltd.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st February 2021

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st FEBRUARY 2021
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Amlodipine/Valsartan/Hydrochlorothiazide (KRKA Pharma) Film Coated Tabs. 5 mg./160 mg/12.5 mg. 28 (A)	S1B	8.99	24539
Amlodipine/Valsartan/Hydrochlorothiazide (KRKA Pharma) Film Coated Tabs. 5 mg./160 mg./25 mg. 28 (A)	S1B	8.68	24540
Amlodipine/Valsartan/Hydrochlorothiazide (KRKA Pharma) Film Coated Tabs. 10 mg./160 mg./12.5 mg. 28 (A)	S1B	9.85	24541
(Non-Proprietary Name Index: Amlodipine/Valsartan/Hydrochlorothiazide)			
Anapen Soln. for Inj. Pre-filled Syringe 500 mcg./0.3 ml. 2 (A)	S1B	71.64	39108
Code the number of pre-filled syringes dispensed			
(Non-Proprietary Name Index: Epinephrine)			
Levetiracetam (Thame Laboratories) Oral Soln. 100 mg./ml. 300 ml. (B)	S1B	31.97	51427
(Non-Proprietary Name Index: Levetiracetam)			
Lipercosyl Hard Caps. 10 mg./5 mg. 30 (A)	S1B	7.88	24542
Lipercosyl Hard Caps. 10 mg./10 mg. 30 (A)	S1B	11.16	24543
Lipercosyl Hard Caps. 20 mg./5 mg. 30 (A)	S1B	8.78	24544
Lipercosyl Hard Caps. 20 mg./10 mg. 30 (A)	S1B	12.06	24546
Lipercosyl Hard Caps. 40 mg./5 mg. 30 (A)	S1B	10.28	24548
Lipercosyl Hard Caps. 40 mg./10 mg. 30 (A)	S1B	13.56	24549
(Non-Proprietary Name Index: Atorvastatin/Perindopril Arginine)			
Oestrogel Actuation Gel 750 mcg. 80 G. Pump-pack 1 (A)	S1B	5.80	24550
(Non-Proprietary Name Index: Estradiol)			

CHANGE TO THE LIST OF DELETIONS ON
GMS SCHEME EFFECTIVE 1st DECEMBER 2020
ADD

Add	One-Alpha Drops 10 ml.	72488

DELETIONS

Comtess (P.C.O. Mfg.) Tabs. 200 mg. 100	18230
Elocon Lot. 30 ml.	22916
Eplerenone (Actavis) Film Coated Tabs. 25 mg. 30	30530
Fucidin Oint. 2% 15 G.	59749
Fucidin Susp. 250 mg./5 ml. 50 ml.	26190
Pantoprazole (P.C.O. Mfg.) Gastro-Resistant Tabs. 20 mg. 28	77306
Quodixor Film Coated Tabs. 150 mg. 1	52301
Rolyprexa Film Coated Tabs. 15 mg. 28	32974
Singulair Paed. Chewable Tabs. 4 mg. 28	46285
Tenoret 50 Tabs. 28	48712
Tramadol/Paracetamol Teva Film Coated Tabs. 37.5 mg./325 mg. 60	48594
Xyzal (P.C.O. Mfg.) Tabs. 5 mg. 28	52838
Zantac Tabs. 300 mg. 30	55751

DIAGNOSTICS
DELETION TO THE LIST OF NON DRUG ITEMS
EFFECTIVE 1st FEBRUARY 2021

Delete	Accu-Chek Mobile Test Cassette 100	85540

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st FEBRUARY 2021

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Baraclude (P.C.O. Mfg.) Film Coated Tabs. 0.5 mg. 30 (A)	89049	Entecavir	254.09	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.
Cinacalcet (Accordpharma) Film Coated Tabs. 30 mg. 28 (A)	89046	Cinacalcet	72.95	Accord Healthcare Ltd.	Allphar
Cinacalcet (Accordpharma) Film Coated Tabs. 60 mg. 28 (A)	89047	Cinacalcet	136.43	Accord Healthcare Ltd.	Allphar
Cinacalcet (Accordpharma) Film Coated Tabs. 90 mg. 28 (A)	89048	Cinacalcet	200.48	Accord Healthcare Ltd.	Allphar
Fulvestrant Teva Soln. for Inj. in Pre-filled Syr. 250 mg./5 ml. 2 (A) *Code the number of syringes dispensed*	89054	Fulvestrant	231.93	Teva Pharmaceuticals Ireland	United Drug
Menopur (P.C.O. Mfg.) Pdr. & Solv. for Soln. for Inj. 600 IU 1 (A) *Code the number of injections dispensed*	89055	Menotrophin	165.63	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.
Pelgraz (Originalis B.V.) Soln. for Inj. in Pre-filled Syringe 6 mg./0.6 ml. 1 (A) *Code the number of syringes dispensed*	89056	Pegfilgrastim	646.92	Originalis B.V.	RxSource Ltd.
Rinvoq Prolonged Release Tabs. 15 mg. 28 (A)	89057	Upadacitinib	910.82	AbbVie Ltd.	Uniphar

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Omnitrope Soln. for Inj. 5 mg./1.5 ml. 1.5 ml. 5	88583	Somatropin	Rowex Ltd.
Omnitrope Soln. for Inj. 10 mg./1.5 ml. 1.5 ml. 5	88584	Somatropin	Rowex Ltd.
Puregon Soln. for Inj. Cartridge 300 iu 1	88756	Follitropin beta	Merck, Sharp and Dohme Ireland Ltd.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st January 2021

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st JANUARY 2021
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Enerzair Breezhaler Inhalation Pdr. 114 mcg./46 mcg./136 mcg. Hard Caps. 30 plus 1 Inhaler (+ 1 Sensor) Complete Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Indacaterol/Glycopyrronium/Mometasone Furoate)*	S1B	48.60	42808
Maxilief Eff. Tabs. 100 (A) *(Non-Proprietary Name Index: Paracetamol, Combinations excl. Psycholeptics)*	S1B	11.64	63333
Olmesartan Medoxomil/Amlodipine/Hydrochlorothiazide (KRKA Pharma) Film Coated Tabs. 20 mg./5 mg./12.5 mg. 28 (A)	S1B	7.75	37414
Olmesartan Medoxomil/Amlodipine/Hydrochlorothiazide (KRKA Pharma) Film Coated Tabs. 40 mg./5 mg./12.5 mg. 28 (A)	S1B	8.48	37415
Olmesartan Medoxomil/Amlodipine/Hydrochlorothiazide (KRKA Pharma) Film Coated Tabs. 40 mg./5 mg./25 mg. 28 (A)	S1B	8.48	37416
Olmesartan Medoxomil/Amlodipine/Hydrochlorothiazide (KRKA Pharma) Film Coated Tabs. 40 mg./10 mg./12.5 mg. 28 (A)	S1B	8.59	37417
Olmesartan Medoxomil/Amlodipine/Hydrochlorothiazide (KRKA Pharma) Film Coated Tabs. 40 mg./10 mg./25 mg. 28 (A) *(Non-Proprietary Name Index: Olmesartan Medoxomil, Amlodipine and Hydrochlorothiazide)*	S1B	8.59	37419
Tadalafil (Accord Healthcare Ltd.) Film Coated Tabs. 10 mg. 4 (A)	S1A	1.41	17593
Tadalafil (Accord Healthcare Ltd.) Film Coated Tabs. 20 mg. 4 (A) *(Non-Proprietary Name Index: Tadalafil)* ***(Circ. 009/17 refers)***	S1A	1.51	17594

DELETIONS

Actonel (Accord Healthcare Ltd.) Film Coated Tabs. 5 mg. 28	36019
Actonel (Accord Healthcare Ltd.) Once A Week Film Coated Tabs. 35 mg. 4	36020
Alprox Tabs. 0.5 mg. 100	11462
Baratol Tabs. 50 mg. 100	79723
Capoten Tabs. 25 mg. 28	56750
Capoten Tabs. 50 mg. 28	56768
Capozide Tabs. 50/25 mg. 30	27105
Detrusitol (LTT Pharma Ltd.) Film Coated Tabs. 2 mg. 56	19692
Ebixa (P.C.O. Mfg.) Film Coated Tabs. 10 mg. 28	74507
Ebixa (P.C.O. Mfg.) Film Coated Tabs. 10 mg. 56	74563
Insuman Rapid Cartridge 100 IU/ml. 3 ml. Cartridge 5	68187
Lanvis Tabs. 40 mg. 25	84654
Nalorex Tabs. 50 mg. 28	35127
Quetiapine (Actavis) Film Coated Tabs. 300 mg. 60	46033
Sotacor Tabs. 80 mg. 30	46740
Tridestra Tabs. 91	50272
Venlafaxine TEVA Tabs. 37.5 mg. 56	79015
Venlafaxine TEVA Tabs. 75 mg. 56	79028
Vividrin Eye Drops 13.5 ml. Pack 1	53290
Zantac Tabs. Eff. 150 mg. 30	54453
Zyclara Cream 3.75% Sachets 28	78698

CHANGES TO THE LIST OF REIMBURSABLE NON DRUG ITEMS
EFFECTIVE 1st JANUARY 2021
HOSIERY
CHANGES UNDERLINED

Change	BSN Medical JOBST For Men Explore RAL Class 2 Stocking Below Knee Closed Toe Regular 79510-00024/00029-00 (European Standard) Pair 1 (A)	Healthcare 21	89509
To Read	BSN Medical JOBST For Men Explore RAL Class 2 Stocking Below Knee Closed Toe Regular 79510-00024/00029-00 (European Standard) Pair 1 (A)	Healthcare 21	<u>86510</u>

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st JANUARY 2021

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Fulvestrant (Rowex) Soln. for Inj. Pre-filled Syr. 250 mg./ml. 5 ml. 2 (A) *Code the number of injections dispensed*	89041	Fulvestrant	231.93	Rowex Ltd.	Rowex Ltd.
*Kalydeco Film Coated Tabs. 75 mg. 28 (A)	89042	Ivacaftor	6290.41	Vertex Pharmaceuticals (Europe) Ltd.	Arvato
Revestive Pdr. and Solv. for Soln. for Inj. 1.25 mg. 28 (A) *Code the number of injections dispensed*	89043	Teduglutide	8377.87	Shire Pharmaceuticals	TCP
Revestive Pdr. and Solv. for Soln. for Inj. 5 mg. 28 (A) *Code the number of injections dispensed*	89044	Teduglutide	16907.14	Shire Pharmaceuticals	TCP
*Symkevi Film Coated Tabs. 50mg./75 mg. 28 (A)	89045	Ivacaftor & Tezacaftor	7095.89	Vertex Pharmaceuticals (Europe) Ltd.	Arvato

* ***Circular 39/18 refers***

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Somavert Pdr. & Soln. for Inj. 10 mg. 30	88449	Pegvisomant	Pfizer Healthcare Ireland
Somavert Pdr. & Soln. for Inj. 15 mg. 30	88472	Pegvisomant	Pfizer Healthcare Ireland
Somavert Pdr. & Soln. for Inj. 20 mg. 1	88312	Pegvisomant	Pfizer Healthcare Ireland
Somavert Pdr. & Soln. for Inj. 20 mg. 30	88496	Pegvisomant	Pfizer Healthcare Ireland
Voriconazole (Rowex Ltd.) Film Coated Tabs. 200 mg. 28	88566	Voriconazole	Rowex Ltd.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st December 2020

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st DECEMBER 2020
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Amlodipine/Valsartan (Rowex) Film Coated Tabs. 5 mg./80 mg. 28 (A)	S1B	7.53	24534
Amlodipine/Valsartan (Rowex) Film Coated Tabs. 5 mg./160 mg. 28 (A)	S1B	8.41	24535
Amlodipine/Valsartan (Rowex) Film Coated Tabs. 10 mg./160 mg. 28 (A)	S1B	8.81	24537
(Non-Proprietary Name Index: Valsartan and Amlodipine)			
Aripiprazole (Pinewood) Tabs. 5 mg. 28 (A)	S1A	21.00	37051
Aripiprazole (Pinewood) Tabs. 10 mg. 28 (A)	S1A	21.00	37052
Aripiprazole (Pinewood) Tabs. 15 mg. 28 (A)	S1A	22.40	37053
Aripiprazole (Pinewood) Tabs. 30 mg. 28 (A)	S1A	40.60	37054
(Non-Proprietary Name Index: Aripiprazole)			
Artelac Every Day Preservative Free Hydrating Eye Drops 10 ml. Bottle 1 (A)		5.96	19311
Artelac Night Preservative Free Moisturising Eye Drops 10 ml. Bottle 1 (A)		6.46	19312
Code the number of bottles dispensed			
(Non-Proprietary Name Index: Sodium Hyaluronate)			
Metformin (Pinewood) Film Coated Tabs. 500 mg. 90 (A)	S1B	2.14	37840
Metformin (Pinewood) Film Coated Tabs. 850 mg. 60 (A)	S1B	2.26	37841
Metformin (Pinewood) Film Coated Tabs. 1000 mg. 30 (A)	S1B	1.49	37842
Metformin (Pinewood) Film Coated Tabs. 1000 mg. 60 (A)	S1B	3.00	37843
(Non-Proprietary Name Index: Metformin)			
Modafinil (Bluefish) Tabs. 100 mg. 30 (A)	S1A	23.41	45520
(Non-Proprietary Name Index: Modafinil)			
Olmesartan Medoxomil/Amlodipine/Hydrochlorothiazide (Clonmel) Film Coated Tabs. 20 mg./5 mg./12.5 mg. 28 (A)	S1B	7.75	37402
Olmesartan Medoxomil/Amlodipine/Hydrochlorothiazide (Clonmel) Film Coated Tabs. 40 mg./5 mg./12.5 mg. 28 (A)	S1B	8.48	37403
Olmesartan Medoxomil/Amlodipine/Hydrochlorothiazide (Clonmel) Film Coated Tabs. 40 mg./5 mg./25 mg. 28 (A)	S1B	8.48	37404
Olmesartan Medoxomil/Amlodipine/Hydrochlorothiazide (Clonmel) Film Coated Tabs. 40 mg./10 mg./12.5 mg. 28 (A)	S1B	8.59	37408
Olmesartan Medoxomil/Amlodipine/Hydrochlorothiazide (Clonmel) Film Coated Tabs. 40 mg./10 mg./25 mg. 28 (A)	S1B	8.59	37409
(Non-Proprietary Name Index: Olmesartan Medoxomil, Amlodipine and Hydrochlorothiazide)			
Trazodone Hydrochloride (Key Pharmaceuticals) Oral Soln. 50 mg./5 ml. 120 ml. Bottle 1 (A)	S1A	24.74	17224
Code the number of bottles dispensed			
(Non-Proprietary Name Index: Trazodone)			
*Ulipristal Acetate (Rowex) Film Coated Tabs. 30 mg. 1 (A)	P	6.58	35502
(Non-Proprietary Name Index: Ulipristal)			
**Note: Circular 028/17 refers*			

DELETIONS

Aritavi Gastro-Resistant Caps. 60 mg. 28	36960
Climara Forte Patches 7.8 mg. 4	69592
Geramox Caps. 250 mg. 500	12106
Geramox Hard Caps. 250 mg. 100	15983
Glucobay Tabs. 50 mg. 90	27745
Ilube Eye Drops 10 ml.	62124
Locoid Cream 100 G.	65943
One-Alpha Drops 10 ml.	72488

ADDITIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1st DECEMBER 2020

INSULIN INFUSION SETS

Add	YpsoPump Inset 6 mm. Soft Cannula 46 cm. (18') Tubing UL1861 10	105.00	97623
Add	YpsoPump Inset 6 mm. Soft Cannula 60 cm. (24") Tubing UL2461 10	105.00	97625
Add	YpsoPump Inset 6 mm. Soft Cannula 80 cm. (80") Tubing UL3161 10	105.00	97627
	(Code the number of pieces dispensed)		

ADDITIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1st DECEMBER 2020

OSTOMY & URINARY

Add	McEvoy Medical Nephrostomy After Care ME.CHKT01/ME.BTKT01/ME.PBKT01/ME.LBKT01 Kit 1 *(Code the number of kits dispensed)*	95.00	99105

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st DECEMBER 2020

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Decapeptyl (P.C.O. Mfg.) 6 Month Pack 22.5 mg. Pdr. and Solv. for Susp. For Inj. 1 (A) *Code the number of packs dispensed*	89037	Triptorelin	577.66	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.
Lynparza Film Coated Tabs. 100 mg. 56 (A)	89038	Olaparib	2707.56	AstraZeneca Pharmaceuticals (Ireland) Ltd.	United Drug
Lynparza Film Coated Tabs. 150 mg. 56 (A)	89039	Olaparib	2707.56	AstraZeneca Pharmaceuticals (Ireland) Ltd.	United Drug
Posaconazole Mylan (Gerard Labs.) Gastro-Resistant Tabs. 100 mg. 24 (A)	89040	Posaconazole	315.39	Gerard Laboratories	United Drug Distributors

ADDENDUM EFFECTIVE 1st NOVEMBER 2020

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Xeljanz Film Coated Tabs. 10 mg. 56 (A)	89036	Tofacitinib	1596.00	Pfizer Healthcare Ireland	United Drug Distributors

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Puregon Soln. for Inj. Cartridge 600 iu 1	88757	Follitropin Beta	Merck, Sharp & Dohme Ireland Ltd.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st November 2020

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st NOVEMBER 2020
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Aripiprazole Zentiva Tabs. 5 mg. 28 (A)	S1A	20.97	37047
Aripiprazole Zentiva Tabs. 10 mg. 28 (A)	S1A	20.97	37048
Aripiprazole Zentiva Tabs. 15 mg. 28 (A)	S1A	22.40	37049
Aripiprazole Zentiva Tabs. 30 mg. 28 (A)	S1A	40.60	37050
(Non-Proprietary Name Index: Aripiprazole)			
Atectura Breezhaler Inhalation Pdr. 125 mcg./62.5 mcg. Hard Caps. 30 plus 1 Inhaler Complete Pack 1 (A)	S1B	28.08	42804
Atectura Breezhaler Inhalation Pdr. 125 mcg./127.5 mcg. Hard Caps. 30 plus 1 Inhaler Complete Pack 1 (A)	S1B	28.08	42805
Atectura Breezhaler Inhalation Pdr. 125 mcg./260 mcg. Hard Caps. 30 plus 1 Inhaler Complete Pack 1 (A)	S1B	28.08	42806
(Code the number of packs dispensed)			
(Non-Proprietary Name Index: Indacaterol/Mometasone Furoate)			
Celecoxib (Key Pharmaceuticals) Hard Caps. 100 mg. 60 (A)	S1B	10.74	36991
Celecoxib (Key Pharmaceuticals) Hard Caps. 200 mg. 30 (A)	S1B	10.71	36992
(Non-Proprietary Name Index: Celecoxib)			
Colchicine Tiofarma (Accord Healthcare Ltd.) Tabs. 500 mcg. 100 (A)	S1A	10.53	37504
(Non-Proprietary Name Index: Colchicine)			
Dutasteride/Tamsulosin Rowa Hard Caps 0.5 mg./0.4 mg. 30 (A)	S1A	8.55	54303
(Non-Proprietary Name Index: Dutasteride/Tamsulosin)			
Enerzair Breezhaler Inhalation Pdr. 114 mcg./46 mcg./136 mcg. Hard Caps. 30 plus 1 Inhaler Complete Pack 1 (A)	S1B	48.60	42807
Code the number of packs dispensed			
(Non-Proprietary Name Index: Indacaterol/Glycopyrronium/Mometasone Furoate)			
Ezetimibe (Key Pharmaceuticals) Tabs. 10 mg. 28 (A)	S1B	9.68	37309
(Non-Proprietary Name Index: Ezetimibe)			
Fexofenadine Hydrochloride (Azure Pharmaceuticals) Film Coated Tabs. 120 mg. 30 (A)	S1B	4.04	48209
Fexofenadine Hydrochloride (Azure Pharmaceuticals) Film Coated Tabs. 180 mg. 30 (A)	S1B	5.26	48210
(Non-Proprietary Name Index: Fexofenadine)			
Irbesartan Zentiva Film Coated Tabs. 75 mg. 28 (A)	S1B	7.13	54333
Irbesartan Zentiva Film Coated Tabs. 150 mg. 28 (A)	S1B	7.92	54334
Irbesartan Zentiva Film Coated Tabs. 300 mg. 28 (A)	S1B	10.68	54335
(Non-Proprietary Name Index: Irbesartan)			
Lamzarin Prolonged Release Tabs. 30 mg. 56 (A)	S1B	3.28	69501
Lamzarin Prolonged Release Tabs. 60 mg. 28 (A)	S1B	3.40	69502
(Non-Proprietary Name Index: Gliclazide)			
Lansoprazole (Rowex) Orodispersible Tabs. 15 mg. 28 (A)	S1B	3.08	63703
Lansoprazole (Rowex) Orodispersible Tabs. 30 mg. 28 (A)	S1B	4.76	63704
(Non-Proprietary Name Index: Lansoprazole)			

Stilnoct Film Coated Tabs. 5 mg. 14 (A)	S1A	0.76	62701
Stilnoct Film Coated Tabs. 10 mg. 14 (A)	S1A	1.52	62702
(Non-Proprietary Name Index: Zolpidem)			
Tamzeltos Prolonged Release Tabs 400 mcg. 30 (A)	S1B	4.50	50303
(Non-Proprietary Name: Index: Tamsulosin)			
Zolpidem Tartrate (Key Pharmaceuticals) Film Coated Tabs. 5 mg. 28 (A)	S1A	1.43	74803
Zolpidem Tartrate (Key Pharmaceuticals) Film Coated Tabs. 10 mg. 28 (A)	S1A	2.85	74804
(Non-Proprietary Name Index: Zolpidem)			

DELETIONS

Aerobec Autohaler 50 mcg. 200 Dose Aerosol 1	12874
Aerobec Autohaler 100 mcg. 200 Dose Aerosol 1	12904
Aerobec Autohaler 250 mcg. 200 Dose Aerosol 1	13005
Audax Drops 10 ml.	13381
Bisoprolol Fumarate (Actavis) Tabs. 5 mg. 28	13813
Camcolit Tabs. 250 mg. 100	16470
Camcolit Tabs. 250 mg. 1000	16462
Instanyl Nasal Spray 200 mcg. 20 Dose Pack 1	73690
Serenace Caps. 0.5 mg. 30	45635
Seretide (P.C.O. Mfg.) Evohaler 50 mcg. 120 Dose Aerosol 1	13197
Tradol Plus Tabs. 37.5 mg./325 mg. 60	69910
Zantac Syrup 150 mg./10 ml. 300 ml.	55689
Zepholin SR Caps. 100 mg. 56	52140

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st NOVEMBER 2020

ADDITIONS

PROPRIETARY NAME INDEX	**CODE**	**NON-PROPRIETARY NAME**	**REIMBURSEMENT PRICE €**	**MANUFACTURER**	**AGENTS**
Ambrisentan (Accord Healthcare Ltd.) Film Coated Tabs. 5 mg. 30 (A)	89032	Ambrisentan	986.32	Accord Healthcare Ltd.	Uniphar/United Drug
Ambrisentan (Accord Healthcare Ltd.) Film Coated Tabs. 10 mg. 30 (A)	89033	Ambrisentan	994.40	Accord Healthcare Ltd.	Uniphar/United Drug
Decapeptyl (Originalis B.V.) 3 Month Pack Powder and Solvent for Suspension for Injection 11.25 mg. 1 (A) *Code the number of packs dispensed*	89009	Triptorelin	292.98	Originalis B.V.	RxSource Ltd.
Doptelet Film Coated Tabs. 20 mg. 10 (A)	89034	Avatrombopag	822.53	Swedish Orphan Biovitrum Ltd.	TCP Homecare
Doptelet Film Coated Tabs. 20 mg. 15 (A)	89035	Avatrombopag	1233.79	Swedish Orphan Biovitrum Ltd.	TCP Homecare
Esbriet Film Coated Tabs. 267 mg. Multipack (3 x 84) 252 (A)	89001	Pirfenidone	2427.67	Roche Products Ireland	Allphar

ADDENDUM EFFECTIVE 1st OCTOBER 2020

PROPRIETARY NAME INDEX	**CODE**	**NON-PROPRIETARY NAME**	**REIMBURSEMENT PRICE €**	**MANUFACTURER**	**AGENTS**
Kaftrio Film Coated Tabs. 75 mg./50 mg./100 mg. 56 (A)	89031	Ivacaftor/Tezacaftor/Elexacaftor	9819.18	Vertex Pharmaceuticals (Europe) Ltd.	Arvato

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Ravicti Starter Pack (1.1 G./ml. Oral Liquid 25 ml. Bottle and Oral Syringes 1 ml. 7) 1	88895	Glycerol Phenylbutyrate	Swedish Orphan Biovitrum Ltd.
Ravicti Starter Pack (1.1 G./ml. Oral Liquid 25 ml. Bottle and Oral Syringes 3 ml. 7) 1	88960	Glycerol Phenylbutyrate	Swedish Orphan Biovitrum Ltd.
Ravicti Starter Pack (1.1 G./ml. Oral Liquid 25 ml. Bottle and Oral Syringes 5 ml. 7) 1	88965	Glycerol Phenylbutyrate	Swedish Orphan Biovitrum Ltd.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st October 2020

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st OCTOBER 2020
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Dutasteride (Rowa) Soft Caps. 0.5 mg. 30 (A) *(Non-Proprietary Name Index: Dutasteride)*	S1B	9.46	54327
Eliquis (Originalis B.V.) Film Coated Tabs. 2.5 mg. 60 (A)	S1B	64.94	31468
Eliquis (Originalis B.V.) Film Coated Tabs. 5 mg. 56 (A) *(Non-Proprietary Name Index: Apixaban)*	S1B	60.35	31469
Fiasp PumpCart Soln. for Inj. Cartridge 100 units/ml. 1.6 ml. 5 (A) *Code the number of cartridges dispensed* *(Non-Proprietary Name Index: Insulin Aspart)*	S1B	15.58	43919
Mirapexin (Originalis B.V.) PR Tabs. 1.05 mg. 30 (A)	S1B	59.25	43928
Mirapexin (Originalis B.V.) PR Tabs. 2.1 mg. 30 (A) *(Non-Proprietary Name Index: Pramipexole)*	S1B	118.51	43929
Naproxen (Azure Pharmaceuticals) Gastro Resistant Tabs. 250 mg. 56 (A)	S1B	2.54	35808
Naproxen (Azure Pharmaceuticals) Gastro Resistant Tabs. 500 mg. 56 (A) *(Non-Proprietary Name Index: Naproxen)*	S1B	5.08	35809
Ozempic (Originalis B.V.) Once Weekly Soln. for Inj. in Pre-filled Pen 0.25 mg. (1 pre-filled pen, 4 needles) Pack 1 (A)	S1A	108.06	33703
Ozempic (Originalis B.V.) Once Weekly Soln. for Inj. in Pre-filled Pen 0.5 mg. (1 pre-filled pen, 4 needles) Pack 1 (A)	S1A	108.06	33704
Ozempic (Originalis B.V.) Once Weekly Soln. for Inj. in Pre-filled Pen 1 mg. (1 pre-filled pen, 4 needles) Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Semaglutide)*	S1A	108.06	33705
Requip-Modutab (Originalis B.V.) Prolonged Release Tabs. 4 mg. 84 (A)	S1B	99.91	79192
Requip-Modutab (Originalis B.V.) Prolonged Release Tabs. 8 mg. 84 (A) *(Non-Proprietary Name Index: Ropinirole)*	S1B	196.83	79193
Solian (Originalis B.V.) Film Coated Tabs. 400 mg. 60 (A) *(Non-Proprietary Name Index: Amisulpride)*	S1B	74.22	62897
Xtex Oral Soln. 250 mg./5 ml. 200 ml. (B) *(Non-Proprietary Name Index: Carbocisteine)*	P	2.19	62759

CHANGE TO THE LIST OF DELETIONS ON
GMS SCHEME EFFECTIVE 1st AUGUST 2020
ADD

Add	Flucloxacillin GAP (Athlone Labs.) Oral Soln. 125 mg./5 ml. 100 ml.	90230

DELETIONS

Aceomel Tabs. 12.5 mg. 60	13763
Adalat LA (P.C.O. Mfg.) Tabs. 20 mg. 28	10356
Alendronic Acid (WPR Healthcare) Once Weekly Tabs. 70 mg. 4	21001
Aritavi Gastro-Resistant Caps. 30 mg. 28	36959
Bisoprolol Fumarate (Actavis) Tabs. 10 mg. 28	13814
Ciproxin Tabs. 500 mg. 100	18988
Clonamp Caps. 250 mg. 100	11797
Dalacin T Top. Soln. 30 ml.	19666
Dovobet Gel 50 mcg./G. + 0.5 mg./G. 60 G. Applicator Pack 1	14090
Efudix (LTT Pharma Ltd.) Cream 5% 40 G.	36822
Eplerenone (Actavis) Film Coated Tabs. 50 mg. 30	30531
Evra Transdermal Patches 9	24437

Fucidin Cream 2% 15 G.	59250
Prapexin Prolonged Release Tabs. 2.1 mg. 30	79108
Requip-Modutab (LTT Pharma Ltd.) Prolonged Release Tabs. 8 mg. 84	79191
Salbul Inhalation Susp. 100 mcg. 200 Dose Inhaler 1	76410
Zineryt (P.C.O. Mfg.) Soln. 30 ml.	92050

DELETIONS TO THE LIST OF NON-DRUG ITEMS REIMBURSABLE IN THE GMS SCHEME EFFECTIVE 1st OCTOBER 2020

CLINICAL NUTRITIONAL PRODUCTS

Delete	Neocate Active 63 G. Sachet 15	83022
Delete	Neocate Advance 50 G. Sachet 15	81132
Delete	Neocate Advance 100 G. Sachet 10	83247
Delete	Nutilis Powder 12 G. Sachets 20	81109

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st OCTOBER 2020

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Faslodex (Originalis B.V.) Soln. for Inj. Pre-filled Syr. 250 mg./5 ml. 5 ml. 2 (A) *Code the number of syringes dispensed*	89030	Fulvestrant	567.58	Originalis B.V.	RxSource Ltd.

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Imatinib (Clonmel) Film Coated Tabs. 100 mg. 60	88571	Imatinib	Clonmel Healthcare Ltd.
Imatinib (Clonmel) Film Coated Tabs. 400 mg. 30	88572	Imatinib	Clonmel Healthcare Ltd.
Puregon Soln. for Inj. Cartridge 900 iu 1	88758	Follitropin Beta	Merck, Sharp & Dohme Ireland Ltd.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
as at 1st October 2020

DELETIONS TO THE LIST OF GMS REIMBURSEABLE ITEMS EFFECTIVE 1st SEPTEMBER 2020	
Abilify (P.C.O. Mfg.) Tabs. 30 mg. 28	12526
Accolate (P.C.O. Mfg.) Tabs. 20 mg. 56	10407
Accupro (P.C.O. Mfg.) Tabs. 5 mg. 28	10327
Acerycal (iMED Healthcare Ltd.) Tabs. 5 mg./5 mg. 30	13580
Acerycal (iMED Healthcare Ltd.) Tabs. 5 mg./10 mg. 30	13581

Acerycal (iMED Healthcare Ltd.) Tabs. 10 mg./5 mg. 30	13582
Acerycal (iMED Healthcare Ltd.) Tabs. 10 mg./10 mg. 30	13583
Acerycal (LTT Pharma Ltd.) Tabs. 10 mg./10 mg. 30	13558
Acerycal (LTT Pharma Ltd.) Tabs. 10 mg./5 mg. 30	13557
Acerycal (LTT Pharma Ltd.) Tabs. 5 mg./10 mg. 30	13556
Acerycal (LTT Pharma Ltd.) Tabs. 5 mg./5 mg. 30	13555
Actonel (LTT Pharma Ltd.) Once A Week Tabs. 35 mg. 4	13010
Acular (LTT Pharma Ltd.) Eye Drops Soln. 0.5% 5 ml.	13018
Adalat LA (LTT Pharma Ltd.) Tabs. 20 mg. 28	56378
Adalat LA (LTT Pharma Ltd.) Tabs. 30 mg. 28	56355
Adalat LA (LTT Pharma Ltd.) Tabs. 60 mg. 28	56380
Adalat Retard (LTT Pharma Ltd.) Tabs. 10 mg. 56	56385
Adalat Retard (LTT Pharma Ltd.) Tabs. 20 mg. 60	56386
Aldactone (LTT Pharma Ltd.) Film Coated Tabs. 25 mg. 100	56601
Anastrozole (WPR Healthcare) Film Coated Tabs. 1 mg. 28	21005
Arcoxia (iMED Healthcare Ltd. D.P.R.) Film Coated Tabs. 60 mg. 28	14294
Arcoxia (LTT Pharma Ltd.) Film Coated Tabs. 30 mg. 28	14235
Arcoxia (LTT Pharma Ltd.) Film Coated Tabs. 60 mg. 30	14236
Arcoxia (LTT Pharma) Film Coated Tabs. 120 mg. 28	36857
Arcoxia (LTT Pharma) Film Coated Tabs. 90 mg. 30	36856
Atorvastatin (WPR Healthcare) Film Coated Tabs. 10 mg. 28	36974
Atorvastatin (WPR Healthcare) Film Coated Tabs. 20 mg. 28	36975
Atorvastatin (WPR Healthcare) Film Coated Tabs. 40 mg. 28	36976
Atorvastatin (WPR Healthcare) Film Coated Tabs. 80 mg. 28	36977
Augmentin (P.C.O. Mfg.) Tabs. 250/125 mg. 100	13591
Augmentin-Duo (iMED Healthcare Ltd.) Susp. 400 mg./57 mg./5 ml. 35 ml.	91132
Avodart (LTT Pharma Ltd.) Soft Caps. 0.5 mg. 30	53401
Azarga (P.C.O. Mfg.) Eye Drop Susp. 10 mg./ml. + 5 mg./ml. 5 ml. Pack 1	54346
Beconase (P.C.O. Mfg.) Aqueous Nasal Spray 50 mcg. 200 Dose Aerosol 1	67214
Becotide (P.C.O. Mfg.) Evohaler 50 mcg. 200 Dose Aerosol 1	14624
Becotide (P.C.O. Mfg.) Evohaler 250 mcg. 200 Dose Aerosol 1	14705
Betagan (LTT Pharma Ltd.) Eye Drops Soln. 0.5% 5 ml.	14806
Betoptic (LTT Pharma D.P.R.) Eye Drops Soln. 0.5% 5 ml.	14410
Bettamousse (P.C.O. Mfg.) Scalp Applic. 100 G. Pack 1	15356
Byetta (P.C.O. Mfg.) Soln. for Inj., Pre-filled Pen 10 mcg. 60 Dose Pack 1	47523
Byetta (P.C.O. Mfg.) Soln. for Inj., Pre-filled Pen 5 mcg. 60 Dose Pack 1	47522
Calcichew-D3 Forte (iMED Healthcare Ltd. D.P.R.) Tabs. 500 mg. 100	15805
Calcichew-D3 Forte (LTT Pharma D.P.R.) Tabs. 500 mg. 100	15875
Calcichew-D3 Forte (LTT Pharma) Tabs. 500 mg. 60	36867
Calcichew-D3 Forte (P.C.O. Mfg.) Tabs. 100	15870
Campral EC (LTT Pharma Ltd.) Tabs. 333 mg. 84	15932
Canesten HC (LTT Pharma Ltd.) Cream 30 G.	70223
Capoten (P.C.O. Mfg.) Tabs. 25 mg. 30	16841
Capoten (P.C.O. Mfg.) Tabs. 50 mg. 30	16897
Cardicor (iMED Healthcare Ltd.) Film Coated Tabs. 1.25 mg. 28	16104
Cardicor (iMED Healthcare Ltd.) Film Coated Tabs. 2.5 mg. 28	16105
Cardicor (LTT Pharma D.P.R.) Tabs. 1.25 mg. 28	17403
Cardicor (LTT Pharma D.P.R.) Tabs. 2.5 mg. 28	17404
Cardicor (LTT Pharma D.P.R.) Tabs. 3.75 mg. 28	17405
Cardicor (LTT Pharma D.P.R.) Tabs. 7.5 mg. 28	17406
Cardura (LTT Pharma Ltd.) XL Tabs. 4 mg. 28	16408
Cardura XL (LTT Pharma Ltd.) Tabs. 8 mg. 28	16405
Cardura XL (P.C.O. Mfg.) Tabs. 4 mg. 28	16236

Cardura XL (P.C.O. Mfg.) Tabs. 4 mg. 30	16350
Cardura XL (P.C.O. Mfg.) Tabs. 8 mg. 30	16392
Cerazette (iMED Healthcare Ltd.) Film Coated Tabs. 75 mcg. 28	30713
Champix (Lexon UK) Tabs. 2 Week Starter Pack 1	34650
Citalopram (WPR Healthcare) Film Coated Tabs. 20 mg. 28	54301
Combivent (P.C.O. Mfg.) Soln. 2.5 ml. Unit Dose Vial 20	18459
Cordarone X (LTT Pharma Ltd.) Tabs. 200 mg. 28	13111
Cosopt (LTT Pharma Ltd.) Eye Drops Soln. 20 mg./ml. + 5 mg./ml. 5ml.	18515
Coversyl Arginine (iMED Healthcare Ltd.) Tabs. 5 mg. 30	19500
Coversyl Arginine (iMED Healthcare Ltd.) Tabs. 10 mg. 30	19501
Coversyl Arginine (LTT Pharma Ltd.) Film Coated Tabs. 5 mg. 30	68346
Cozaar-Comp (P.C.O. Mfg.) Tabs. 100 mg./25 mg. 28	19061
Creon 10,000 (LTT Pharma Ltd.) Caps. 100	18912

Creon 25,000 (LTT Pharma Ltd.) Caps. 100	18913
Creon 25,000 (LTT Pharma Ltd.) Gastro-Resistant Caps. 50	19206
Crinone (LTT Pharma Ltd.) 8% Vag. Gel Applicator 15	54350
Dalacin (LTT Pharma Ltd.) Cream 2% c. Applicator 40 G. Pack 1	19686
Dianette (iMED Healthcare Ltd.) Film Coated Tabs. 21	20710
Dianette (LTT Pharma Ltd.) Film Coated Tabs. 21	36895
Differin (LTT Pharma Ltd.) Cream 0.1% 30 G.	21015
Differin (LTT Pharma Ltd.) Gel 0.1% 30 G.	21016
Diprosalic (LTT Pharma Ltd.) Scalp Application 100 ml.	36896
Ditropan (LTT Pharma Ltd.) Tabs. 5 mg. 84	21501
Dolmatil (LTT Pharma Ltd.) Film Coated Tabs. 400 mg. 100	13350
Dolmatil (LTT Pharma Ltd.) Tabs. 200 mg. 100	13349
Dostinex (LTT Pharma Ltd.) Tabs. 0.5 mg. 8	54353
Dovobet (Lexon UK Ltd.) Gel 50 mcg./G. + 0.5 mg./G. (30 G. Bottle x 2) Treatment Pack 1	13483
Dovobet (P.C.O. Mfg.) Gel 50 mcg./G. + 0.5 mg./G. 60 G.	44630
Efexor (P.C.O. Mfg.) Tabs. 37.5 mg. 28	22970
Efexor (P.C.O. Mfg.) Tabs. 75 mg. 28	23785
Escitalpro (WPR Healthcare) Film Coated Tabs. 10 mg. 28	31202
Escitalpro (WPR Healthcare) Film Coated Tabs. 20 mg. 28	31303
Escitalpro (WPR Healthcare) Film Coated Tabs. 5 mg. 28	31201
Evra (P.C.O. Mfg.) Transdermal Patches 3	24443
Flixotide (LTT Pharma Ltd.) Evohaler 125 mcg. 120 Dose Aerosol 1	36831
Flixotide (LTT Pharma Ltd.) Evohaler 250 mcg. 120 Dose Aerosol 1	36841
Fosamax (P.C.O. Mfg.) Once Weekly Tabs. 70 mg. 4	25987
Fosavance (P.C.O. Mfg.) Tabs. 70 mg./2800 iu 4	75321
Ideos (LTT Pharma Ltd.) Chewable Tabs. 500 mg./400 IU 60	28905
Ikorel (LTT Pharma Ltd.) Tabs. 10 mg. 60	28715
Ikorel (LTT Pharma Ltd.) Tabs. 20 mg. 60	28716
Imigran (LTT Pharma Ltd.) Ftab Film Coated Tabs. 100 mg. 6	32003
Imigran (LTT Pharma Ltd.) Ftab. Film Coated Tabs. 50 mg. 6	32002
Implanon NXT (LTT Pharma Ltd.) Implant Pack 68 mg. Pack 1	28803
Isoptin SR (LTT Pharma Ltd.) Tabs. 240 mg. 30	13258
Istin (iMED Healthcare Ltd.) Tabs. 5 mg. 28	29140
Ixprim (LTT Pharma Ltd.) Film Coated Tabs. 37.5 mg./325 mg. 60	29006
Keral (P.C.O. Mfg.) Film Coated Tabs. 25 mg. 50	22910
Lamictal (LTT Pharma Ltd.) Tabs. 200 mg. 56	39235
Lamictal (LTT Pharma Ltd.) Tabs. 50 mg. 56	39268
Lescol XL (LTT Pharma Ltd.) Tabs. 80 mg. 28	77106
Lexapro (P.C.O. Mfg.) Tabs. 5 mg. 28	31324
Lipantil Supra (LTT Pharma Ltd.) Film Coated Tabs. 145 mg. 30	31607
Lipitor (LTT Pharma Ltd.) Tabs. 10 mg. 28	41863
Lipitor (LTT Pharma Ltd.) Tabs. 20 mg. 28	41864
Lipitor (LTT Pharma Ltd.) Tabs. 40 mg. 28	41865
Lipitor (LTT Pharma Ltd.) Tabs. 80 mg. 28	41866
Lisinopril (WPR Healthcare) Tabs. 5 mg. 28	52378
Livial (Lexon UK Ltd.) Tabs. 2.5 mg. 30	36928
Loceryl (LTT Pharma Ltd.) Nail Lacquer 5 ml.	31450

Logynon (iMED Healthcare Ltd.) Tabs. 21	77505
Logynon (LTT Pharma Ltd.) Tabs. 21	31820
Losec (P.C.O. Mfg.) Caps. 20 mg. 14	32135
Losec MUPS (LTT Pharma Ltd.) Tabs. 10 mg. 28	65575
Losec MUPS (LTT Pharma Ltd.) Tabs. 20 mg. 28	65576
Lumigan (P.C.O. Mfg.) Eye Drops Soln. 0.3 mg./ml. 3 ml.	15701
Lustral (LTT Pharma Ltd.) Tabs. 100 mg. 28	13271
Lustral (LTT Pharma Ltd.) Tabs. 50 mg. 28	13270
Meloxicam (WPR Healthcare) Tabs. 15 mg. 30	52383
Meloxicam (WPR Healthcare) Tabs. 7.5 mg. 30	52381
Mestinon (LTT Pharma Ltd.) Tabs. 60 mg. 200	33865
Mezavant XL (LTT Pharma) Gastro-Resistant Prolonged Release Tabs. 1200 mg. 60	36879
Midon (LTT Pharma Ltd.) Tabs. 2.5 mg. 100	34455
Midon (P.C.O. Mfg.) Tabs. 2.5 mg. 100	34404
Mobic (P.C.O. Mfg.) Tabs. 15 mg. 30	33427
Mobic (P.C.O. Mfg.) Tabs. 7.5 mg. 20	33416
Montelukast (WPR Healthcare) Chewable Tabs. 4 mg. 28	45110
Montelukast (WPR Healthcare) Chewable Tabs. 5 mg. 28	45111
Montelukast (WPR Healthcare) Film Coated Tabs. 10 mg. 28	45123

Movicol (LTT Pharma Ltd.) 13 G. Powder Sachets 20	53734
Movicol (LTT Pharma Ltd.) 13 G. Powder Sachets 30	36936
Multaq (P.C.O. Mfg.) Twice Daily Film Coated Tabs. 400 mg. 60	32615
Neoral (P.C.O. Mfg.) Caps 100 Mg 30 pack	88728
Neoral (P.C.O. Mfg.) Caps 100 Mg 50 pack	88106
Neoral (P.C.O. Mfg.) Caps 25 Mg	88104
Neoral (P.C.O. Mfg.) Caps 50 Mg	88105
NEURONTIN (iMED Healthcare Ltd.) Hard Caps. 100 mg. 100	61448
Neurontin (iMED Healthcare Ltd.) 300 mg. 100	61449
Neurontin (iMED Healthcare Ltd.) Film Coated Tabs. 600 mg. 100	61452
Nexium (LTT Pharma Ltd.) Gastro Resistant Tabs. 40 mg. 28	61405
Nitrolingual (LTT Pharma D.P.R.) Pump Spray 400 mcg. 200 Dose Pack 1	42442
Nitrolingual (P.C.O. Mfg. D.P.R.) Pump Spray 400 mcg. 200 Dose Pack 1	42449
Omeprazole (WPR Healthcare) Gastro-Resistant Hard Caps. 10 mg. 28	65369
Omeprazole (WPR Healthcare) Gastro-Resistant Hard Caps. 20 mg. 28	65370
Omeprazole (WPR Healthcare) Gastro-Resistant Hard Caps. 40 mg. 28	65372
One-Alpha (LTT Pharma) Caps. 1 mcg. 30	36881
Plavix (P.C.O. Mfg.) Tabs. 75 mg. 28	40115
Pravastatin Sodium (WPR Healthcare) Tabs. 10 mg. 28	60505
Pravastatin Sodium (WPR Healthcare) Tabs. 20 mg. 28	60506
Pravastatin Sodium (WPR Healthcare) Tabs. 40 mg. 28	60507
Prolia (P.C.O. Mfg.) Soln. for Inj. in a Pre-filled Syringe 60 mg./ml. 1 ml. Pack 1	52697
Proscar (LTT Pharma Ltd.) Film Coated Tabs. 5 mg. 28	42605
Protelos (Lexon UK Ltd.) Grans. Sachets 2 G. 28	43101
Protelos (P.C.O. Mfg.) Grans. Sachets 2 G. 28	43260
Protium (iMED Healthcare Ltd.) Tabs. 20 mg. 28	43341
Protium (iMED Healthcare Ltd.) Tabs. 40 mg. 28	43376
Protium (LTT Pharma Ltd.) Tabs. 20 mg. 28	43569
Protium (LTT Pharma Ltd.) Tabs. 20 mg. 28	43570
Protopic (P.C.O. Mfg.) Oint 0.03% 60 G.	66344
Protopic (P.C.O. Mfg.) Oint. 0.1% 60 G.	66360
Provigil (LTT Pharma Ltd.) Tabs. 100 mg. 30	44508
Prozac (LTT Pharma D.P.R.) Caps. 20 mg. 30	43497
Puri-Nethol (LTT Pharma Ltd) Tabs. 50 mg. 25	52863
Rasilez (P.C.O. Mfg.) Film Coated Tabs. 300 mg. 28	48963
Rasilez (P.C.O. Mfg.) Tabs. 150 mg. 28	68230
Regurin (LTT Pharma Ltd.) Film Coated Tabs. 20 mg. 60	43410
Relifex (P.C.O. Mfg.) Tabs. 500 mg. 56	43902
Renagel (P.C.O. Mfg.) Tabs. 800 mg. 180	43926
Requip-Modutab (LTT Pharma Ltd.) Prolonged Release Tabs. 2 mg. 84	79190
Risperdal (P.C.O. Mfg.) Tabs. 0.5 mg. 20	44362

Risperdal (P.C.O. Mfg.) Tabs. 6 mg. 30	44252
Risperdal Consta (P.C.O. Mfg. D.P.R.) Inj. 25 mg. Pdr. c. 2 ml. Diluent Pack 1	45522
Risperdal Consta (P.C.O. Mfg. D.P.R.) Inj. 37.5 mg. Pdr. c. 2 ml. Diluent Pack 1	45523
Risperdal Consta (P.C.O. Mfg. D.P.R.) Inj. 50 mg. Pdr. c. 2 ml. Diluent Pack 1	45524
Scheriproct (P.C.O. Mfg.) Oint 30 G.	45395
Selectol (LTT Pharma Ltd.) Tabs. 200 mg. 28	45516
Selectol (LTT Pharma Ltd.) Tabs. 400 mg. 28	45517
Seretide (LTT Pharma Ltd.) Diskus 50 mcg./500 mcg. 60 Blisters Complete Pack 1	19865
Seretide Diskus (LTT Pharma Ltd.) 50 mcg./250 mcg. 60 Blisters Complete Pack 1	72805
Seroquel (iMED Healthcare Ltd.) Film Coated Tabs. 100 mg.60	56874
Seroxat (LTT Pharma Ltd.) Film Coated Tabs. 30 mg. 30	60317
Seroxat (P.C.O. Mfg.) Tabs. 20 mg. 28	45253
Sinemet Plus (P.C.O. Mfg.) Tabs. 25 mg./100 mg. 100	13200
Sinemet-Plus (LTT Pharma Ltd.) Tabs. 25 mg./100 mg. 90	46116
Singulair (LTT Pharma Ltd.) Film Coated Tabs. 10 mg. 28	62434
Solaraze (P.C.O. Mfg.) Gel 3% 50 G.	13203
Solian (LTT Pharma Ltd.) Film Coated Tabs. 400 mg. 60	46630
Solian (LTT Pharma Ltd.) Tabs. 100 mg. 60	46615
Solian (LTT Pharma Ltd.) Tabs. 200 mg. 60	46616
Solian (LTT Pharma Ltd.) Tabs. 50 mg. 60	46614
Spasmonal (LTT Pharma Ltd.) Caps. 60 mg. 100	46704
Spasmonal Forte (LTT Pharma Ltd.) Caps. 120 mg. 60	46710
Strattera (P.C.O. Mfg. D.P.R.) Caps. 10 mg. 28	13210
Strattera (P.C.O. Mfg. D.P.R.) Caps. 25 mg. 28	13211
Strattera (P.C.O. Mfg. D.P.R.) Caps. 40 mg. 28	13213

Symbicort Turbohaler (LTT Pharma Ltd.) 200 mcg./6 mcg. 120 Dose Inhaler 1	41065
Symbicort Turbohaler (LTT Pharma Ltd.) 400 mcg./12 mcg. 60 Dose Inhaler 1	41183
Tambocor (LTT Pharma Ltd.) Tabs. 50 mg. 60	49096
Telfast (LTT Pharma Ltd.) Tabs. 120 mg. 30	48293
Teveten (LTT Pharma Ltd.) Film Coated Tabs. 400 mg. 56	49502
Teveten (LTT Pharma Ltd.) Film Coated Tabs. 600 mg. 28	49503
Teveten (P.C.O. Mfg.) Tabs. 600 mg. 28	49461
Transtec (P.C.O. Mfg.) Transdermal Patches 35 mcg./hour 4	72365
Transtec (P.C.O. Mfg.) Transdermal Patches 52.5 mcg./hour 4	72371
Transtec (P.C.O. Mfg.) Transdermal Patches 70 mcg./hour 4	72383
Traxam (P.C.O. Mfg.) Gel 3% 100 G.	50413
Triapin (LTT Pharma Ltd.) Prolonged Release Tabs. 5 mg./5 mg. 28	50107
Trosyl (LTT Pharma Ltd.) Nail Soln. 283 mg./ml. 12 ml.	36912
Trusopt (P.C.O. Mfg. D.P.R.) Eye Drops 2% 5 ml.	57560
Ventolin Evohaler (P.C.O. Mfg.) 100 mcg. 200 Dose Aerosol	63516
Vermox (LTT Pharma Ltd.) Oral Susp. 100 mg./5 ml. 30 ml.	73906
Vermox (LTT Pharma Ltd.) Tabs. 100 mg. 6	73914
Versatis (LTT Pharma Ltd.) Medicated Plasters 5% 30	13096
Vesitirim (LTT Pharma Ltd.) Film Coated Tabs. 5 mg. 30	70521
Vfend (P.C.O. Mfg.) Tabs 200 Mg	88258
Vimpat (P.C.O. Mfg.) Film Coated Tabs. 200 mg. 56	13227
Xalatan (LTT Pharma Ltd.) 0.005% w/v Eye Drops Soln. 2.5 ml. Pack 1	49373
Xanax (P.C.O. Mfg.) Tabs. 0.5 mg. 100	54031
Xatral (Lexon UK Ltd.) Film Coated Tabs. 2.5 mg. 60	13364
Xatral (LTT Pharma Ltd.) Prolonged Release Tabs. 10 mg. 30	53512
Xeloda (P.C.O. Mfg.) Tabs 500 Mg	88387
Xeplion (P.C.O. Mfg.) Susp. for Inj. in Pre-filled Syringe 150 mg. Pack 1	34221
Xyzal (LTT Pharma Ltd.) Film Coated Tabs. 5 mg. 30	70682
Xyzal (LTT Pharma Ltd.) Oral Soln. 0.5 mg./ml. 200 ml.	74785
Zanidip (iMED Healthcare Ltd.) Film Coated Tabs. 10 mg. 28	63821
Zanidip (iMED Healthcare Ltd.) Tabs. 20 mg. 28	63830
Zanidip (LTT Pharma Ltd.) Tabs. 10 mg. 28	63817
Zanidip (LTT Pharma Ltd.) Tabs. 20 mg. 28	63818
Zanidip (P.C.O. Mfg.) Tabs. 10 mg. 28	63811
Zanidip (P.C.O. Mfg.) Tabs. 20 mg. 28	63834

Zantac (LTT Pharma Ltd.) Syrup 150 mg./10 ml. 300 ml.	49823
Zantac (LTT Pharma Ltd.) Tabs. 150 mg. 60	55702
Zantac (LTT Pharma Ltd.) Tabs. 300 mg. 30	55703
Zestoretic (LTT Pharma Ltd.) Tabs. 10 mg./12.5 mg. 28	52207
Zestoretic (LTT Pharma Ltd.) Tabs. 20 mg./12.5 mg. 28	52208
Zestril (LTT Pharma Ltd.) Tabs. 20 mg. 28	58411
Zestril (LTT Pharma Ltd.) Tabs. 5 mg. 28	58410
Zineryt (LTT Pharma Ltd.) Powder & Solvent for Soln. 40 mg./12 mg./ml. 30 ml.	51236
Zinnat (LTT Pharma Ltd.) Film Coated Tabs. 500 mg. 14	59876
Zoton (LTT Pharma Ltd.) FasTab Tabs. 15 mg. 28	71040
Zoton (LTT Pharma Ltd.) FasTab Tabs. 30 mg. 28	71041
Zydol (P.C.O. Mfg.) Caps. 50 mg. 100	45386
Zyprexa (P.C.O. Mfg.) Tabs. 15 mg. 28	71701
Zyprexa (P.C.O. Mfg.) Tabs. 7.5 mg. 56	71666

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st September 2020

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st SEPTEMBER 2020
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Aciclovir Agepha Eye Oint. 30 mg./G. 4.5 G. Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Aciclovir)*	S1A	19.44	74867
Altavita D3 Soft Caps. 50000 IU 3 (A) *(Non-Proprietary Name Index: Colecalciferol)*	S1B	10.95	30006
Amorolfine (Bluefish) Medicated Nail Lacquer 5% 5 ml. (B) *(Non-Proprietary Name Index: Amorolfine)*	S1B	9.34	31467
Doxycycline (Bluefish) Caps. 100 mg. 30 (A) *(Non-Proprietary Name Index: Doxycycline)*	S1A	7.45	62904
Utrogestan Vaginal Soft Caps. 200 mg. c Applicator 21 (A) *(Non-Proprietary Name Index: Progesterone)*	S1A	20.52	58492

DELETIONS

Aripiprazole Sandoz (Rowex) Tabs. 30 mg. 28	36973
Byetta Soln. for Inj., Pre-filled Pen 10 mcg. 60 Dose Pack 1	47515
Captor Tabs. 12.5 mg. 60	68556
Ezetimibe (Apotex) Tabs. 10 mg. 28	36766
Sertraline (Actavis) Film Coated Tabs. 50 mg. 28	60211

CHANGES TO THE LIST OF REIMBURSABLE NON DRUG ITEMS
EFFECTIVE 1st SEPTEMBER 2020
HOSIERY
CHANGES UNDERLINED

Change	BSN Medical JOBST Bellavar RAL Class 2 Tights RTW Petite Open Toe 77577-00020/21/22/23-00 (European Standard) Pair 1	Healthcare 21	86108
To Read	BSN Medical JOBST <u>Classic</u> RAL Class 2 Tights Petite Open Toe <u>Sand 79488-18/19/20/21/22/23</u> Pair 1	Healthcare 21	86108
Change	BSN Medical JOBST Bellavar RAL Class 2 Tights RTW Regular Open Toe 77576-00008/09/10/11/12/13-00 (European Standard) Pair 1	Healthcare 21	86109
To Read	BSN Medical JOBST <u>Classic</u> RAL Class 2 Tights Regular Open Toe <u>Sand 79489-18/19/20/21/22/23</u> Pair 1	Healthcare 21	86109
Change	BSN Medical JOBST Bellavar RAL Class 3 Tights RTW Petite Open Toe 77588-00000/1/2/3/4/5-00 (European Standard) Pair 1	Healthcare 21	86110
To Read	BSN Medical JOBST <u>Classic</u> RAL Class 3 Tights Petite Open Toe <u>Sand 73537-12/13/14/15/16/17</u> Pair 1	Healthcare 21	86110
Change	BSN Medical JOBST Bellavar RAL Class 3 Tights RTW Regular Open Toe 77587-00000/1/2/3/4/5-00 (European Standard) Pair 1	Healthcare 21	86111
To Read	BSN Medical JOBST <u>Classic</u> RAL Class 3 Tights Regular Open Toe <u>Sand 73538-12/13/14/15/16/17</u> Pair 1	Healthcare 21	86111

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st SEPTEMBER 2020

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Posaconazole (Clonmel) Gastro-Resistant Tabs. 100 mg. 24 (A)	89029	Posaconazole	315.39	Clonmel Healthcare Ltd.	Clonmel Healthcare Ltd.

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Ammonaps Grans. 940 mg./G. 266 G.	88237	Sodium Phenylbutyrate	Immedica Pharma AB
Bonefos Tabs. 800 mg. 60	88006	Clodronic acid	Bayer (Ireland) Ltd.
Orgalutran Soln. for Inj. Pre-filled Syringe 0.25 mg./0.5 ml. 1	88760	Ganirelix	Merck, Sharp & Dohme Ireland Ltd.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
as at 1st September 2020

DELETIONS TO THE LIST OF GMS REIMBURSEABLE ITEMS EFFECTIVE 1st AUGUST 2020	
Abilify (B & S Healthcare) Oral Soln. 1 mg./1 ml. 150 ml.	13232
Abilify (B & S Healthcare) Tabs. 5 mg. 28	10302
Abilify (B & S Healthcare) Tabs. 10 mg. 28	10324
Abilify (B & S Healthcare) Tabs. 15 mg. 28	10397
Abilify (Clear Pharmacy) Tabs. 5 mg. 28	17218
Abilify (Clear Pharmacy) Tabs. 10 mg. 28	17219
Abilify (Clear Pharmacy) Tabs. 15 mg. 28	17220
Abilify (Clear Pharmacy) Tabs. 30 mg. 28	17221
Accupro (B & S Healthcare) Tabs. 10 mg. 30	13233
Accupro (B & S Healthcare) Tabs. 20 mg. 14	10241
Accupro (B & S Healthcare) Tabs. 5 mg. 28	10219
Acerycal (Clear Pharmacy) Tabs. 5 mg./5 mg. 30	11829
Acerycal (Clear Pharmacy) Tabs. 5 mg./10 mg. 30	11830
Acerycal (Clear Pharmacy) Tabs. 10 mg./5 mg. 30	11831
Acerycal (Clear Pharmacy) Tabs. 10 mg./10 mg. 30	11832
Activelle (B & S Healthcare) Tabs. 28	10437
Actonel (B & S Healthcare) Once A Week Tabs. 35 mg. 4	10728
Actonel (B & S Healthcare) Tabs. 5 mg. 28	10564
Actonel (Clear Pharmacy) Once A Week Tabs. 35 mg. 4	12002
Actonel Once A Week (Primecrown 2010 Ltd.) Tabs. 35 mg. 4	10924
Actonel Plus (B & S Healthcare) Ca & D Treatment Pack 1	10740
Actos (B & S Healthcare) Tabs. 15 mg. 28	10690
Actos (B & S Healthcare) Tabs. 30 mg. 28	10579
Adalat (B & S Healthcare) Retard Tabs. 20 mg. 30	10813
Adalat (B & S Healthcare) Retard Tabs. 20 mg. 60	10842
Adalat LA (B & S Healthcare) Tabs. 20 mg. 14	10601
Adalat LA (B & S Healthcare) Tabs. 20 mg. 28	10657
Adalat LA (B & S Healthcare) Tabs. 30 mg. 14	10743
Adalat LA (B & S Healthcare) Tabs. 30 mg. 28	10310
Adalat LA (B & S Healthcare) Tabs. 60 mg. 14	10779
Adalat LA (B & S Healthcare) Tabs. 60 mg. 28	10362
Adalat LA (Clear Pharmacy) Tabs. 20 mg. 28	56059
Adalat LA (Clear Pharmacy) Tabs. 30 mg. 28	56301
Adalat LA (Clear Pharmacy) Tabs. 60 mg. 28	56060
Aldara (B & S Healthcare) 5% Cream 12.5 mg. Sachets 12	11008
Aldara (Pharmaram Ltd.) Cream 5% 12.5 mg. Sachets 12	11638
Aldara (Waymade Healthcare Plc) 5% Cream 12.5 Mg. Sachets 12	11625
Alphagan (B & S Healthcare D.P.R.) Eye Drops 0.2% 5 ml.	11308
Alphagan (Clear Pharmacy D.P.R.) Eye Drops 0.2% 5 ml.	11336
Amaryl (B & S Healthcare) Tabs. 2 mg. 30	12707
Amaryl (B & S Healthcare) Tabs. 2 mg. 60	12918
Amaryl (B & S Healthcare) Tabs. 3 mg. 30	12922
Aprovel (B & S Healthcare) Tabs. 150 mg. 28	12015
Aprovel (B & S Healthcare) Tabs. 300 mg. 28	12059
Aprovel (B & S Healthcare) Tabs. 75 mg. 28	12027
Aprovel (Waymade Healthcare Plc) Tabs. 150 Mg. 28	12272
Aprovel (Waymade Healthcare Plc) Tabs. 300 Mg. 28	12273
Aprovel (Waymade Healthcare PLC) Tabs. 75 mg. 28	12271
Arava (Pharmaram Ltd.) Tabs. 20 mg. 30	12883
Arcoxia (B & S Healthcare D.P.R.) Tabs. 60 mg. 28	14255
Arcoxia (B & S Healthcare D.P.R.) Tabs. 90 mg. 28	14256
Arcoxia (B & S Healthcare D.P.R.) Tabs. 120 mg. 28	14232
Arcoxia (B & S Healthcare) Tabs. 30 mg. 28	13238
Arcoxia (Clear Pharmacy D.P.R.) Film Coated Tabs. 120 mg. 7	13025
Arcoxia (Clear Pharmacy D.P.R.) Film Coated Tabs. 120 mg. 28	14288
Arcoxia (Clear Pharmacy) Tabs. 60 mg. 28	14269
Arcoxia (Clear Pharmacy) Tabs. 90 mg. 28	14270
Arcoxia (G & A Licensing Ltd.) Tabs. 60 mg. 20	14226
Arcoxia (G & A Licensing Ltd.) Tabs. 90 mg. 20	14227
Aricept (B & S Healthcare) Tabs. 5 mg. 28	13201

Aricept (B & S Healthcare) Tabs. 10 mg. 28	13224
Aricept (Clear Pharmacy) Tabs. 5 mg. 28	13228
Aricept (Clear Pharmacy) Tabs. 10 mg. 28	13229
Arimidex (Clear Pharmacy) Tabs. 1 mg. 28	12984
Asasantin (B & S Healthcare) Retard Caps. 200 mg./25 mg. 60	13133
Atacand (B & S Healthcare) Tabs. 4 mg. 14	13068
Atacand (B & S Healthcare) Tabs. 4 mg. 28	13070
Atacand (B & S Healthcare) Tabs. 8 mg. 28	13084
Atacand (B & S Healthcare) Tabs. 16 mg. 14	13050
Atacand (B & S Healthcare) Tabs. 16 mg. 28	13071
Atacand Plus (B & S Healthcare) Tabs. 16/12.5 mg. 14	13479
Atacand Plus (G & A Licensing Ltd.) Tabs. 16/12.5 mg. 28	15402
Augmentin-Duo (B & S Healthcare) Susp. 400 mg./57 mg./5 ml. 70 ml.	91127
Augmentin-Duo (B & S Healthcare) Tabs. 500/125 mg. 12	11814
Avamys (B & S Healthcare) Nasal Spray Susp. 27.5 mcg. 120 Dose Pack 1	13239
Avamys (Clear Pharmacy) Nasal Spray Susp. 27.5 mcg. 120 Dose Pack 1	53638
Avodart (B & S Healthcare) Soft Caps. 0.5 mg. 30	53654
Avodart (Clear Pharmacy) Soft Caps 0.5 mg. 30	53666
Azarga (B & S Healthcare) Eye Drop Susp. 10 mg./ml. + 5 mg./ml. 5 ml. Pack 1	13240
Azarga (Waymade Healthcare Plc) Eye Drop Susp. 10 mg./ml. + 5 mg./ml. 5 ml. Pack 1	53559
Azilect (Clear Pharmacy) Tabs. 1 mg. 28	13170
Azopt (B & S Healthcare) Eye Drops Susp. 10 mg./ml. 5 ml.	50803
Azopt (Pharmaram Ltd.) Eye Drops Susp. 10 mg./ml. 5 ml.	50810
Becotide (B & S Healthcare) Evohaler 250 mcg. 200 Dose Aerosol 1	58276
Betagan (B & S Healthcare D.P.R.) Eye Drops Soln. 0.5% 5 ml.	14804
Betoptic (B & S Healthcare D.P.R.) Eye Drops Soln. 0.5% 5 ml.	14402
Bettamousse (B & S Healthcare) Scalp Application Pack 1	15352
Bonviva (B & S Healthcare) Tabs. 150 mg. 1	13241
Bonviva (Pharmaram Ltd.) Tabs. 150 mg. 1	14008
Bonviva (Waymade Healthcare Plc) Tabs. 150 Mg. 1	14030
Bricanyl (B & S Healthcare) Turbohaler 100 Dose Inhaler 1	65017
Bricanyl (B & S Healthcare) Turbohaler 200 Dose Inhaler 1	65023
Calcichew-D3 Forte (B & S Healthcare D.P.R.) Tabs. 500 mg. 100	15887
Calcichew-D3 Forte (Clear Pharmacy D.P.R.) Tabs. 500 mg. 100	15803
Campral EC (B & S Healthcare) Tabs. 333 mg. 84	15959
Canesten HC (B & S Healthcare D.P.R.) Cream 30 G.	70213
Capoten (B & S Healthcare) Tabs. 25 mg. 60	16725
Capoten (B & S Healthcare) Tabs. 50 mg. 14	16793
Capozide (B & S Healthcare) Tabs. 50/25 mg. 28	17287
Cardicor (B & S Healthcare) Tabs. 10 mg. 28	16188
Cardura (B & S Healthcare) Tabs. 2 mg. 30	16395
Cardura XL (B & S Healthcare) Tabs. 4 mg. 28	16385
Cardura XL (B & S Healthcare) Tabs. 8 mg. 28	16389
Cardura XL (Clear Pharmacy) Tabs. 4 mg. 28	16427
Cardura XL (Clear Pharmacy) Tabs. 8 mg. 28	16428
Cardura XL (Primecrown 2010 Ltd.) Tabs. 8 mg. 28	16399
Celebrex (B & S Healthcare) Caps. 200 mg. 20	17377
Celebrex (Clear Pharmacy) Caps. 200 mg. 30	17394
Celluvisc (B & S Healthcare D.P.R.) Eye Drop Soln. 0.5% 0.4 ml. Unit Dose 30	17074
Celluvisc (Clear Pharmacy D.P.R.) Eye Drop Soln. 0.5% 0.4 ml. Unit Dose 30	17080
Champix (Pharmaram Ltd.) Tabs. 0.5 mg. 56	34643
Champix (Pharmaram Ltd.) Tabs. 1 mg. 28	34641
Champix (Pharmaram Ltd.) Tabs. 1 mg. 56	34642
Champix (Pharmaram Ltd.) Tabs. Two Weeks Starter Pack 1	34640
Champix (Waymade Healthcare PLC) Tabs. Two Week Starter Pack 1	34616
Champix (Waymade Healthcare PLC) Tabs.1 mg. 56	34618
Champix (Waymade Healthcare Plc.) Tabs. 1 mg. 28	34617
Cilest (B & S Healthcare) Tabs. 250 mcg./35 mcg. 63	17617
Ciproxin (B & S Healthcare) Tabs. 250 mg. 10	18910
Clexane (B & S Healthcare) Soln. for Inj. 100 mg./ml. 0.2 ml. 10	17422
Clexane (B & S Healthcare) Soln. for Inj. 100 mg./ml. 0.4 ml. 10	17439
Co-Aprovel (B & S Healthcare) Tabs. 150/12.5 mg. 28	17970
Co-Aprovel (B & S Healthcare) Tabs. 300/12.5 mg. 28	54380
Co-Aprovel (Waymade Healthcare Plc) Tabs. 300/12.5 mg. 28	54315
Co-Diovan (Clear Pharmacy) Tabs. 160 mg./12.5 mg. 28	18724
Co-Diovan (Clear Pharmacy) Tabs. 160 mg./25 mg. 28	18725

Co-Diovan (Clear Pharmacy) Tabs. 80 mg./12.5 mg. 28	18723
Combigan (B & S Healthcare D.P.R.) Eye Drops Soln. 5 ml.	14327
Competact (B & S Healthcare) Tabs. 15 mg./850 mg. 60	13245
Comtess (B & S Healthcare) Tabs. 200 mg. 100	18240
Cordarone X (B & S Healthcare) Tabs. 200 mg. 20	18443
Cordarone X (B & S Healthcare) Tabs. 200 mg. 30	18472
Cosopt (Clear Pharmacy D.P.R.) Eye Drops Soln. 20 mg./ml. 5 ml	18505
Coversyl Arginine (B & S Healthcare) Tabs. 5 mg. 30	19471
Coversyl Arginine (B & S Healthcare) Tabs. 10 mg. 30	19475
Coversyl Arginine (Clear Pharmacy) Tabs. 5 mg. 30	68336
Coversyl Arginine (Clear Pharmacy) Tabs. 10 mg. 30	68337
Coversyl Arginine Plus (B & S Healthcare) Film Coated Tabs. 5 mg./1.25 mg. 30	19509
Coversyl Arginine Plus (Clear Pharmacy) Film Coated Tabs. 5 mg./1.25 mg. 30	68338
Cozaar (B & S Healthcare) Tabs. 50 mg. 28	76580
Cozaar (B & S Healthcare) Tabs. 100 mg. 28	76581
Cozaar (Clear Pharmacy) Tabs. 100 mg. 28	76513
Cozaar (Clear Pharmacy) Tabs. 50 mg. 28	76594
Cozaar (Primecrown 2010 Ltd.) Tabs. 50 mg. 28	76584
Cozaar (Primecrown 2010 Ltd.) Tabs. 100 mg. 28	76585
Cozaar Comp (B & S Healthcare) Tabs. 50 mg./12.5 mg. 28	19211
Cozaar Comp (B & S Healthcare) Tabs. 100 mg./25 mg. 28	19212
Cozaar Comp (Clear Pharmacy) Tabs. 50 mg./12.5 mg. 28	19269
Cozaar Comp (Clear Pharmacy) Tabs. 100 mg./25 mg. 28	19270
Creon (B & S Healthcare) 10,000 Caps. 50	19136
Creon (B & S Healthcare) 10,000 Caps. 100	19154
Creon (B & S Healthcare) 25,000 Caps. 50	19177
Creon 25,000 (B & S Healthcare) Caps. 60	19122
Creon 25,000 (G & A Licensing Ltd.) Caps. 100	19180
Crestor (B & S Healthcare) Tabs. 10 mg. 28	19243
Crestor (B & S Healthcare) Tabs. 20 mg. 28	19078
Crestor (B & S Healthcare) Tabs. 40 mg. 28	19264
Crestor (Clear Pharmacy) Tabs. 10 mg. 28	19285
Crestor (Clear Pharmacy) Tabs. 20 mg. 28	19286
Crestor (Primecrown 2010 Ltd.) Tabs. 10 mg. 28	19245
Crestor (Primecrown 2010 Ltd.) Tabs. 20 mg. 28	19246
Crestor (Primecrown 2010 Ltd.) Tabs. 40 mg. 28	19247
Cymbalta (B & S Healthcare) Gastro-Resistant Caps. 60 mg. 28	19980
Cymbalta (Pharmaram Ltd.) Gastro-Resistant Caps. 30 mg. 28	21003
Cymbalta (Pharmaram Ltd.) Gastro-Resistant Caps. 60 mg. 28	21004
Dalacin C (B & S Healthcare) Hard Caps. 150 mg. 12	73075
Detrusitol SR (Clear Pharmacy) Caps. 4 mg. 28	53683
Dilzem SR (B & S Healthcare D.P.R.) Caps. 60 mg. 56	16390
Dilzem XL (B & S Healthcare D.P.R.) Caps. 240 mg. 56	21719
Diprosalic (B & S Healthcare) Oint. 0.05% 30 G.	21448
Ditropan (B & S Healthcare) Tabs. 2.5 mg. 84	21530
Ditropan (B & S Healthcare) Tabs. 5 mg. 84	21531
Dovobet (B & S Healthcare) Oint. 60 G.	22190
Dovobet (B & S Healthcare) Oint. 50 mcg./G. + 0.5 mg./G. 120 G.	22525
Dovobet (Clear Pharmacy) Oint. 50 mcg./G. + 0.5 mg./G. 60 G.	44612
Dovobet (Clear Pharmacy) Oint. 50 mcg./G. + 0.5 mg./G. 120 G.	44613
Dovobet (Primecrown 2010 Ltd.) Oint. 50 mcg./G. + 0.5 mg./G. 60 G.	44602
Dovobet (Primecrown 2010 Ltd.) Oint. 50 mcg./G. + 0.5 mg./G. 120 G.	44603
Dovonex (B & S Healthcare) Cream 60 G.	22432
Dovonex (B & S Healthcare) Cream 120 G.	22440
Dovonex (B & S Healthcare) Scalp Soln. 50 mcg./ml. 30 ml.	22074
Dovonex (B & S Healthcare) Scalp Soln. 50 mcg./ml. 120 ml.	22173
Dovonex (Clear Pharmacy) Cream 120 G.	29109
DuoTrav (B & S Healthcare) Eye Drop Soln. 40 mcg./ml. + 5 mg./ml. 2.5 ml. 1	22570
DuoTrav (Waymade Healthcare PLC) Eye Drop Soln. 40 mcg./ml. + 5 mg./ml. 2.5 ml. 1	22580
Ebixa (B & S Healthcare) Tabs. 10 mg. 56	74531
Ebixa (Clear Pharmacy) Film Coated Tabs. 10 mg. 28	18792
Ebixa (Clear Pharmacy) Tabs. 10 mg. 56	74593
Efexor (B & S Healthcare) Tabs. 37.5 mg. 28	22822
Efexor XL (B & S Healthcare) Caps. 75 mg. 14	23787
Efexor XL (B & S Healthcare) Caps. 150 mg. 10	23788
Elantan LA 25 (B & S Healthcare) Caps. 25 mg. 28	28205

Elantan LA 50 (B & S Healthcare) Caps. 50 mg. 28	28206
Elocon (B & S Healthcare) Cream 0.1% 30 G.	23464
Elocon (B & S Healthcare) Oint 0.1% 30 G.	23465
Emcor (B & S Healthcare) Tabs. 5 mg. 30	22553
Emcor (B & S Healthcare) Tabs. 10 mg. 30	22554
Epanutin (B & S Healthcare D.P.R.) Caps. 25 mg. 28	23509
Epanutin (B & S Healthcare D.P.R.) Caps. 100 mg. 84	23510
Epanutin (B & S Healthcare D.P.R.) Caps. 300 mg. 28	23511
Evista (B & S Healthcare) Tabs. 60 mg. 28	24580
Evista (Clear Pharmacy) Tabs. 60 mg. 28	24609
Evista (Waymade Healthcare PLC) Tabs. 60 mg. 28	24605
Exelon (B & S Healthcare) Caps. 1.5 mg. 56	24467
Exelon (B & S Healthcare) Caps. 3 mg. 56	24468
Exelon (B & S Healthcare) Caps. 4.5 mg. 56	24469
Exelon (B & S Healthcare) Caps. 6 mg. 56	24470
Exelon (Waymade Healthcare Plc) Caps. 1.5 Mg. 28	23207
Exelon (Waymade Healthcare Plc) Caps. 1.5 Mg. 56	23240
Exelon (Waymade Healthcare Plc) Caps. 3 Mg. 28	23208
Exelon (Waymade Healthcare Plc) Caps. 3 Mg. 56	23241
Exelon (Waymade Healthcare Plc) Caps. 4.5 Mg. 28	23209
Exelon (Waymade Healthcare Plc.) Caps. 4.5 mg. 56	23242
Exelon (Waymade Healthcare Plc.) Caps. 6 mg. 28	23210
Exelon (Waymade Healthcare Plc.) Caps. 6 mg. 56	23243
Exelon Transdermal (B & S Healthcare) Patch 4.6 mg./24 Hour 30	24445
Exelon Transdermal (Waymade Healthcare Plc.) Patch 4.6 mg./24 hour 30	24456
Exelon Transdermal (Waymade Healthcare Plc.) Patch 9.5 mg./24 hour 30	24457
Exforge (B & S Healthcare) Tabs. 5 mg./160 mg. 28	32460
Exforge (B & S Healthcare) Tabs. 10 mg./160 mg. 30	32462
Exforge (Clear Pharma Ltd.) Film Coated Tabs. 5 mg./160 mg. 28	32406
Exforge (Clear Pharma Ltd.) Film Coated Tabs. 10 mg./160 mg. 28	32407
ExforgeHCT (Clear Pharma Ltd.) Film Coated Tabs. 5 mg./160 mg./12.5 mg. 28	13191
ExforgeHCT (Clear Pharma Ltd.) Film Coated Tabs. 10 mg./160 mg./12.5 mg. 28	13193
Ezetrol (Clear Pharmacy D.P.R.) Tabs. 10 mg. 28	23252
Faverin (B & S Healthcare D.P.R.) Tabs. 50 mg.60	23202
Faverin (B & S Healthcare D.P.R.) Tabs. 100 mg. 30	23203
Flixotide (B & S Healthcare) Evohaler 125 mcg. 120 Dose Aerosol 1	26160
Flixotide (B & S Healthcare) Evohaler 250 mcg. 120 Dose Aerosol 1	26161
Flixotide Evohaler (G & A Licensing Ltd.) 125 mcg. 120 Dose Aerosol 1	26156
Flucloxacillin GAP (Athlone Labs.) Oral Soln. 125 mg./5 ml. 100 ml.	90230
Fosamax (Clear Pharmacy) Once Weekly Tabs. 70 mg. 4	75202
Fosamax (Primecrown 2010 Ltd. D.P.R.) Once Weekly Tabs. 70 mg. 4	75223
Fosavance (B & S Healthcare) Tabs. 70 mg./2800 IU 4	75241
Fosavance (Clear Pharmacy) Tabs. 70 mg./5600 iu 4	75312
Fosavance (Pharmaram Ltd.) Tabs. 70 mg./2800 iu 4	75392
Fucibet (Clear Pharmacy) Cream 30 G.	25208
Fucidin (B & S Healthcare) Cream 20 mg./G. 15 G.	59347
Fucidin (Clear Pharmacy) Cream 30 G.	25226
Ganfort (B & S Healthcare) Eye Drops Soln. 300 mcg./ml. + 5 mg./ml. 3 ml.	27515
Ganfort (Pharmaram Ltd.) Eye Drops Soln. 300 mcg./ml. + 5 mg./ml. 3 ml.	27531
Ganfort (Waymade Healthcare Plc) Eye Drops Soln. 300 mcg./ml. + 5 mg./ml. 3 ml.	27536
Gopten (B & S Healthcare) Caps. 2 mg. 28	26740
Hytrin (B & S Healthcare) Tabs. 2 mg. 28	27890
Hytrin (B & S Healthcare) Tabs. 5 mg. 28	27894
Hytrin (B & S Healthcare) Tabs. 10 mg. 28	27897
Ikorel (B & S Healthcare) Tabs. 20 mg. 60	22755
Inderal LA (B & S Healthcare) Caps. 160 mg. 28	73610
Inegy (B & S Healthcare D.P.R.) Tabs. 10 mg./20 mg. 28	29906
Inegy (B & S Healthcare D.P.R.) Tabs. 10 mg./40 mg. 28	29907
Inegy (B & S Healthcare D.P.R.) Tabs. 10 mg./80 mg. 28	29908
Inegy (Clear Pharmacy D.P.R.) Tabs. 10 mg./20 mg. 28	29914
Inegy (Clear Pharmacy D.P.R.) Tabs. 10 mg./40 mg. 28	29915
Inegy (Clear Pharmacy D.P.R.) Tabs. 10 mg./80 mg. 28	29916
Inspra (B & S Healthcare D.P.R.) Tabs. 25 mg. 28	30565
Inspra (B & S Healthcare D.P.R.) Tabs. 50 mg. 28	30566
Inspra (Clear Pharmacy) Tabs. 25 mg. 30	30502
Istin (B & S Healthcare) Tabs. 5 mg. 28	29064

Istin (B & S Healthcare) Tabs. 10 mg. 28	13259
Januvia (B & S Healthcare) Film Coated Tabs. 100 mg. 28	13263
Januvia (Pharmaram Ltd.) Tabs. 100 mg. 28	29725
Keppra (Pharmaram Ltd.) Oral Soln. 100 mg./ml. 300 ml.	30440
Keppra (Pharmaram Ltd.) Tabs. 250 mg. 30	51405
Keppra (Pharmaram Ltd.) Tabs. 250 mg. 60	51406
Keppra (Pharmaram Ltd.) Tabs. 500 mg. 30	51407
Keppra (Pharmaram Ltd.) Tabs. 500 mg. 60	30441
Keppra (Waymade Healthcare Plc) Oral Soln. 100 Mg./Ml. 300 Ml.	30395
Keppra (Waymade Healthcare PLC) Tabs. 250 mg. 60	30435
Keppra (Waymade Healthcare PLC) Tabs. 500 mg. 60	30436
Keppra (Waymade Healthcare PLC) Tabs. 1000 mg. 30	30437
Keppra (Waymade Healthcare PLC) Tabs. 1000 mg. 60	30438
Klacid LA (B & S Healthcare) Tabs. 500 mg. 7	31614
Klacid LA (Clear Pharmacy) Tabs. 500 mg. 7	32020
Kopen Tabs. 250 mg. 1000	38539
Lamictal (B & S Healthcare) Disp. Tabs. 100 mg. 56	32170
Lamisil (B & S Healthcare) Cream 1 % 15 G.	31085
Lantus OptiSet (Waymade Healthcare Plc) 100 IU/ml. 3 ml. Pre-filled Pen 5	69254
Lexapro (B & S Healthcare) Film Coated Tabs. 10 mg. 28	31338
Lexapro (B & S Healthcare) Film Coated Tabs. 20 mg. 28	31339
Lexapro (Clear Pharmacy) Tabs. 10 mg. 28	45964
Lexapro (Clear Pharmacy) Tabs. 20 mg. 28	45965
Lipitor (B & S Healthcare) Film Coated Tabs. 10 mg. 28	32584
Lipitor (B & S Healthcare) Tabs. 20 mg. 28	32378
Lipitor (B & S Healthcare) Tabs. 40 mg. 28	31903
Lipitor (B & S Healthcare) Tabs. 80 mg. 28	31905
Lipitor (Clear Pharmacy) Tabs. 10 mg. 28	41876
Lipitor (Clear Pharmacy) Tabs. 20 mg. 28	41877
Lipitor (Clear Pharmacy) Tabs. 40 mg. 28	41878
Lipitor (Clear Pharmacy) Tabs. 80 mg. 28	41879
Lipitor (Primecrown 2010 Ltd.) Tabs. 10 mg. 28	41835
Lipitor (Primecrown 2010 Ltd.) Tabs. 20 mg. 28	41836
Lipitor (Primecrown 2010 Ltd.) Tabs. 40 mg. 28	41837
Lipitor (Primecrown 2010 Ltd.) Tabs. 80 mg. 28	41838
Lipostat (B & S Healthcare) Tabs. 20 mg. 28	31815
Lipostat (B & S Healthcare) Tabs. 40 mg. 28	31847
Losec MUPS (B & S Healthcare) Tabs. 20 mg. 28	32148
Losec MUPS (Clear Pharmacy) Tabs. 20 mg. 28	65578
Lumigan (B & S Healthcare) Eye Drops, Soln. 0.3 mg./ml. 3 ml.	77418
Lumigan (Pharmaram Ltd.) Eye Drops Soln. 0.3 mg./ml. 3 ml.	77450
Lustral (B & S Healthcare) Tabs. 50 mg. 30	31521
Lustral (B & S Healthcare) Tabs. 100 mg. 15	31522
Lyrica (B & S Healthcare) Caps. 25 mg. 14	32403
Lyrica (B & S Healthcare) Caps. 25 mg. 21	32472
Lyrica (B & S Healthcare) Caps. 25 mg. 84	32313
Lyrica (B & S Healthcare) Caps. 25 mg. 56	32314
Lyrica (B & S Healthcare) Caps. 25 mg. 100	32422
Lyrica (B & S Healthcare) Caps. 50 mg. 21	32450
Lyrica (B & S Healthcare) Caps. 50 mg. 84	32324
Lyrica (B & S Healthcare) Caps. 75 mg. 56	32327
Lyrica (B & S Healthcare) Caps. 75 mg. 14	32340
Lyrica (B & S Healthcare) Caps. 100 mg. 21	32494
Lyrica (B & S Healthcare) Caps. 100 mg. 84	32354
Lyrica (B & S Healthcare) Caps. 150 mg. 56	32381
Lyrica (B & S Healthcare) Caps. 150 mg. 14	32386
Lyrica (B & S Healthcare) Caps. 300 mg. 56	32390
Lyrica (Pharmaram Ltd.) Caps. 25 mg. 14	41950
Lyrica (Pharmaram Ltd.) Caps. 25 mg. 56	53114
Lyrica (Pharmaram Ltd.) Caps. 25 mg. 84	53115
Lyrica (Pharmaram Ltd.) Caps. 25 mg. 100	53116
Lyrica (Pharmaram Ltd.) Caps. 50 mg. 84	53117
Lyrica (Pharmaram Ltd.) Caps. 75 mg. 14	41951
Lyrica (Pharmaram Ltd.) Caps. 75 mg. 56	41952
Lyrica (Pharmaram Ltd.) Caps. 100 mg. 84	53118
Lyrica (Pharmaram Ltd.) Caps. 150 mg. 14	41953

Lyrica (Pharmaram Ltd.) Caps. 150 mg. 56	41954
Lyrica (Pharmaram Ltd.) Caps. 200 mg. 84	41955
Lyrica (Pharmaram Ltd.) Caps. 300 mg. 56	41956
Lyrica (Waymade Healthcare Plc) Caps. 25 Mg. 56	32640
Lyrica (Waymade Healthcare Plc) Caps. 25 Mg. 84	32641
Lyrica (Waymade Healthcare Plc) Caps. 50 Mg. 21	32642
Lyrica (Waymade Healthcare Plc) Caps. 50 mg. 84	41900
Lyrica (Waymade Healthcare Plc) Caps. 75 Mg. 14	32643
Lyrica (Waymade Healthcare Plc) Caps. 75 Mg. 56	32644
Lyrica (Waymade Healthcare Plc) Caps. 100 mg. 84	41935
Lyrica (Waymade Healthcare Plc) Caps. 150 Mg. 14	32645
Lyrica (Waymade Healthcare Plc) Caps. 150 Mg. 56	32646
Lyrinel XL (B & S Healthcare D.P.R.) Tabs. 5 mg. 30	32317
Lyrinel XL (B & S Healthcare D.P.R.) Tabs. 10 mg. 30	32318
Lyrinel XL (Clear Pharmacy D.P.R.) Tabs. 5 mg. 30	32370
Lyrinel XL (Clear Pharmacy D.P.R.) Tabs. 10 mg. 30	32371
Madopar (B & S Healthcare) Hard Caps. 200 mg./50 mg. 100	13272
Mezavant XL (Clear Pharmacy Ltd.) Gastro-Resistant Prolonged Release Tabs. 1200 mg. 60	13195
Micardis (B & S Healthcare) Tabs. 20 mg. 28	34501
Micardis (B & S Healthcare) Tabs. 40 mg. 28	34552
Micardis (B & S Healthcare) Tabs. 80 mg. 28	34567
Micardis (Pharmaram Ltd.) Tabs. 40 mg. 28	64470
Micardis (Pharmaram Ltd.) Tabs. 80 mg. 28	64471
Micardis (Waymade Healthcare Plc) Tabs. 20 Mg. 28	64418
Micardis (Waymade Healthcare Plc) Tabs. 40 Mg. 28	64419
Micardis (Waymade Healthcare Plc) Tabs. 80 mg. 28	64420
Micardis Plus (B & S Healthcare) Tabs. 80 mg./12.5 mg. 28	34631
Micardis Plus (Clear Pharmacy) Tabs. 40 mg./12.5 mg. 28	34820
Micardis Plus (Clear Pharmacy) Tabs. 80 mg./12.5 mg. 28	34821
Micardis Plus (Clear Pharmacy) Tabs. 80 mg./25 mg. 28	64410
Micardis Plus (Waymade Healthcare Plc) Tabs. 80 Mg./12.5 Mg. 28	64421
Mirapexin (B & S Healthcare) Tabs. 0.18 mg. 100	33614
Mirapexin (B & S Healthcare) Tabs. 0.18 mg. 30	33607
Mirapexin (B & S Healthcare) Tabs. 0.7 mg. 100	33660
Mirapexin (B & S Healthcare) Tabs. 0.7 mg. 30	33652
Mirapexin (Pharmaram Ltd.) Tabs. 0.18 mg. 100	36678
Mirapexin (Pharmaram Ltd.) Tabs. 0.18 mg. 30	33672
Mirapexin (Pharmaram Ltd.) Tabs. 0.7 mg. 100	36679
Mirapexin (Pharmaram Ltd.) Tabs. 0.7 mg. 30	36673
Mirapexin PR (B & S Healthcare) Tabs. 0.26 mg. 30	13275
Mirapexin PR (B & S Healthcare) Tabs. 1.05 mg. 30	13276
Mirapexin PR (B & S Healthcare) Tabs. 2.1 mg. 30	13278
Mirapexin PR (B & S Healthcare) Tabs. 3.15 mg. 30	13279
Mobic (B & S Healthcare) Tabs. 15 mg. 30	33347
Movicol (B & S Healthcare) 13 G. Powder Sachets 30	53730
Naprosyn (B & S Healthcare) Tabs. 250 mg. 56	76544
Naprosyn (B & S Healthcare) Tabs. 500 mg. 56	76548
Nasonex (B & S Healthcare) Aqueous Nasal Spray 50 mcg. 140 Dose Pack 1	67130
Nasonex (Clear Pharmacy D.P.R.) Aqueous Nasal Spray 50 mcg. 140 Dose Pack 1	67150
Nebilet (Clear Pharmacy) Tabs. 5 mg. 28	35692
Neoclarityn (B & S Healthcare) Tabs. 5 mg. 30	35823
Neupro Transdermal (Waymade Healthcare Plc) Patches 2 Mg./24 Hour 28	44555
Neupro Transdermal (Waymade Healthcare Plc) Patches 4 Mg./24 Hour 28	44556
Neupro Transdermal (Waymade Healthcare Plc) Patches 8 Mg./24 Hour 28	44557
Neurontin (B & S Healthcare) Caps. 300 mg. 50	36341
Neurontin (B & S Healthcare) Caps. 400 mg. 50	36396
Nexium (B & S Healthcare) Gastro Resistant Tabs. 20 mg. 7	61450
Nexium (B & S Healthcare) Gastro Resistant Tabs. 20 mg. 28	32265
Nexium (B & S Healthcare) Gastro Resistant Tabs. 40 mg. 14	61451
Nexium (B & S Healthcare) Gastro Resistant Tabs. 40 mg. 28	32267
Nexium (Clear Pharmacy) Gastro Resistant Tabs. 20 mg. 28	61482
Nexium (Clear Pharmacy) Gastro Resistant Tabs. 40 mg. 28	61483
Nexium (G & A Licensing Ltd.) Gastro Resistant Tabs. 20 mg. 28	37021
Nexium (G & A Licensing Ltd.) Gastro Resistant Tabs. 40 mg. 28	36539
Noctamid (B & S Healthcare) Tabs. 1 mg. 30	13281
NovoNorm (B & S Healthcare) Tabs. 0.5 mg. 90	13282

NovoNorm (B & S Healthcare) Tabs. 1 mg. 90	13283
NovoNorm (B & S Healthcare) Tabs. 2 mg. 90	13284
Nuasa 75 mg. Gastro Resistant Tabs. 30	28647
Omnexel (B & S Healthcare) Prolonged Release Tabs 400mcg.30	37566
Omnexel (Clear Pharmacy) Prolonged Release Tabs. 400 mcg. 30	37633
Onbrez Breezhaler (B & S Healthcare) Inhalation Pdr. 150 mcg. Hard Caps. 30 Complete Pack 1	13286
Onbrez Breezhaler (B & S Healthcare) Inhalation Pdr. 300 mcg. Hard Caps. 30 Complete Pack 1	13287
Opatanol (B & S Healthcare) Eye Drops 1 mg./ml. 5 ml.	13288
Opatanol (Clear Pharmacy) Eye Drops 1 mg./ml. 5 ml.	69318
Oxis Turbohaler (B & S Healthcare) 12 mcg. 60 Dose Inhaler 1	39006
Pariet (B & S Healthcare) Gastro-Resistant Tabs. 10 mg. 28	73140
Pariet (B & S Healthcare) Gastro-Resistant Tabs. 20 mg. 28	73141
Pariet (B & S Healthcare) Tabs. 10 mg. 14	38877
Pariet (Clear Pharmacy) Gastro Resistant Tabs. 10 mg. 28	73190
Pariet (Clear Pharmacy) Gastro Resistant Tabs. 20 mg. 28	73191
Persantin Retard (B & S Healthcare D.P.R.) Modified Release Caps. 200 mg. 60	40481
Phyllocontin (B & S Healthcare) Continus Tabs. 225 mg. 56	56262
Plaquenil (Clear Pharmacy) Tabs. 200 mg. 60	41205
Plavix (B & S Healthcare) Tabs. 75 mg. 28	40213
Plavix (B & S Healthcare) Tabs. 75 mg. 30	41072
Plavix (Pharmaram Ltd.) Tabs. 75 mg. 28	41090
Plavix (Waymade Healthcare Plc) Tabs. 75 Mg. 28	41012
Premarin (B & S Healthcare) Tabs. 0.625 mg. 84	74103
Premarin (B & S Healthcare) Tabs. 1.25 mg. 84	74104
Protelos (B & S Healthcare) Grans. Sachets 2 G. 14	43290
Protelos (B & S Healthcare) Grans. Sachets 2 G. 28	43142
Protelos (Pharmaram Ltd.) Grans. Sachets 2 G. 28	43306
Protium (B & S Healthcare) Tabs. 20 mg. 28	43540
Protium (Clear Pharmacy) Gastro-Resistant Tabs. 20 mg. 28	43512
Protium (Clear Pharmacy) Gastro-Resistant Tabs. 40 mg. 28	43513
Prozac (B & S Healthcare D.P.R.) Caps. 20 mg. 30	43485
Prozac (B & S Healthcare) Caps. 20 mg. 30	43229
Prozac (Clear Pharmacy D.P.R.) Caps. 20 mg. 30	43520
Pulmicort (Clear Pharmacy) Respules 0.5 mg. 20	42207
Pulmicort (Clear Pharmacy) Respules 1 mg. 20	42208
Pulmicort Turbohaler (B & S Healthcare) 100 mcg. 200 Dose Inhaler 1	42203
Pulmicort Turbohaler (B & S Healthcare) 200 mcg. 100 Dose Inhaler 1	42205
Pulmicort Turbohaler (Clear Pharmacy) 100 mcg. 200 Dose Inhaler 1	43534
Pulmicort Turbohaler (Clear Pharmacy) 200 mcg. 100 Dose Inhaler 1	43535
Pulmicort Turbohaler (Clear Pharmacy) 400 mcg. 50 Dose Inhaler 1	43536
Rasilez (B & S Healthcare) Tabs. 150 mg. 28	13291
Rasilez (Clear Pharmacy) 150 mg. 28	68204
Rasilez (Clear Pharmacy) Tabs. 300 mg. 28	68205
Rasilez (Waymade Healthcare Plc) Tabs. 150 Mg. 28	68260
Rasilez (Waymade Healthcare Plc) Tabs. 300 Mg. 28	68261
Relestat (B & S Healthcare D.P.R.) Eye Drops Soln 0.5 mg./ml. 5 ml.	43665
Relifex (B & S Healthcare) Film Coated Tabs. 500 mg. 56	67803
Reminyl XL (B & S Healthcare D.P.R.) Caps. 8 mg. 28	44270
Reminyl XL (B & S Healthcare D.P.R.) Caps. 16 mg. 28	44275
Reminyl XL (B & S Healthcare D.P.R.) Caps. 24 mg. 28	44276
Reminyl XL (Clear Pharmacy D.P.R.) Caps. 8 mg. 28	44212
Reminyl XL (Clear Pharmacy D.P.R.) Caps. 16 mg. 28	44213
Reminyl XL (Clear Pharmacy D.P.R.) Caps. 24 mg. 28	44214
Renagel (Clear Pharmacy) Tabs. 800 mg. 180	43963
Requip-Modutab (Clear Pharmacy) Prolonged Release Tabs. 2 mg. 28	79141
Requip-Modutab (Clear Pharmacy) Prolonged Release Tabs. 4 mg. 28	79142
Requip-Modutab (Clear Pharmacy) Prolonged Release Tabs. 8 mg. 28	79143
Risperdal (B & S Healthcare) Tabs. 1 mg. 60	45512
Risperdal (B & S Healthcare) Tabs. 2 mg. 60	45513
Risperdal (B & S Healthcare) Tabs. 3 mg. 60	45514
Risperdal Consta (Clear Pharmacy) Inj. 25 mg. c. 2 ml. Diluent Pack 1	45506
Risperdal Consta (Clear Pharmacy) Inj. 37.5 mg. c. 2 ml. Diluent Pack 1	45507
Risperdal Consta (Clear Pharmacy) Inj. 50 mg. c. 2 ml. Diluent Pack 1	45508
Rozex (B & S Healthcare) Gel 0.75% 30 G.	13294
Salamol (B & S Healthcare) CFC-Free Inhaler 100 mcg. 200 Dose Aerosol 1	45291
Salazopyrin EN (B & S Healthcare) Gastro-Resistant Tabs. 500 mg. 100	79114

Salofalk (B & S Healthcare D.P.R.) Sachet 500 mg. 100	44077
Scheriproct (B & S Healthcare) Oint. 30 G.	45382
Scheriproct (Clear Pharmacy) 30 G.	45413
Seretide (B & S Healthcare) Diskus 500 mcg. 60 Blisters Complete Pack 1	45650
Seretide (Clear Pharmacy) Evohaler 250 mcg. 120 Dose Aerosol 1	60005
Seretide Diskus (Clear Pharmacy) 50/100 mcg. 60 Blisters Complete Pack 1	72809
Seretide Diskus (Clear Pharmacy) 50/250 mcg. 60 Blisters Complete Pack 1	72810
Seretide Diskus (Clear Pharmacy) 50/500 mcg. 60 Blisters Complete Pack 1	72811
Serevent (B & S Healthcare) Inhaler 25 mcg. 120 Dose Aerosol 1	72857
Seroquel (Clear Pharmacy) Tabs. 100 mg. 60	46006
Seroquel (G & A Licensing Ltd.) Tabs. 25 mg. 30	45805
Seroquel (G & A Licensing Ltd.) Tabs. 100 mg. 60	45927
Seroquel (G & A Licensing Ltd.) Tabs. 300 mg. 60	45974
Seroquel XR (Clear Pharmacy) Prolonged Release Tabs. 50 mg. 60	46010
Seroquel XR (Clear Pharmacy) Prolonged Release Tabs. 200 mg. 60	46011
Seroquel XR (Clear Pharmacy) Prolonged Release Tabs. 300 mg. 60	46012
Seroquel XR (Clear Pharmacy) Prolonged Release Tabs. 400 mg. 60	46013
Seroxat (B & S Healthcare) Tabs. 20 mg. 30	45218
Seroxat (B & S Healthcare) Tabs. 20 mg. 60	45288
Sinemet 62.5 (B & S Healthcare D.P.R.) tABS. 90	66900
Sinemet-Plus (B & S Healthcare) Tabs. 25 MG./100 MG. 100	46242
Sinemet-Plus (Clear Pharmacy) Tabs. 25 mg./100 mg. 100	66904
Singulair (Clear Pharmacy) Tabs. 10 mg. 28	73030
Singulair Paed. (Clear Pharmacy) Chewable Tabs. 4 mg. 28	73034
Singulair Paed. (Clear Pharmacy) Chewable Tabs. 5 mg. 28	73035
Spiriva (B & S Healthcare) Caps. Refill 18 mcg. 30	13306
Spiriva (Clear Pharmacy) Caps. Refill 18 mcg. 30	61506
Spiriva Combopack (Clear Pharmacy) 18 mcg. i.e. 1 Handihaler/30 Caps. 1	61505
Spiriva Respimat (Clear Pharmacy D.P.R.) Soln. for Inhalation 2.5 mcg., Cartridge Plus Inhaler Complete Pack 1	61507
Sporanox (B & S Healthcare) Caps. 100 mg. 15	61485
Stalevo (B & S Healthcare) Tabs. 50/12.5/200 MG. 100	62667
Stalevo (B & S Healthcare) Tabs. 100/25/200 mg. 100	62668
Stalevo (B & S Healthcare) Tabs. 150/37.5/200 mg. 100	62669
Tegretol (B & S Healthcare) Liquid 100 mg./5 ml. 150 ml.	48727
Telfast (B & S Healthcare D.P.R.) Tabs. 120 mg. 30	48261
Telfast (B & S Healthcare D.P.R.) Tabs. 180 mg. 30	48262
Telfast (Clear Pharmacy D.P.R.) Tabs. 120 mg. 30	48269
Telfast (Clear Pharmacy D.P.R.) Tabs. 180 mg. 30	48270
Tenoret 50 (B & S Healthcare) Film Coated Tabs. 50 mg./12.5 mg. 28	75370
Tenoretic (B & S Healthcare) Tabs. 100 mg./25 mg. 28	75390
Tenormin (B & S Healthcare) Film Coated Tabs. 50 mg. 28	69341
Tenormin (B & S Healthcare) Tabs. 25 mg. 28	69306
Teveten (G & A Licensing Ltd.) Tabs. 600 mg. 30	49512
Tildiem LA (B & S Healthcare) Caps. 200 mg. 28	49003
Tildiem LA (B & S Healthcare) Caps. 300 mg. 28	49004
Tildiem Retard (B & S Healthcare) Tabs. 90 mg. 56	49575
Tildiem Retard (B & S Healthcare) Tabs. 120 mg. 56	49576
Topamax (B & S Healthcare) Tabs. 25 mg. 60	69930
Topamax (B & S Healthcare) Tabs. 50 mg. 60	69974
Topamax (B & S Healthcare) Tabs. 100 mg. 60	69932
Topamax (Clear Pharmacy) Tabs. 50 mg. 60	69908
Topamax (Clear Pharmacy) Tabs. 100 mg. 60	69909
Travatan (B & S Healthcare) Eye Drops 40 mcg./ml. 2.5 ml. Pack 1	78652
Travatan (Waymade Healthcare Plc) Eye Drops 40 Mcg./Ml. 2.5 Ml. Pack 1	78615
Trosyl (B & S Healthcare) Nail Soln. 283 mg./ml. 12 ml.	13320
Ursofalk (Clear Pharmacy) Caps. 250 mg. 60	48505
Valdoxan (Clear Pharmacy) Tabs. 25 mg. 28	51215
Vaniqa (Pharmaram Ltd.) Cream 11.5% 30 G.	52359
Ventolin Evohaler (B & S Healthcare) 100 mcg. 200 Dose Aerosol	74413
Ventolin Evohaler (G & A Licensing) 100 mcg. 200 Dose Aerosol 1	74565
Ventolin Nebules (B & S Healthcare) 2.5 mg./2.5 ml. 20	74472
Vesitirim (Clear Pharmacy) Tabs. 5 mg. 30	51906
Vesitirim (Clear Pharmacy) Tabs. 10 mg. 30	51907
Xarelto (Clear Pharmacy) Film Coated Tabs. 10 mg. 10	53345
Xarelto (Clear Pharmacy) Film Coated Tabs. 10 mg. 30	53346
Xatral (B & S Healthcare) Prolonged Release Tabs. 10 mg. 30	53530

Xatral (Clear Pharmacy) Prolonged Release Tabs. 10 mg. 30	53510
Xyzal (B & S Helathcare) Tabs. 5 mg. 30	74710
Xyzal (Clear Pharmacy) Tabs. 5 mg. 30	74780
Xyzal (Primecrown 2010 Ltd.) Tabs. 5 mg. 30	74766
Yentreve (B & S Healthcare) Caps. 20 mg. 28	53093
Yentreve (B & S Healthcare) Caps. 40 mg. 56	53094
Zanidip (Clear Pharmacy) Tabs. 10 mg. 28	63897
Zanidip (Clear Pharmacy) Tabs. 20 mg. 28	63898
Zanidip (G & A Licensing Ltd.) Film Coated Tabs. 10 mg. 28	63884
Zantac (B & S Healthcare) Tabs. 150 mg. 60	55710
Zantac (B & S Healthcare) Tabs. 300 mg. 30	55711
Zestril (B & S Healthcare) Tabs. 2.5 mg. 28	58456
Zestril (B & S Healthcare) Tabs. 5 mg. 28	58457
Zestril (B & S Healthcare) Tabs. 10 mg. 28	58458
Zestril (B & S Healthcare) Tabs. 20 mg. 28	58459
Zimovane (B & S Healthcare) Tabs. 7.5 mg. 28	52934
Zispin (B & S Healthcare) SolTab Orodispersible Tabs. 30 mg. 30	62797
Zocor (B & S Healthcare) Tabs. 20 mg. 28	52290
Zofran (B & S Healthcare) Tabs. 4 mg. 10	13335
Zofran (B & S Healthcare) Tabs. 8 mg. 10	13336
Zomig (B & S Healthcare) Tabs. 2.5 mg. 6	58037
Zomig (Clear Pharmacy) Tabs. 2.5 mg. 6	58011
Zomig Rapimelt (Clear Pharmacy) Orodispersible Tabs. 2.5 mg. 6	58030
Zonegran (B & S Healthcare) Hard Caps. 25 mg. 14	53484
Zonegran (B & S Healthcare) Hard Caps. 50 mg. 28	53485
Zonegran (B & S Healthcare) Hard Caps. 100 mg. 56	13337
Zonegran (Pharmaram Ltd.) Caps. 25 mg. 14	74850
Zonegran (Pharmaram Ltd.) Caps. 50 mg. 28	74851
Zonegran (Pharmaram Ltd.) Caps. 100 mg. 56	74852
Zoton (B & S Healthcare) FasTab Tabs. 15 mg. 14	71087
Zoton (B & S Healthcare) FasTab Tabs. 15 mg. 28	71050
Zoton (B & S Healthcare) FasTab Tabs. 30 mg. 14	71088
Zoton (B & S Healthcare) FasTab Tabs. 30 mg. 28	71051
Zoton (Clear Pharmacy) FasTab Tabs. 15 mg. 28	71023
Zoton (Clear Pharmacy) FasTab Tabs. 30 mg. 28	71024
Zoton (G & A Licensing Ltd.) FasTab Orodispersible Tabs. 15 mg. 28	71085
Zoton (G & A Licensing Ltd.) FasTab Orodispersible Tabs. 30 mg. 28	71092
Zoton (Sam McCauley Chemists Ltd.) FasTab Orodispersible Tabs. 15 mg. 28	71017
Zoton (Sam McCauley Chemists Ltd.) FasTab Orodispersible Tabs. 30 mg. 28	71018
Zovirax (B & S Healthcare) Ophth. Oint. 4.5 G. Pack	53098
Zyban (B & S Healthcare) Tabs. 150 mg. 60	54190
Zyprexa (B & S Healthcare) Tabs. 2.5 mg. 28	56137
Zyprexa (B & S Healthcare) Tabs. 5 mg. 28	56149
Zyprexa (B & S Healthcare) Tabs. 7.5 mg. 28	56158
Zyprexa (B & S Healthcare) Tabs. 7.5 mg. 56	56163
Zyprexa (B & S Healthcare) Tabs. 10 mg. 28	56192
Zyprexa (B & S Healthcare) Tabs. 15 mg. 28	71760
Zyprexa (B & S Healthcare) Velotab Tabs. 5 mg. 28	56203
Zyprexa (B & S Healthcare) Velotab Tabs. 10 mg. 28	56214
Zyprexa (B & S Healthcare) Velotab Tabs. 15 mg. 28	56246
Zyprexa (Clear Pharmacy) Tabs. 2.5 mg. 28	71910
Zyprexa (Pharmaram Ltd.) Tabs. 5 mg. 28	71870
Zyprexa (Pharmaram Ltd.) Tabs. 7.5 mg. 56	71871
Zyprexa (Pharmaram Ltd.) Tabs. 10 mg. 28	71882
Zyprexa (Pharmaram Ltd.) Tabs. 10 mg. 56	71883
Zyprexa (Pharmaram Ltd.) Velotab Tabs. 10 mg. 28	71878
Zyprexa (Pharmaram Ltd.) Velotab Tabs. 20 mg. 28	71879
Zyprexa (Waymade Healthcare Plc) Tabs. 2.5 Mg. 28	71810
Zyprexa (Waymade Healthcare Plc) Tabs. 5 Mg. 28	71811
Zyprexa (Waymade Healthcare Plc) Tabs. 7.5 Mg. 56	71812
Zyprexa (Waymade Healthcare Plc) Tabs. 10 Mg. 28	71813
Zyprexa (Waymade Healthcare Plc) Tabs. 15 Mg. 28	71814

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st August 2020

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st AUGUST 2020
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Amorolfine (Rowex) Medicated Nail Lacquer 5% 5 ml. (B) *(Non-Proprietary Name Index: Amorolfine)*	S1B	9.34	31464
Co-Amoxiclav (Bluefish) Film Coated Tabs. 875 mg./125 mg. 21 (A) *(Non-Proprietary Name Index: Amoxicillin/Clavulanic Acid)*	S1A	12.52	30109
CosmoFer (Originalis B.V.) Soln. for Infusion and Inj. 50 mg./ml. 2 ml. Amp 5 (A) *Code the number of amps dispensed* *(Non-Proprietary Name Index: Iron (III))*	S1A	57.07	18700
Ivabradine Zentiva Film Coated Tabs. 5 mg. 56 (A)	S1B	18.46	42797
Ivabradine Zentiva Film Coated Tabs. 7.5 mg. 56 (A) *(Non-Proprietary Name Index: Ivabradine)*	S1B	18.49	42798
Mebeverine Hydrochloride (Azure Pharmaceuticals) Film Coated Tabs. 135 mg. 100 (A) *(Non-Proprietary Name Index: Mebeverine Hydrochloride)*	S1B	4.18	17796
Neotigason (Originalis B.V.) Caps. 25 mg. 60 (A) *(Non-Proprietary Name Index: Acitretin)*	S1A	75.62	61493
Rasagiline (Bluefish) Tabs. 1 mg. 28 (A) *(Non-Proprietary Name Index: Rasagiline)*	S1B	37.55	31884
Toujeo SoloStar (Originalis B.V.) Soln. for Inj. in Pre-filled Pen 300 units/ml. 1.5 ml. 3 (A) *Code the number of pre-filled pens dispensed* *(Non-Proprietary Name Index: Insulin Glargine)*	S1B	40.15	41753
Zofran Zydis (Originalis B.V.) Oral Lyophilisate Tabs. 4 mg. 10 (A) *(Non-Proprietary Name Index: Ondansetron)*	S1A	32.34	53982
Zonegran (Originalis B.V.) Hard Caps. 50 mg. 56 (A) *(Non-Proprietary Name Index: Zonisamide)*	S1B	35.91	74866

DELETIONS

Almogran Tabs. 12.5 mg. 9	10369
Arythmol (B & S Healthcare) Tabs. 150 mg. 90	12857
Bendroflumethiazide (Actavis) Tabs. 2.5 mg. 28	55584
Bendroflumethiazide (Actavis) Tabs. 5 mg. 28	55585
Cilest Tabs. 21	17612
Clarelux Cutaneous Foam 500 mcg./G. 100 G. Pack	17535
Cyclimorph 15 Inj. 1 ml. 5	19313
Detrusitol SR (B & S Healthcare) Caps. 4 mg. 28	53673
Fareston Tabs. 60 mg. 30	25472
Serenace Tabs. 1.5 mg. 30	45630
Temgesic Sublingual Tabs. 0.2 mg. 50	79855
Trusopt (B & S Healthcare) Eye Drops 2% 5 ml.	13321
Valaciclovir (Actavis) Film Coated Tabs. 500 mg. 10	60550
Valaciclovir (Actavis) Film Coated Tabs. 500 mg. 30	60551
Valaciclovir (Actavis) Film Coated Tabs. 500 mg. 42	60552
Zanidip (B & S Healthcare) Tabs. 10 mg. 28	63808
Zanidip (B & S Healthcare) Tabs. 20 mg. 28	63890

ADDITION TO HIV PRE-EXPOSURE PROPHYLAXIS (PrEP)
ADDITIONS

*Emtricitabine and Tenofovir Disoproxil (Accordpharma) Film Coated Tabs. 200 mg./245 mg. 30 (A) *(Non-Proprietary Name Index: Tenofovir Disoproxil and Emtricitabine)*	52.38	77105
*Emtricitabine and Tenofovir Disoproxil (Clonmel) Film Coated Tabs. 200 mg./245 mg. 30 (A) *(Non-Proprietary Name Index: Tenofovir Disoproxil and Emtricitabine)* ***Note: Circular 041/19 Refers.***	52.38	77107

ADMINISTRATIVE CODE – FOR TREATMENT OF SICKLE CELL DISEASE
ADDITION

Xromi Oral Soln. 100 mg./ml. 150 ml. Bottle 1 (A) *Code the number of bottles dispensed* *(Non-Proprietary Name Index: Hydroxycarbamide)*	200.48	48000

CHANGE TO JULY 2020 UPDATE HOSIERY CHANGES
CHANGE UNDERLINED

Change	BSN Medical JOBST RAL Class 1 RTW Stocking Thigh High Open Toe Regular Sensitive 70617-000555/000560-00 70617-00561/00566-00 (European Standard) Pair 1	Healthcare 21	86398
To Read	BSN Medical JOBST RAL Class 1 RTW Stocking Thigh High Open Toe Regular Sensitive 70617-00555/00560-00 70617-00561/00566-00 (European Standard) Pair 1	Healthcare 21	86398

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st AUGUST 2020

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Tenofovir Disoproxil (Accordpharma) Film Coated Tabs. 245 mg. 30 (A)	89027	Tenofovir Disoproxil	147.90	Accord Healthcare Ltd.	Allphar
Tetridar Soln. for Inj. in Pre-filled Pen 20 mcg./80 mcL. 1 (A) *Code the number of Pre-filled pens dispensed*	89028	Teriparatide	224.20	Teva Pharmaceuticals Ireland	United Drug

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st July 2020

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st JULY 2020
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Crinone (iMED Healthcare Ltd.) 8% Vag. Gel Applicator 15 (A) *(Non-Proprietary Name Index: Progesterone)*	S1A	44.01	18928
Furosemide (Thame Laboratories) Oral Soln. 4 mg./ml. 150 ml. (B) *(Non-Proprietary Name Index: Furosemide)*	S1B	26.79	19241
Lamictal Dispersible/Chewable Tabs. 5mg. 30 (A) *(Non-Proprietary Name Index: Lamotrigine)*	S1B	4.65	39264
Rivastigmine (Sandoz) Hard Caps. 3 mg. 28 (A) *Non-Proprietary Name Index: Rivastigmine)*	S1A	16.12	24463

DELETIONS

Agomelatine (Rowex) Film Coated Tabs. 25 mg. 28	64010
Arcoxia Film Coated Tabs. 90 mg. 5	14263
Brieka Hard Caps. 75 mg. 56	53581
Brieka Hard Caps. 200 mg. 84	53588
Effentora Buccal Tabs. 800 mcg. 28	22991
Geramox Caps. 500 mg. 100	12122
Geramox Caps. 500 mg. 500	12173
Latanoprost/Timolol (Actavis) Eye Drops Soln. 50 mcg./5 mg. 2.5 ml. 1	53418
Loceryl Cream 20 G.	31429
Locoid Lipocream 30 G.	32239
Minox Film Coated Tabs. 50 mg. 100	34421
Olmesartan Hydrochlorothiazide (Rowex) Film Coated Tabs. 20 mg./12.5 mg. 28	34866
Olmesartan Hydrochlorothiazide (Rowex) Film Coated Tabs. 20 mg./25 mg. 28	34867
Olmesartan Hydrochlorothiazide (Rowex) Film Coated Tabs. 40 mg./12.5 mg. 28	34868
Olmesartan Hydrochlorothiazide (Rowex) Film Coated Tabs. 40 mg./25 mg. 28	34870
Prasugrel (Rowex) Film Coated Tabs. 10 mg. 28	37401
Risedronate Sodium (Actavis) Once Weekly Tabs. 35 mg. 4	50507
Serdolect Tabs. 4 mg. 30	78407
Seroxat (P.C.O. Mfg.) Tabs. 20 mg. 28	45253
Sertraline (Actavis) Film Coated Tabs. 100 mg. 28	60256
Stelazine Syr. 1 mg./5 ml. 200 ml.	46981
Telmisartan/Hydrochlorothiazide Teva Tabs. 80 mg./25 mg. 28	13423

ADDITIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME
OSTOMY & URINARY ITEMS

Add	Hollister Adapt Cera Rings Std. 8805, Slim 8815 10	25.88	94204
Add	Hollister Adapt CeraPlus Convex Rings 89520/30/40 10	25.99	94205
Add	Hollister Adapt CeraPlus Oval Convex Rings 89601/02/03 10	27.00	94206

CHANGES TO THE LIST OF REIMBURSABLE NON DRUG ITEMS
EFFECTIVE 1st JULY 2020
HOSIERY
CHANGES UNDERLINED

Change	BSN Medical JOBST RAL Class 1 RTW Stocking Thigh High Closed Toe Petite 70618-00036/00041-00 70618-00048/00053-00 (European Standard) Pair 1	Healthcare 21	86378
To Read	BNS Medical JOBST RAL Class 1 RTW Stocking Thigh High Closed Toe Petite Sensitive 70618-00606/00611-00 70618-00600/00605-00 (European Standard) Pair 1	Healthcare 21	86378
Change	BSN Medical JOBST RAL Class 1 RTW Stocking Thigh High Closed Toe Regular 70617-00036/00041-00 70617-00048/00053-00 (European Standard) Pair 1	Healthcare 21	86380
To Read	BNS Medical JOBST RAL Class 1 RTW Stocking Thigh High Closed Toe Regular Sensitive 70617-00585/00590-00 70617-00579/00584-00 (European Standard) Pair 1	Healthcare 21	86380

Change	BSN Medical JOBST RAL Class 1 RTW Stocking Thigh High Open Toe Petite 70618-00078/00083-00 70618-00168/00173-00 (European Standard) Pair 1	Healthcare 21	86383

To Read	BSN Medical JOBST RAL Class 1 RTW Stocking Thigh High Open Toe Petite Sensitive 70618-00576/00581-00 70618-00582/00587-00 (European Standard) Pair 1	Healthcare 21	86383
Change	BSN Medical JOBST RAL Class 1 RTW Stocking Thigh High Open Toe Regular 70617-00078/00083-00 70617-00168/00173-00 (European Standard) Pair 1	Healthcare 21	86398
To Read	BSN Medical JOBST RAL Class 1 RTW Stocking Thigh High Open Toe Regular Sensitive 70617-000555/000560-00 70617-00561/00566-00 (European Standard) Pair 1	Healthcare 21	86398

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st JULY 2020

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Tagrisso Film Coated Tabs. 40mg. 30 (A)	89022	Osimertinib	6696.00	AstraZeneca Pharmaceuticals (Ireland) Ltd.	United Drug
Tagrisso Film Coated Tabs. 80mg. 30 (A)	89023	Osimertinib	6696.00	AstraZeneca Pharmaceuticals (Ireland) Ltd.	United Drug
Xeljanz Prolonged Release Tabs. 11 mg. 28 (A)	89024	Tofacitinib	840.00	Pfizer Healthcare Ireland	Pfizer Healthcare Ireland
Xtandi Film Coated Tabs. 40 mg. 112 (A)	89025	Enzalutamide	3165.69	Astellas Pharma Co. Ltd.	United Drug

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Esbriet Hard Caps. 267 mg. 14 Day Starter Kit 1	88388	Pirfenidone	InterMune UK & I Ltd.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st June 2020

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st JUNE 2020
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Humalog Junior Kwikpen Soln. for Inj. in Pre-Filled Pen 100 units/ml. 3 ml. 5 (A) *Code the number of pre-filled pens dispensed* *(Non-Proprietary Name Index: Insulin Lispro Fast-Acting)*	S1B	35.77	41046
Relifex Film Coated Tabs. 500 mg. 60 (A) *(Non-Proprietary Name Index: Nabumetone)*	S1B	20.11	67805
Telmisartan (Rowa) Tabs. 20 mg. 28 (A)	S1B	4.48	64437
Telmisartan (Rowa) Tabs. 40 mg. 28 (A)	S1B	3.64	64438
Telmisartan (Rowa) Tabs. 80 mg. 28 (A) *(Non-Proprietary Name Index: Telmisartan)*	S1B	4.48	64439

EXEMPT MEDICINAL PRODUCTS
ADDITIONS

*Invertase (ULM) Oral Soln. 11600 SU/ml. 60 ml. *(Non-Proprietary Name Index: Invertase)* ***Circular 039/16 Refers.**	69.27	20903

DELETIONS

Brieka Hard Caps. 75 mg. 56	53579
Burinex Tabs. 1 mg. 28	61033
Ketovite Tabs. 100	16035
Restandol Testocaps Caps. 40 mg. 60	79234
Slow-K Tabs. 600 mg. 500	46388

CHANGE TO MAY 2020 GMS UPDATE
EXEMPT MEDICINAL PRODUCTS
DELETIONS EFFECTIVE 1st MAY 2020
IF NOT ALREADY CHANGED TO LICENSED PRODUCT, CLIENTS SHOULD BE REFERRED BACK TO PRESCRIBER

*Fumaderm (ULM) Initial Tabs. 30 mg. 40	20350
*Fumaderm (ULM) Tabs. 120 mg. 70	20351

From 1st May 2020 these items will not be reimbursed as Exempt Medicinal Product as per circular 024/17 dated May 2017.

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st JUNE 2020

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Dasatinib (Clonmel) Film Coated Tabs. 20 mg. 60 (A)	89017	Dasatinib	779.00	Clonmel Healthcare Ltd.	Clonmel Healthcare Ltd.
Dasatinib (Clonmel) Film Coated Tabs. 50 mg. 60 (A)	89018	Dasatinib	1571.27	Clonmel Healthcare Ltd.	Clonmel Healthcare Ltd.
Dasatinib (Clonmel) Film Coated Tabs. 70 mg. 60 (A)	89019	Dasatinib	1514.34	Clonmel Healthcare Ltd.	Clonmel Healthcare Ltd.
Dasatinib (Clonmel) Film Coated Tabs. 100 mg. 30 (A)	89021	Dasatinib	1572.78	Clonmel Healthcare Ltd.	Clonmel Healthcare Ltd.

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Sivextro Film Coated Tabs. 200 mg. 6	88381	Tedizolid	Merck, Sharp & Dohme Ireland Ltd.
Tremfya Soln. for Inj. in Pre-filled Syr. 100 mg. 1	88890	Guselkumab	Janssen-Cilag

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st May 2020

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st MAY 2020
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Adenuric (Lexon UK) Film Coated Tabs. 80 mg. 28 (A) *(Non-Proprietary Name Index: Febuxostat)*	S1B	13.51	65602
Duloxetine Zentiva Gastro-Resistant Hard Caps. 30 mg. 28 (A)	S1A	5.61	43034
Duloxetine Zentiva Gastro-Resistant Hard Caps. 60 mg. 28 (A) *(Non-Proprietary Name Index: Duloxetine)*	S1A	8.39	43035
Dutasteride/Tamsulosin Hydrochloride (Accord Healthcare Ltd.) Hard Caps. 0.5 mg/0.4 mg. 30 (A) *(Non-Proprietary Name Index: Tamsulosin and Dutasteride)*	S1A	9.89	18760
Eklira (Lexon UK) Inhalation Powder 322 mcg. 60 Dose Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Aclidinium Bromide)*	S1B	32.22	18837
Eucreas (Lexon UK) Film Coated Tabs. 50 mg./1000 mg. 60 (A) *Non-Proprietary Name Index: Metformin and Vildagliptin)*	S1B	37.15	24353
Innohep Soln. for Inj. 20,000 IU/ml. 2 ml. Vial 10 (A) *Code the number of vials dispensed* *(Non-Proprietary Name Index: Tinzaparin)*	S1A	311.58	61383
Lamictal (Lexon UK) Tabs. 25 mg. 56 (A) *(Non-Proprietary Name Index: Lamotrigine)*	S1B	13.21	30703
Pregabalin Zentiva k.s. Hard Caps. 25 mg. 56 (A)	S1A	4.84	65391
Pregabalin Zentiva k.s. Hard Caps. 50 mg. 84 (A)	S1A	12.70	65393
Pregabalin Zentiva k.s. Hard Caps. 75 mg. 56 (A)	S1A	8.47	65394
Pregabalin Zentiva k.s. Hard Caps. 100 mg. 84 (A)	S1A	17.23	65395
Pregabalin Zentiva k.s. Hard Caps. 150 mg. 56 (A)	S1A	12.10	65396
Pregabalin Zentiva k.s. Hard Caps. 200 mg. 84 (A)	S1A	23.58	65397
Pregabalin Zentiva k.s. Hard Caps. 300 mg. 56 (A) *(Non-Proprietary Name Index: Pregabalin)*	S1A	21.76	65398

NAME CHANGE
CHANGES UNDERLINED

Change	Prevenelle Tab. 1500 mcg. 1 (A)	45961
To Read	Ramonna Tab. 1500 mcg. 1 (A)	45961
Change	VitA-POS Preservative Free Eye Oint. 5 G. (B)	71020
To Read	HYLO Night Preservative Free Eye Oint. 5 G. (B)	71020

DELETIONS

Amoxil Susp. Paed. 125 mg./1.25 ml. 20 ml.	91073
Arelix Tabs. 6 mg. 20	65770
Asmanex Twisthaler 200 mcg. 60 Dose Pack 1	11630
Asmanex Twisthaler 400 mcg. 30 Dose Pack 1	11656
Atrovent Nebuliser Soln. Unit Dose Vial 250 mcg./ml. 1 ml. 60	67623
Galfer Caps. 305 mg. 100	55582
Galfer Caps. 305 mg. 250	55594
Instanyl Nasal Spray 50 mcg. 10 Dose Pack 1	73685
Irprezide Film Coated Tabs. 150 mg./12.5 mg. 28	54390
Maxolon Inj. 5 mg./ml. 2 ml. 12	32387
Methotrexate (David Bull Labs.) Tabs. 10 mg. 100	18600
Mirtazapine (Actavis) Film Coated Tabs. 30 mg. 30	24182
Mirtazapine (Actavis) Film Coated Tabs. 45 mg. 30	24496
Picato Gel 150 mcg./G. (0.47 G. Tube x 3) Treatment Pack 1	54404
Picato Gel 500 mcg./G. (0.47 G. Tube x 2) Treatment Pack 1	54405

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st MAY 2020

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Cellcept (Originalis B.V.) Caps. 250 mg. 100 (A)	89003	Mycophenolic Acid	67.24	Originalis B.V.	RxSource Ltd.
Cellcept (Originalis B.V.) Film Coated Tabs. 500 mg. 50 (A)	89004	Mycophenolic Acid	67.23	Originalis B.V.	RxSource Ltd.
Cinacalcet (Accord Healthcare Ltd.) Film Coated Tabs. 30 mg. 28 (A)	89005	Cinacalcet	72.95	Accord Healthcare Ltd.	Allphar
Cinacalcet (Accord Healthcare Ltd.) Film Coated Tabs. 60 mg. 28 (A)	89006	Cinacalcet	136.43	Accord Healthcare Ltd.	Allphar
Cinacalcet (Accord Healthcare Ltd.) Film Coated Tabs. 90 mg. 28 (A)	89007	Cinacalcet	200.48	Accord Healthcare Ltd.	Allphar
Cinacalcet (Clonmel) Film Coated Tabs. 30 mg. 28 (A)	89014	Cinacalcet	72.95	Clonmel Healthcare Ltd.	Clonmel Healthcare Ltd.
Cinacalcet (Clonmel) Film Coated Tabs. 60 mg. 28 (A)	89015	Cinacalcet	136.43	Clonmel Healthcare Ltd.	Clonmel Healthcare Ltd.
Cinacalcet (Clonmel) Film Coated Tabs. 90 mg. 28 (A)	89016	Cinacalcet	200.48	Clonmel Healthcare Ltd.	Clonmel Healthcare Ltd.
Cuprior Film Coated Tabs. 150 mg. 72 (A)	89008	Trientine	3,911.98	GMP-Orphan SA	Health Logistics GmbH
*Kalydeco Sachets, Oral Granules 25 mg. 56 (A) *Code the number of sachets dispensed*	89010	Ivacaftor	14,191.78	Vertex Pharmaceuticals (Europe) Ltd.	Arvato
Nexavar (Originalis B.V.) Film Coated Tabs. 200 mg. 112 (A)	89012	Sorafenib	3519.91	Originalis B.V.	RxSource Ltd.
Rilutek (Originalis B.V.) Film Coated Tabs. 50 mg. 56 (A)	89013	Riluzole	175.47	Originalis B.V.	RxSource Ltd.

* ***Circular 39/18 refers***

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st April 2020

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st APRIL 2020
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Abilify (Originalis B.V.) Tabs. 5 mg. 28 (A)	S1A	21.00	37044
Abilify (Originalis B.V.) Tabs. 10 mg. 28 (A)	S1A	21.00	37045
Abilify (Originalis B.V.) Tabs. 15 mg. 28 (A)	S1A	22.40	37046
(Non-Proprietary Name Index: Aripiprazole)			
Cordarone X (LTT Pharma Ltd.) Tabs. 200 mg. 30 (A)	S1B	6.85	18733
(Non-Proprietary Name Index: Amiodarone)			
Detrusitol (LTT Pharma Ltd.) Film Coated Tabs. 1 mg. 56 (A)	S1B	18.84	53693
(Non-Proprietary Name Index: Tolterodine)			
Dutasteride/Tamsulosin Hydrochloride (Mylan) Hard Caps. 0.5 mg./0.4 mg. 30 (A)	S1A	9.89	18759
(Non-Proprietary Name Index: Tamsulosin and Dutasteride)			
Fastum (LTT Pharma Ltd.) 2.5% w/w Gel 100 G. (B)	S1B	6.48	41085
(Non-Proprietary Name Index: Ketoprofen)			
Tresiba (Originalis B.V.) Flextouch Soln. for Inj. in Pre-filled Pen 200 iu/ml. 3 ml. 3 (A)	S1B	67.60	72398
Code the number of pre-filled pens dispensed			
(Non-Proprietary Name Index: Insulin Degludec)			
Trulicity (Originals B.V.) Once Weekly Soln. for Inj. in Pre-filled Pen 0.75 mg./0.5 ml. 4 (A)	S1A	101.33	73591
Code the number of pre-filled pens dispensed			
(Non-Proprietary Name Index: Dulaglutide)			
Vesitirim (P.C.O. Mfg.) Film Coated Tabs. 5 mg. 30 (A)	S1B	20.95	70500
Vesitirim (P.C.O. Mfg.) Film Coated Tabs. 10 mg. 30 (A)	S1B	27.24	70501
(Non-Proprietary Name Index: Solifenacin)			

NAME CHANGE
CHANGES UNDERLINED

Change	Memantine Hydrochloride (Niche Generics) Film Coated Tabs. 10 mg. 28 (A)	38103
To Read	Memantine Hydrochloride (Pinewood) Film Coated Tabs. 10 mg. 28 (A)	38103
Change	Memantine Hydrochloride (Niche Generics) Film Coated Tabs. 10 mg. 56 (A)	38104
To Read	Memantine Hydrochloride (Pinewood) Film Coated Tabs. 10 mg. 56 (A)	38104
Change	Memantine Hydrochloride (Niche Generics) Film Coated Tabs. 20 mg. 28 (A)	38561
To Rad	Memantine Hydrochloride (Pinewood) Film Coated Tabs. 20 mg. 28 (A)	38561

DELETIONS

Adalat Retard Tabs. 10 mg. 56	10391
Arythmol Tabs. 150 mg. 90	12769
Asmanex Twisthaler 200 mcg. 30 Dose Pack 1	11610
Byetta Soln for Inj. Pre-filled Pen 5 mcg. 60 Dose Pack 1	47510
Cozaar Pdr. & Solv. for Oral Susp. 2.5 mg./ml. Pack 1	91090
Dovobet Oint. 50 mcg./G. + 0.5 mg./G. 30 G.	31520
Irprezide Film Coated Tabs. 300 mg./12.5 mg. 28	54391

ADDITIONS/CHANGES TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME

ADDITIONS TO THE LIST OF OSTOMY & URINARY ITEMS
EFFECTIVE 1ST APRIL 2020

Add	Qufora QKCATH IrriSedo Klick Catheter Set 1	150.25	94203
Add	Qufora QKSTART IrriSedo Klick Starter Set 1	98.95	94201

CLINICAL NUTRITIONAL CHANGES
CHANGES UNDERLINED

Change	NUTRIPLETE Starter Pack Shake 57 G. Sachet with Shaker 5	3.70	83255
To Read	Nutriplete Shake 57 G. Sachet (Starter Pack with Shaker) 5	3.70	83255

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST APRIL 2020

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Baraclude (Originalis B.V.) Film Coated Tabs. 0.5 mg. 30 (A)	89000	Entecavir	254.09	Originalis B.V.	RxSource Ltd.
Neo Recormon (Originalis B.V.) Soln. for Inj. in Pre-filled Syr. 30,000 iu/0.6 ml. 4 (A) *Code the number of pre-filled syringes dispensed*	89002	Erythropoietin	827.99	Originalis B.V.	RxSource Ltd.

DELETION

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Esmya Tabs. 5 mg. 28 (A)	88109	Ulipristal	Gedeon Richter

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st March 2020

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st MARCH 2020

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Aromasin (Originalis B.V.) Coated Tabs. 25 mg. 30 (A) *(Non-Proprietary Name Index: Exemestane)*	S1A	70.70	62894
Megace (Originalis B.V.) Oral Susp. 40 mg./ml. 240 ml. (B) *(Non-Proprietary Name Index: Megestrol)*	S1A	76.38	62896
Trevicta (Originalis B.V.) Pre-Filled Syringe Prolonged Release Susp. for Inj. 525 mg. Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Paliperidone)*	S1A	1,466.42	62898

DELETIONS

Amlodipine (Pfizer) Tabs. 5 mg. 28	16542
Asmanex Twisthaler 400 mcg. 60 Dose Pack 1	11690
Irprezide Film Coated Tabs 300 mg./25 mg. 28	54392
Toltertan SR Prolonged Release Hard Caps. 2 mg. 28	36828
Veramil Tabs. 40 mg. 100	49522
Zomig Tabs 2.5 mg. 3	57900
Zovirax Ophth. Oint 4.5 G. Pack 1	52628

ADDITION TO HIV PRE-EXPOSURE PROPHYLAXIS (PrEP)
ADDITION

*Emtricitabine and Tenofovir Disoproxil (Rowex) Film Coated Tabs. 200 mg./245 mg. 30 (A) *(Non-Proprietary Name Index: Tenofovir Disoproxil and Emtricitabine)* ***Note: Circular 041/19 Refers.***	52.38	77102

CHANGES/DELETIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME

CHANGES TO FEBRUARY 2020 OSTOMY/URINARY UPDATE
CHANGES UNDERLINED

Change	Fannin Prosys Catheter Retaining Strap Adult PC545 5	94179
To Read	Fannin Prosys Catheter Retaining Strap Adult PCS45 5	94179
Change	Hunter EMTEVA Plus Intermittent Catheter with Finger Grip 46F12-30-UK 30	93523
To Read	Hunter EMTEVA Pure Intermittent Catheter with Finger Grip 46F12-30-UK 30	93523

WITHDRAWAL TO FEBRUARY 2020 UPDATE CLINICAL/NUTRITIONAL ITEMS
WITHDRAW

Delete	Keyo Pot 100 G. Pack 4	81139

CHANGES/DELETION TO THE LIST OF OSTOMY URINARY PRODUCTS IN THE GMS SCHEME EFFECTIVE 1st MARCH 2020
CHANGES UNDERLINED

Change	Coloplast 783678/80/86/94 & 783708 Conveen Aquasleeve Leg Bag Holder Small, Standard, Medium, Large & Extra Large 10	9.88	93932
To Read	Coloplast 783678/80/86/94 & 783708 Conveen Aquasleeve Leg Bag Holder Small, Standard, Medium, Large & Extra Large 4	9.88	93932
Change	Softima Uro Silk Urostomy Pouch Convex Transparent & Beige 43915E, 43916E, 43917E, 43918E, 43919E, 43920E, 43921E, 43922E, 43923E 10		93241
To Read	Softima Uro Silk Urostomy Pouch Convex Transparent & Beige 43915E, 43917E, 43919E, 43920E, 43922E 10		93241

DELETION

Delete	Biotrol Petite Stoma Cap Beige F00011E & F00015E 30	95013

DIAGNOSTICS
DELETIONS TO THE LIST OF NON DRUG ITEMS
EFFECTIVE 1st MARCH 2020

Delete	Accu-Chek Cartridge and Needle for 3 ml. H-Tron Pump 04567528001 - 25 Pieces	85179
Delete	Accu-Chek D-Tron Adapter 04572432001 - 10 Pieces	85147

Delete	Accu-Chek RapidLink 6/60 04541324001 - 25 Pieces	85397
Delete	Accu-Chek RapidLink 6/80 04541308001 - 25 Pieces	85402
Delete	Accu-Chek RapidLink 8/60 04541294001 - 25 Pieces	85239
Delete	Accu-Chek RapidLink 8/80 04541332001 - 25 Pieces	85247
Delete	Accu-Chek RapidLink 8/110 04541316001 - 25 Pieces	85260
Delete	Accu-Chek RapidLink 10/60 04541243001 - 25 Pieces	85281
Delete	Accu-Chek RapidLink 10/80 04541251001 - 25 Pieces	85303
Delete	Accu-Chek RapidLink 10/110 04541740001 - 25 Pieces	85314
Delete	Accu-Chek TenderLink II 13/30 04541685001 – 20 Pieces	85117
Delete	Accu-Chek TenderLink II 13/80 04541707001 - 20 Pieces	85134
Delete	Accu-Chek TenderLink II 17/30 04541723001 - 20 Pieces	85475
Delete	Accu-Chek TenderLink II 17/60 04541731001 - 20 Pieces	85423
Delete	Accu-Chek TenderLink II 17/80 04541235001 - 20 Pieces	85445

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st MARCH 2020

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Puregon (Originalis B.V.) Soln. for Inj. Cartridge 600 iu/0.72 ml. 1 (A) *Code the number of cartridges dispensed*	88820	Follitropin Beta	179.00	Originalis B.V.	RxSource Ltd.
Puregon (Originalis B.V.) Soln. for Inj. Cartridge 900 iu/1.08 ml. 1 (A) *Code the number of cartridges dispensed*	88833	Follitropin Beta	269.00	Originalis B.V.	RxSource Ltd.
Rebif Multidose (Originalis B.V.) Soln for Inj. Cartridge 44 mcg./0.5 ml. 1.5 ml. 4 (A) *Code the number of cartridges dispensed*	88834	Interferon Beta-1A	912.00	Originalis B.V.	RxSource Ltd.
Simponi (Originalis B.V.) Soln for Inj. in Pre-filled Pen 50 mg./0.5 ml. 0.5 ml. 1 (A) *Code the number of pre-filled pens dispensed*	88900	Golimumab	974.99	Originalis B.V	RxSource Ltd.
Simponi (Originalis B.V.) Soln for Inj. in Pre-filled Syr. 50 mg./0.5 ml. 0.5 ml. 1 (A) *Code the number of pre-filled syringes dispensed*	89020	Golimumab	999.00	Originalis B.V	RxSource Ltd.

DELETION

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Puregon Soln. for Inj. 50 iu/0.5 ml. 1	88754	Follitropin Beta	Merck, Sharp & Dohme Ireland

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st February 2020

Clinical Nutritional Products

***ADDITIONS/CHANGES/DELETIONS TO THE LIST OF REIMBURSABLE CLINICAL NUTRITIONAL ITEMS IN THE GMS SCHEME EFFECTIVE 1st FEBRUARY 2020.**
Code the number of bottles, boxes, packs, pots, pouches, sachets, tins or tubs dispensed.

ADDITIONS

	Drug Description including coding instruction	Reimbursement Price €	Drug Code
Add	Keyo Pot 100 G. Pack 4 (A)	22.00	81139
Add	Nutrison Protein Plus Energy 500 ml. Pack 1 (A)	5.00	81140
Add	Nutrison Protein Plus Multi Fibre 500 ml. Pack 1 (A)	5.00	81142
Add	PKU Sphere15 27 G. Sachet 30 (A)	293.94	81143
Add	PKU Sphere20 35 G. Sachet 30 (A)	388.03	81149
Add	Thick & Easy Original (IDDSI Standard) 225 G. Pack 1 (A)	5.41	81150

**International Dysphagia Diet Standardisation Initiative*

CHANGE TO READ
CHANGES UNDERLINED

Change	Nutrini Pepti 500 ml. Pack 1 (A)		83021
To Read	Nutrini Peptisorb 500 ml. Pack 1 (A)		83021
Change	NUTRIPLETE Shake 57 G. Sachet with Shaker 5 (A)		83255
To Read	NUTRIPLETE Starter Pack Shake 57 G. Sachet with Shaker 5 (A)		83255
Change	SMA PRO High Energy 200 ml. Pack 1 (A)		81480
To Read	SMA High Energy 200 ml. Pack 1 (A)		81480

DELETIONS

Delete	Thick & Easy 9 G. Sachet 100	31.88	81936

****Circulars 16/2019 and 24/2019 refers.***

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st February 2020

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st FEBRUARY 2020
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Atorvastatin (Rowa) Film Coated Tabs 10 mg. 28 (A)	S1B	2.52	62890
Atorvastatin (Rowa) Film Coated Tabs 20 mg. 28 (A)	S1B	3.36	62891
Atorvastatin (Rowa) Film Coated Tabs 40 mg. 28 (A)	S1B	4.76	62892
Atorvastatin (Rowa) Film Coated Tabs 80 mg. 28 (A)	S1B	7.84	62893
(Non-Proprietary Name Index: Atorvastatin)			
Opticrom Eye Drop Soln. 2%. 10 ml. (B)	S1B	3.47	48596
(Non-Proprietary Name Index: Cromoglicic Acid)			

DELETIONS

Actiq Compressed Lozenge 800 mcg. c Integral Oromucosal Applicator 30	61228
Brieka Hard Caps 100 mg. 84	53584
Brieka Hard Caps 300 mg. 56	53590
Carsem XL Prolonged Release Tabs 4 mg. 28	20040
Fucibet Lipid Cream 15 G.	25237
Telmisartan/Hydrochlorothiazide Teva Tabs. 80/12.5 mg. 28	13422
Valium Tabs. 5 mg. 100	51349

EXEMPT MEDICINAL PRODUCTS
DELETIONS 1st FEBRUARY 2020
IF NOT ALREADY CHANGED TO LICENSED PRODUCT, CLIENTS SHOULD BE REFERRED BACK TO PRESCRIBER

*Colgout (ULM) Tabs. 500 mcg. 100 (A)	20300

From 1st February 2020 this item will not be reimbursed as Exempt Medicinal Product as per circular 009/10 dated April 2010.

ADDITIONS/CHANGES/DELETIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME
DIAGNOSTICS

ADDITIONS

mylife Lancets 7101030 200 (A)	6.00	97635
Microdot Max Blood Glucose Test Strips GLU – 126 50 (A)	7.46	97637

CHANGES UNDERLINED

Change	OneTouch Delica Lancets, 30 G. 0.32 mm.	86316
To Read	OneTouch Delica <u>Plus</u> 30 G. 0.32 mm.	86316

DELETIONS

Accu-Chek Compact Test Strips 51	10028

ADDITIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME
DRESSINGS

	Distributor		
Cath Dry HD Shower and Swim Proof Dressing CDSS001 1 (A)	PRBCG Ltd.	12.90	86400

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st FEBRUARY 2020

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Cetrotide (P.C.O. Mfg.) Pdr. and Solv. for Soln. for Inj. 0.25 mg 1 (A) *Code the number of injections dispensed*	88819	Cetrorelix	32.19	P.C.O. Mfg.	P.C.O. Mfg.

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Mircera Soln. for Inj. Pre-filled Syr. 50 mcg./0.3 ml. 1	88631	Methoxy Polyethylene Glycol-Epoetin Beta	Roche Products (Ireland) Ltd.
Moderiba Film Coated Tabs. 200 mg. 168	88425	Ribavirin	Abbvie limited
Moderiba Film Coated Tabs. 400 mg. 56	88426	Ribavirin	Abbvie Limited
Moderiba Film Coated Tabs. 600 mg. 56	88427	Ribavirin	Abbvie Limited
Rebetol Caps. 200 mg. 168	88295	Ribavirin	Merck, Sharp and Dohme Ire.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ADMINISTRATIVE CODES FOR USE BY PHARMACY FOR THE PROVISION OF COMPRESSION HOSIERY TO GMS PATIENTS ONLY

CODE THE NUMBER OF PAIRS OR PACKS* DISPENSED

(Circular 001/18 Refers)

EFFECTIVE 1ST FEBRUARY 2020

Instruction	Code	Description Code the number of pairs dispensed	Supplier	Price €
Add	86371	*3M Coban 2 Compression System (Comfort Layer) 10 cm. x 2.7 m.; (Compression Layer) 10 cm. x 4.7 m. (2 Rolls/1 Kit) 2094 Pack 1 (A)	3M or Allphar	11.27
Add	86372	*3M Coban 2 Lite Compression System (Comfort Layer) 10 cm. x 2.7 m.; (Compression Layer) 10 cm. x 4.7 m. (2 Rolls/1 Kit) 2794E Pack 1 (A)	3M or Allphar	11.27
Add	86364	BSN Medical JOBST For Men Ambition RAL Class 1 Stocking Below Knee Closed Toe Long 79483-00024/00029-00 (European Standard) Pair 1 (A)	Healthcare 21	30.00
Add	86365	BSN Medical JOBST For Men Ambition RAL Class 1 Stocking Below Knee Closed Toe Regular 79482-00024/00029-00 (European Standard) Pair 1 (A)	Healthcare 21	30.00
Add	86366	BSN Medical JOBST For Men Ambition RAL Class 2 Stocking Below Knee Closed Toe Long 79485-00024/00029-00 (European Standard) Pair 1 (A)	Healthcare 21	30.00
Add	86367	BSN Medical JOBST For Men Ambition RAL Class 2 Stocking Below Knee Closed Toe Regular 79484-00024/00029-00 (European Standard) Pair 1 (A)	Healthcare 21	30.00
Add	86368	BSN Medical JOBST For Men Explore RAL Class 1 Stocking Below Knee Closed Toe Long 79509-00024/00029-00 (European Standard) Pair 1 (A)	Healthcare 21	30.00
Add	86369	BSN Medical JOBST For Men Explore RAL Class 2 Stocking Below Knee Closed Toe Long 79511-00024/00029-00 (European Standard) Pair 1 (A)	Healthcare 21	30.00
Add	86370	BSN Medical JOBST For Men Explore RAL Class 1 Stocking Below Knee Closed Toe Regular 79508-00024/00029-00 (European Standard) Pair 1 (A)	Healthcare 21	30.00
Add	89509	BSN Medical JOBST For Men Explore RAL Class 2 Stocking Below Knee Closed Toe Regular 79510-00024/00029-00 (European Standard) Pair 1 (A)	Healthcare 21	30.00
Add	86373	BSN Medical JOBST RAL Class 1 RTW Stocking Knee High Closed Toe Petite 70616-00018/00023-00, 70616-00024/00029-00 (European Standard) Pair 1 (A)	Healthcare 21	30.00
Add	86374	BSN Medical JOBST RAL Class 1 RTW Stocking Knee High Closed Toe Regular 70615-00018/00023-00, 70615-00024/00029-00 (European Standard) Pair 1 (A)	Healthcare 21	30.00
Add	86375	BSN Medical JOBST RAL Class 1 RTW Stocking Knee High Open Toe Petite 70616-00042/00047-00, 70616-00048/00053-00 (European Standard) Pair 1 (A)	Healthcare 21	30.00
Add	86376	BSN Medical JOBST RAL Class 1 RTW Stocking Knee High Open Toe Regular 70615-00042/00047-00, 70615-00048/00053-00 (European Standard) Pair 1 (A)	Healthcare 21	30.00
Add	86377	BSN Medical JOBST RAL Class 2 RTW Stocking Knee High Open Toe Regular 70625-00060/00065-00, 70625-00066/00071-00 (European Standard) Pair 1 (A)	Healthcare 21	30.00
Add	86378	BSN Medical JOBST RAL Class 1 RTW Stocking Thigh High Closed Toe Petite 70618-00036/00041-00, 70618-00048/00053-00 (European Standard) Pair 1 (A)	Healthcare 21	51.00
Add	86379	BSN Medical JOBST RAL Class 1 RTW Stocking Thigh High Closed Toe Petite 70618-00276/00281-00, 70618-00282/00287-00 (European Standard) Pair 1(A)	Healthcare 21	51.00
Instruction	**Code**	**Description** **Code the number of pairs dispensed**	**Supplier**	**Price** **€**

Add	86380	BSN Medical JOBST RAL Class 1 RTW Stocking Thigh High Closed Toe Regular 70617-00036/00041-00, 70617-00048/00053-00 (European Standard) Pair 1 (A)	Healthcare 21	51.00
Add	86381	BSN Medical JOBST RAL Class 1 RTW Stocking Thigh High Closed Toe Regular 70617-00279/00284-00, 70617-00285/00290-00 (European Standard) Pair 1 (A)	Healthcare 21	51.00
Add	86382	BSN Medical JOBST RAL Class 1 RTW Stocking Thigh High Open Toe Petite 70618-00246/00251-00, 70618-00252/00257-00 (European Standard) Pair 1 (A)	Healthcare 21	51.00
Add	86383	BSN Medical JOBST RAL Class 1 RTW Stocking Thigh High Open Toe Petite 70618-00078/00083-00, 70618-00168/00173-00 (European Standard) Pair 1 (A)	Healthcare 21	51.00
Add	86384	BSN Medical JOBST RAL Class 1 RTW Stocking Thigh High Open Toe Regular 70617-00249/00254-00, 70617-00255/00260-00 (European Standard) Pair 1 (A)	Healthcare 21	51.00
Add	86385	BSN Medical JOBST RAL Class 2 RTW Stocking Knee High Closed Toe Petite 70626-00078/00083-00, 70626-00084/00089-00 (European Standard) Pair 1 (A)	Healthcare 21	30.00
Add	86386	BSN Medical JOBST RAL Class 2 RTW Stocking Knee High Closed Toe Regular 70625-00030/00035-00, 70625-00036/00041-00 (European Standard) Pair 1 (A)	Healthcare 21	30.00
Add	86387	BSN Medical JOBST RAL Class 2 RTW Stocking Knee High Open Toe Petite 70626-00024/00029-00, 70626-00048/00053-00 (European Standard) Pair 1 (A)	Healthcare 21	30.00
Add	86388	BSN Medical JOBST RAL Class 2 RTW Stocking Knee High Open Toe Regular 70625-00024/00029-00, 70625-00048/00053-00 (European Standard) Pair 1 (A)	Healthcare 21	30.00
Add	86389	BSN Medical JOBST RAL Class 2 RTW Stocking Knee High Closed Toe Petite 70626-00030/00035-00, 70626-00036/00041-00 (European Standard) Pair 1 (A)	Healthcare 21	30.00
Add	86394	BSN Medical JOBST RAL Class 2 RTW Stocking Thigh High Closed Toe Petite 70628-00150/00155-00, 70628-00156/00161-00 (European Standard) Pair 1 (A)	Healthcare 21	51.00
Add	86395	BSN Medical JOBST RAL Class 2 RTW Stocking Knee High Closed Toe Regular 70625-00078/00083-00, 70625-00084/00089-00 (European Standard) Pair 1 (A)	Healthcare 21	30.00
Add	86396	BSN Medical JOBST RAL Class 2 RTW Stocking Thigh High Closed Toe Regular 70627-00150/00155-00, 70627-00156/00161-00 (European Standard) Pair 1 (A)	Healthcare 21	51.00
Add	86397	BSN Medical JOBST RAL Class 2 RTW Stocking Thigh High Open Toe Petite 70628-00126/00131-00, 70628-00330/00335-00 (European Standard) Pair 1 (A)	Healthcare 21	51.00
Add	86398	BSN Medical JOBST RAL Class 1 RTW Stocking Thigh High Open Toe Regular 70617-00078/00083-00, 70617-00168/00173-00 (European Standard) Pair 1 (A)	Healthcare 21	51.00
Add	86399	BSN Medical JOBST RAL Class 2 RTW Stocking Thigh High Open Toe Regular 70627-00126/00131-00, 70627-00330/00335-00 (European Standard) Pair 1 (A)	Healthcare 21	51.00

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ADDITIONS TO OSTOMY & URINARY

EFFECTIVE 1ST FEBRUARY 2020

Instruction	Code	Description	Price €
Add	94121	Cennaire Suportx Easy Peel Belt Standard 20CM Suportx Easy Belt Black STD SPX711B/712B/713B/714B/715B – SM/MED/LGE/X LGE/XX LGE 1	54.95
Add	94122	Cennaire Suportx Easy Peel Belt Standard 20CM Suportx Easy Belt Skin STD SPX711S/712S/713S/714S/715S – SM/MED/LGE/X LGE/XX LGE 1	54.95
Add	94120	Cennaire Suportx Easy Peel Belt Standard 20CM Suportx Easy Belt White STD SPX711W/712W/713W/714W/715W – SM/MED/LGE/X LGE/XX LGE 1	54.95
Add	94130	Cennaire Suportx Easy Peel Belt with hole 20CM Suportx Easy Belt Black with hole SPX811B/812B/813B/814B/815B – SM/MED/LGE/X LGE/XX LGE 1	65.00
Add	94131	Cennaire Suportx Easy Peel Belt with hole 20CM Suportx Easy Belt Skin with hole SPX811S/812S/813S/814S/815S – SM/MED/LGE/X LGE/XX LGE 1	65.00
Add	94128	Cennaire Suportx Easy Peel Belt with hole 20CM Suportx Easy Belt White with hole SPX811W/812W/813W/814W/815W – SM/MED/LGE/X LGE/XX LGE 1	65.00
Add	94134	Cennaire Suportx Easy Peel Belt Standard 26CM Suportx Easy Belt Black STD SPX721B/722B/723B/724B/725B – SM/MED/LGE/X LGE/XX LGE 1	60.00
Add	94136	Cennaire Suportx Easy Peel Belt Standard 26CM Suportx Easy Belt Skin STD SPX721S/722S/723S/724S/725S – SM/MED/LGE/X LGE/XX LGE 1	60.00
Add	94133	Cennaire Suportx Easy Peel Belt Standard 26CM Suportx Easy Belt White STD SPX721W/722W/723W/724W/725W – SM/MED/LGE/X LGE/XX LGE 1	60.00
Add	94139	Cennaire Suportx Easy Peel Belt with hole 26CM Suportx Easy Belt Black with hole SPX821B/822B/823B/824B/825B – SM/MED/LGE/X LGE/XX LGE 1	70.00
Add	94140	Cennaire Suportx Easy Peel Belt with hole 26CM Suportx Easy Belt Skin with hole SPX821S/822S/823S/824S/825S – SM/MED/LGE/X LGE/XX LGE 1	70.00
Add	94138	Cennaire Suportx Easy Peel Belt with hole 26CM Suportx Easy Belt White with hole SPX821W/822W/823W/824W/825W – SM/MED/LGE/X LGE/XX LGE 1	70.00
Add	94177	Coloplast SenSura Mio 1 Piece Drainable Post-Op with BodyFit Technology 18690/91 5	18.94
Add	94173	Coloplast SenSura Mio Convex 1 Piece Drainable High Output Soft with BodyFit Technology and Full Circle Filter 18670/71/75/76 10	52.13
Add	94172	Coloplast SenSura Mio Flex 1 Piece Drainable High BodyFit Technology and Full Circle Filter 18660/61/65/66 10	37.86
Add	94141	Coloplast SenSura Mio Click 2 Piece Drainable High Output with Full Circle Filter and Mechanical Coupling 18620/21/22 10	19.41
Add	94143	Coloplast SenSura Mio Click 2 Piece Drainable High Output with Full Circle Filter and Mechanical Coupling 18630/31/32/40/41/42/00/01/02/03/10/11/12/13 10	38.80
Add	94144	Coloplast SenSura Mio Flex 2 Piece Drainable High Output with Full Circle Filter and Adhesive Coupling 18650/51/55/56 10	34.22
Add	94178	Fannin Prosys Catheter Retaining Strap Short PCS35 5	13.55
Add	94179	Fannin Prosys Catheter Retaining Strap Adult PC545 5	13.75
Add	94181	Fannin Prosys Catheter Valve PCV3942 5	10.83
Add	94183	Fannin Prosys Leg Bag Sleeve PLS3881/3904/3928 4	8.55
Add	94194	LINC Medical LINC-Flo Sterile Paediatric Leg Bag – Panda Bag 100 ml. 10 cm. Tube Lever Tap LM100MDL 10	25.95
Add	94196	LINC Medical LINC-Flo Sterile Paediatric Leg Bag – Panda Bag 100 ml. 30 cm. Tube Lever Tap LM100LDL 10	25.95
Add	94198	LINC Medical LINC-Flo Sterile Paediatric Leg Bag – Panda Bag 200 ml. Direct Inlet Tube Lever Tap LM200SDL 10	25.95
Add	94199	LINC Medical LINC-Flo Sterile Paediatric Leg Bag – Panda Bag 200 ml. 10 cm. Tube Lever Tap LM200MDL 10	25.95

Instruction	Code	Description	Price €
Add	94200	LINC Medical LINC-Flo Sterile Paediatric Leg Bag – Panda Bag 200 ml. 30 cm. Tube Lever Tap LM200LDL 10	25.95
Add	94184	Vanilla Blush Coresitwell Belt Level 3 /With Cotton Lining, 26CM Depth, Black with Velcro Opening and Closing, Hand Assisted Application VBCSW1 up to 85cm Small 1	63.00
Add	94185	Vanilla Blush Coresitwell Belt Level 3 /With Cotton Lining, 26CM Depth, Black with Velcro Opening and Closing, Hand Assisted Application VBCSW2 85cm-90cm Medium 1	63.00
Add	94187	Vanilla Blush Coresitwell Belt Level 3 /With Cotton Lining, 26CM Depth, Black with Velcro Opening and Closing, Hand Assisted Application VBCSW3 95cm-115cm Large 1	63.00
Add	94188	Vanilla Blush Coresitwell Belt Level 3 /With Cotton Lining, 26CM Depth, Black with Velcro Opening and Closing, Hand Assisted Application VBCSW4 115cm-135cm X-Large 1	63.00
Add	94189	Vanilla Blush Coresitwell Belt Level 3 /With Cotton Lining, 26CM Depth, Black with Velcro Opening and Closing, Hand Assisted Application VBCSW5 135cm-148cm XX-Large 1	63.00
Add	94192	Vanilla Blush Coresitwell Belt Level 3 /With Cotton Lining, 26CM Depth, Black with Velcro Opening and Closing, Hand Assisted Application VBCSW6 148cm-170cm XXX-Large 1	63.00
		DELETIONS	
Delete	93622	Qufora Self Adhering Silicone Urisheath Standard 20111101/201/301/401/501 & Short 20111103/203/303/403/503 30	
Delete	93397	Trident T1 Leg Bag 350 ml. Short Tube 370802 10	
Delete	93413	Trident T1 Leg Bag 500 ml. Short Tube 370807 10	
Delete	93424	Trident T1 Leg Bag 500 ml. Long Tube 370817 10	
Delete	93443	Trident T1 Leg Bag 750 ml. Short Tube 370809 10	
Delete	93448	Trident T1 Leg Bag 750 ml. Long Tube 370819 10	
Delete	93670	Trident T1 Leg Bag 750 ml. Short Tube 370904 10	
Delete	95257	Trident T2 Leg Bag 350 ml. Short Tube 376137 10	
Delete	95298	Trident T2 Leg Bag 500 ml. Long Tube 376139 10	
Delete	95273	Trident T2 Leg Bag 500 ml. Short Tube 376138 10	
Delete	95325	Trident T2 Leg Bag 750 ml. Adj. Tube 376141 10	
Delete	95173	Trident T2 Leg Bag 750 ml. Long Tube Sterile 376142 10	
Delete	95168	Trident T2 Leg Bag 750 ml. Short Tube Sterile 376140 10	
CHANGES TO THE LIST OF OSTOMY & URINARY ITEMS			
CHANGES <u>UNDERLINED</u>			
Change	93523	Hunter EMTEVA Intermittent Catheter with Finger Grip 46F12-30-UK 30	
To Read	93523	Hunter EMTEVA <u>Plus</u> Intermittent Catheter with Finger Grip 46F12-30-UK 30	
Change	93353	Softima Roll'Up Drainable Pouch Convex with Filter Transparent & Beige 41717E, 41718E, 41726E, 41731E, 41737E, 41817E & 41818E 10	
To Read	93353	Softima Roll'Up Drainable Pouch Convex with Filter Transparent & Beige <u>41717E, 41718E, 41726E, 41731E, 41817E & 41818E</u> 10	

CHANGES TO THE DELETIONS LIST OF OSTOMY & URINARY ITEMS EFFECTIVE 1ST DECEMBER 2019			
CHANGES UNDERLINED			
Change	Delete	Ileodress Plus One Piece Drainable Pouch Clear S420/6 10	98264
To Read	Add	Ileodress Plus One Piece Drainable Pouch Clear S420/6 10	98264
Change	Delete	Ileodress Plus One Piece Drainable Pouch Opaque S411/6 10	98256
To Read	Add	Ileodress Plus One Piece Drainable Pouch Opaque S411/6 10	98256

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st January 2020

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st JANUARY 2020
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Bendroflumethiazide (Bristol Labs.) Tabs. 2.5 mg. 28 (A)	S1B	2.38	36979
Bendroflumethiazide (Bristol Labs.) Tabs. 5 mg. 28 (A)	S1B	2.93	36980
(Non-Proprietary Name Index: Bendroflumethiazide)			
Saflutan Eye Drops. 15 mcg./ml. 3 ml. Bottle 1 (A)	S1B	16.84	36899
Code the number of bottles dispensed			
(Non-Proprietary Name Index: Tafluprost)			
Suvezen Film Coated Tabs. 10 mg./10mg. 30 (A)	S1B	15.47	62887
Suvezen Film Coated Tabs. 20 mg./10mg. 30 (A)	S1B	18.77	62888
Suvezen Film Coated Tabs. 40 mg./10mg. 30 (A)	S1B	22.67	62889
(Non-Proprietary Name Index: Rosuvastatin and Ezetimibe)			
Tramadol/Paracetamol Rowa Film Coated Tabs. 37.5 mg./325 mg. 60 (A)	S1A	4.00	48595
(Non-Proprietary Name Index: Tramadol and Paracetamol)			

CHANGE TO THE LIST OF DELETIONS ON GMS REIMBURSABLE ITEMS
EFFECTIVE 1st DECEMBER 2019
CHANGES UNDERLINED

Change	Nortenolol Tabs. 100 mg. 30	36645
To Read	Nortenolol Tabs. 100 mg. 30	33645

NAME CHANGE TO LIST OF GMS REIMBURSABLE ITEMS EFFECTIVE 1st JANUARY 2020
CHANGES UNDERLINED

Change	Valsartan (Rowa) Film Coated Tabs. 40 mg. 28	73794
To Read	Vatan Film Coated Tabs. 40 mg. 28	73794
Change	Valsartan (Rowa) Film Coated Tabs. 80 mg. 28	73795
To Read	Vatan Film Coated Tabs. 80 mg. 28	73795
Change	Valsartan (Rowa) Film Coated Tabs. 160 mg. 28	73796
To Read	Vatan Film Coated Tabs. 160 mg. 28	73796

DELETIONS

Arythmol Tabs. 300 mg. 60	12777
Calmurid HC Cream 30 G.	53740
Calmurid HC Cream 100 G.	16217
Cosartal Tabs. 100 mg. 28	65009
Efracea MR Hard Caps. 40 mg. 56	42040
Equasym Tabs. 5 mg. 30	56903
Equasym Tabs. 10 mg. 30	56945
Equasym Tabs. 20 mg. 30	56974
Floxapen Syr. 125 mg./5 ml. 100 ml.	90255
Lotriderm Cream 30 G.	25206
Opticrom Eye Drops 2% 13.5 ml. Pack 1	57528
Rasilez HCT Tabs. 300 mg../12.5 mg. 28	68275
Rasilez HCT Tabs. 300 mg./25 mg. 28	68276
Seroquel Tabs. 200 mg. 60	45826

ADDITIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME
CLINICAL NUTRITIONAL PRODUCTS
Code the number of bottles, boxes, packs, pots, pouches, sachets, tins or tubs dispensed.

Add	Aptamil Pepti 1 400 G. Pack 1 (A)	10.21	85028
Add	Aptamil Pepti 2 400 G. Pack 1 (A)	10.21	85029

ADDITIONS TO THE LIST OF OSTOMY & URINARY ITEMS			
Add	Hollister Moderma Flex Urostomy Pouch with CeraPlus Barrier 59400 10	74.16	99283
Add	Hollister Moderma Flex Urostomy Pouch with CeraPlus Barrier – Convex 59700/01/02 10	74.16	99281
Add	Hollister Moderma Flex Urostomy Pouch with CeraPlus Barrier - Soft Convex 59820/25/30/59900/01/02 10	74.15	99280

CHANGES TO THE DELETIONS LIST OF OSTOMY & URINARY ITEMS EFFECTIVE 1ST DECEMBER 2019

CHANGES UNDERLINED

Change	Delete	Ileodress One Piece Drainable Pouch Small Opaque S851/60 10	93890
To Read	Add	Ileodress One Piece Drainable Pouch Small Opaque S851/60 10	93890
Change	Delete	Ileodress One Piece Drainable Pouch Opaque S831/37 10	96717
To Read	Add	Ileodress One Piece Drainable Pouch Opaque S831/37 10	96717
Change	Delete	Ileodress One Piece Drainable Pouch Clear S841/47 10	96725
To Read	Add	Ileodress One Piece Drainable Pouch Clear S841/47 10	96725

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st JANUARY 2020

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Posaconazole (Accord Healthcare Ltd.) Gastro Resistant Tabs. 100 mg. 24 (A)	88818	Posaconazole	315.39	Accord Healthcare Ltd.	Allphar

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Imatinib (Actavis) Film Coated Tabs. 400 mg. 30	88693	Imatinib	Actavis Ireland Ltd.
Mircera Soln. for Inj. Pre-filled Syr. 30 mcg./0.3 ml. 0.3 ml. 1	88738	Methoxy Polyethylene Glycol-Epoietin Beta	Roche Products (Ireland) Ltd.
Mircera Soln. for Inj. Pre-filled Syr. 75 mcg./0.3 ml. 1	88641	Methoxy Polyethylene Glycol-Epoietin Beta	Roche Products (Ireland) Ltd.
Mircera Soln. for Inj. Pre-filled Syr. 100 mcg./0.3 ml. 1	88651	Methoxy Polyethylene Glycol-Epoietin Beta	Roche Products (Ireland) Ltd.
Mircera Soln. for Inj. Pre-filled Syr. 120 mcg./0.3 ml. 0.3 ml. 1	88739	Methoxy Polyethylene Glycol-Epoietin Beta	Roche Products (Ireland) Ltd.
Mircera Soln. for Inj. Pre-filled Syr. 150 mcg./0.3 ml. 1	88652	Methoxy Polyethylene Glycol-Epoietin Beta	Roche Products (Ireland) Ltd.
Mircera Soln. for Inj. Pre-filled Syr. 200 mcg./0.3 ml. 1	88663	Methoxy Polyethylene Glycol-Epoietin Beta	Roche Products (Ireland) Ltd.
Mircera Soln. for Inj. Pre-filled Syr. 250 mcg./0.3 ml. 1	88672	Methoxy Polyethylene Glycol-Epoietin Beta	Roche Products (Ireland) Ltd.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st December 2019

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st DECEMBER 2019
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Azithromycin (Accord Healthcare Ltd.) Film Coated Tabs. 250 mg. 6 (A) *(Non-Proprietary Name Index: Azithromycin)*	S1A	6.97	47901
Dymista (P.C.O. Mfg.) Nasal Spray Susp. 137 mcg./50 mcg. per actuation 23 G. Bottle 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Fluticasone, Combinations)*	S1B	17.91	18302
*ellaOne (P.C.O. Mfg.) Tabs. 30 mg. 1 (A) *(Non-Proprietary Name Index: Ulipristal)* **Note: Circular 028/17 refers*		15.94	35501
Fucidin (P.C.O. Mfg.) Cream 20 mg./G. 30 G. (B) *(Non-Proprietary Name Index: Fusidic acid)*	S1A	6.08	60604
Lipantil Supra (P.C.O. Mfg.) Film Coated Tabs. 145 mg. 30 (A) *(Non-Proprietary Name Index: Fenofibrate)*	S1B	6.16	31608
Olanzapine (Accord Healthcare Ltd.) Film Coated Tabs. 7.5 mg. 56 (A) *(Non-Proprietary Name Index: Olanzapine)*	S1A	24.65	42316
Plendil (P.C.O. Mfg.) Prolonged Release Tabs. 5 mg. 28 (A)	S1B	5.92	40030
Plendil (P.C.O. Mfg.) Prolonged Release Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Felodipine)*	S1B	9.14	40031
Ramipril (Accord Healthcare Ltd.) Hard Caps. 2.5 mg. 28 (A) *(Non-Proprietary Name Index: Ramipril)*	S1B	1.96	79104
Spiolto Respimat Inhalation Soln. 2.5 mcg./2.5 mcg. 1 Re-usable Inhaler and 1 x 30 Dose Cartridge Complete Pack 1 (A)	S1B	44.82	46802
Spiolto Respimat Inhalation Soln. 2.5 mcg./2.5 mcg. 1 x 30 Dose Single Refill Cartridge Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Olodaterol and Tiotropium)*	S1B	43.32	46803
Spiriva Respimat Inhalation Soln. 2.5 mcg. 1 Re-usable Inhaler and 1 x 30 Dose Cartridge Complete Pack 1 (A)	S1B	30.43	61504
Spiriva Respimat Inhalation Soln. 2.5 mcg. 1 x 30 Dose Single Refill Cartridge Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Nam: Index: Tiotropium Bromide)*	S1B	24.83	61509
Striverdi Respimat Inhalation Soln. 2.5 mcg. 1 Re-usable Inhaler and 1 x 30 Dose Cartridge Complete Pack 1 (A)	S1B	27.78	46893
Striverdi Respimat Inhalation Soln. 2.5 mcg. 1 x 30 Dose Single Refill Cartridge Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Olodaterol)*	S1B	26.95	46894
Symbicort Turbohaler (P.C.O. Mfg.) 400 mcg./12 mcg. 60 Dose Inhaler 1 (A) *Code the number of inhalers dispensed* *(Non-Proprietary Name Index: Formoterol and Budesonide)*	S1B	34.55	61591

DELETIONS

Aricept (P.C.O. Mfg.) Tabs. 5 mg. 28	13052
Aricept (P.C.O. Mfg.) Tabs. 10 mg. 28	13094
Atrovent Nebuliser Soln. Unit Dose Vial 250 mcg./ml. 2 ml. 60	14400
Candesartan TEVA Tabs. 16 mg. 28	21498
Hyalgan Pre-filled Syringe 20 mg./2 ml. 2 ml. 1	58644

Insuman Basal Vial 100 IU/ml. 5 ml. Vial 1	68233
Insuman Comb 25 Vial 100 IU/ml. 5 ml. Vial 1	68241
Modecate Inj. Conc. 100 mg./ml. 1 ml. 5	74705
Moduret 25 Tabs. 28	54946
Nortenolol Tabs. 25 mg. 30	36624
Nortenolol Tabs. 50 mg. 30	36636
Nortenolol Tabs. 100 mg. 30	36645
Pioglitazone (Actavis) Tabs. 15 mg. 28	34512
Pioglitazone (Actavis) Tabs. 30 mg. 28	34687
Pioglitazone (Actavis) Tabs. 45 mg. 28	34858
Reminyl Tabs. 8 mg. 56	43327
Reminyl Tabs. 12 mg. 56	43381
Reminyl Tabs. 12 mg. 168	43397
Zantac (P.C.O. Mfg.) Tabs. 150 mg. 60	55248
Zepholin SR Caps. 200 mg. 56	52159

CHANGE TO THE LIST OF OSTOMY URINARY PRODUCTS IN THE GMS SCHEME
EFFECTIVE 1ST MAY 2015
CHANGES UNDERLINED

Change	93642	Merit Drainage Depot 600 ml. Drainage Bag with VELCRO brand strap, 61cm Length Large Bore Tubing and Barbed Male Luer and Soft Cloth Backing FZ624 20	€9.52
To Read	93642	Merit Drainage Depot 600 ml. Drainage Bag with VELCRO brand strap, 61cm Length Large Bore Tubing and Barbed Male Luer and Soft Cloth Backing FZ624 20	€190.40

DELETIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME
OSTOMY & URINARY

Ileodress One Piece Drainable Pouch Clear S841/47 10	96725
Ileodress One Piece Drainable Pouch Opaque S831/37 10	96717
Ileodress One Piece Drainable Pouch Small Opaque S851/60 10	93890
Ileodress Plus One Piece Drainable Pouch Clear S420/6 10	98264
Ileodress Plus One Piece Drainable Pouch Opaque S411/6 10	98256

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST DECEMBER 2019

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Decapeptyl (iMED Healthcare Ltd.) 3 Month Pack Powder and Solvent for Suspension for Injection 11.25 mg. 1 (A) *Code the number of packs dispensed*	88821	Triptorelin	292.99	iMED Healthcare Ltd.	iMED Healthcare Ltd.
Idacio Soln. for Inj. in Pre-filled Pen 40 mg./0.8 ml. 0.8 ml. 2 (A) *Code the number of pre-filled pens dispensed*	88800	Adalimumab	618.63	Fresenius Kabi Ltd.	Uniphar
Idacio Soln. for Inj. in Pre-filled Syringe 40 mg./0.8 ml. 0.8 ml. 2 (A) *Code the number of pre-filled syringes dispensed*	88816	Adalimumab	618.63	Fresenius Kabi Ltd.	Uniphar
Idacio Soln. for Inj. for Paediatric Use 40 mg./0.8 ml. 08.ml. Vial 1 (A) *Code the number of vials dispensed*	88817	Adalimumab	309.31	Fresenius Kabi Ltd.	Uniphar

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Eprex Pre-filled Syringe 30,000 iu/ml. 0.75 ml. 1	88401	Erythropoietin	Janssen

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st November 2019

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st NOVEMBER 2019

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Amlodipine/Valsartan/Hydrochlorothiazide (Clonmel) Film Coated Tabs. 5 mg./160mg./12.5 mg. 28 (A)	S1B	8.99	24528
Amlodipine/Valsartan/Hydrochlorothiazide (Clonmel) Film Coated Tabs. 5 mg./160mg./25 mg. 28 (A)	S1B	8.68	24529
Amlodipine/Valsartan/Hydrochlorothiazide (Clonmel) Film Coated Tabs. 10 mg./160mg./12.5 mg. 28 (A)	S1B	9.85	24530
(Non-Proprietary Name Index: Valsartan, Amlodipine and Hydrochlorothiazide)			
Amlodipine/Valsartan Mylan (Gerard Labs.) Film coated Tabs. 5 mg./80 mg. 28 (A)	S1B	7.53	24531
Amlodipine/Valsartan Mylan (Gerard Labs.) Film coated Tabs. 5 mg./160 mg. 28 (A)	S1B	8.41	24532
Amlodipine/Valsartan Mylan (Gerard Labs.) Film coated Tabs. 10 mg./160 mg. 28 (A)	S1B	8.81	24533
(Non-Proprietary Name Index: Valsartan and Amlodipine)			
Bricanyl Turbohaler 500 mcg. 120 Dose Inhaler Pack 1 (A)	S1B	5.79	37420
Code the number of aerosols dispensed			
(Non-Proprietary Name Index: Terbutaline)			
Colchicine (Azure Pharmaceuticals) Tabs. 500 mcg. 100 (A)	S1A	10.53	37510
(Non-Proprietary Name Index: Colchicine)			
Frovatriptan (Pinewood Healthcare) Film Coated Tabs. 2.5 mg. 6 (A)	S1B	7.08	37658
(Non-Proprietary Name Index: Frovatriptan)			
Hydrocortisone (Azure Pharmaceuticals) Tabs. 10 mg. 30 (A)	S1A	17.28	47993
(Non-Proprietary Name Index: Hydrocortisone)			

DELETIONS

Adalat Caps. 10 mg. 90 (A)	10647
Atorvastatin (Pfizer) Film Coated Tabs. 80 mg. 30 (A)	41909
Candesartan TEVA Tabs. 4 mg. 28 (A)	15453
Candesartan TEVA Tabs. 8 mg. 28 (A)	21306
Carbamazepine (Essential Pharma) Suppos. 125 mg. 5 (A)	48761
Carbamazepine (Essential Pharma) Suppos. 250 mg. 5 (A)	48773
Cerazette (P.C.O. Mfg.) Film Coated Tabs. 75 mcg. 28 (A)	30753
Dixarit Tabs. 0.025 mg. 112 (A)	21709
Profal Tabs. 5 mg. 28 (A)	71009
Telmisartan TEVA Pharma Tabs. 80 mg. 28 (A)	64436
Vaniqa Cream 11.5% 30 G. (B)	51904

DELETIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME
INSULIN INFUSION SETS

Animas 2020 Cartridges 2020-100-124-11 - 10 Pieces	85025
Animas ADR Cartridge Insulin Pump Syringe Reservoir 1.8 ml. 100-505-00 10 Pieces	83175
Animas ADR Cartridge Insulin Pump Syringe Reservoir 3.0 ml. 100-505-01 10 Pieces	83176
Animas COMFORT 23" 13 mm. 100-240-01 10 Pieces	83177
Animas COMFORT 43" 13 mm. 100-240-03 10 Pieces	83178
Animas DETACH 23" 6 mm. 100-905-00 10 Pieces	83179
Animas DETACH 23" 8 mm. 100-905-01 10 Pieces	83180
Animas DETACH 43" 6 mm. 100-905-02 10 Pieces	83181
Animas DETACH 43" 8 mm. 100-905-03 10 Pieces	83183
Animas Inset 30 Blue 60 cm. 13 mm. 100-396-01 10 Pieces	83185
Animas Inset 30 Grey 110 cm. 13 mm. 100-396-03 10 Pieces	83187
Animas Inset 30 Grey 60 cm. 13 mm. 100-396-00 10 Pieces	83184
Animas Inset 30 Pink 60 cm. 13 mm. 100-396-02 10 Pieces	83186
Animas Inset II Infusion Set 60 cm. Blue 6 mm. 100-410-01 10	85017

Animas Inset II Infusion Set 60 cm. Blue 9 mm. 100-411-01 10	85020
Animas Inset II Infusion Set 60 cm. Grey 6 mm. 100-410-00 10	85016
Animas Inset II Infusion Set 60 cm. Grey 9 mm. 100-411-00 10	85019
Animas Inset II Infusion Set 60 cm. Pink 6 mm. 100-410-02 10	85018
Animas Inset II Infusion Set 60 cm. Pink 9 mm. 100-411-02 10	85021
Animas Inset II Infusion Set 110 cm. Grey 6 mm. 100-412-00 10	85023

ADDITION TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME DIAGNOSTICS			
Add	Dexcom G6 Sensor STS-GS-003 3 (A)	225.00	97629

ADDITIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME CLINICAL NUTRIONAL PRODUCTS **Code the number of bottles, boxes, packs, pots, pouches, sachets, tins or tubs dispensed**			
Add	Fresubin Thickened Level 2 200 ml. Pack 1 (A)	2.40	85027
Add	Fresubin Thickened Level 3 200 ml. Pack 1 (A)	2.40	85031
Add	Nutilis Complete Drink Level 3 125 ml. Pack 1 (A)	1.50	83969
Add	Nutilis Fruit Level 4 150 G. Pack 1 (A)	1.60	83961

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST NOVEMBER 2019

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Lorviqua Film Coated Tabs. 25 mg. 90 (A)	88823	Lorlatinib	5832.00	Pfizer Healthcare Ltd.	Pfizer DTP
Pelgraz Soln. for Inj. in Pre-filled Injector 6 mg./0.6 ml. 0.6 ml. 1 (A) *Code the number of injectors dispensed*	88826	Pegfilgrastim	667.49	Accord Healthcare Ltd.	Allphar
Vizimpro Film Coated Tabs. 15 mg. 30 (A)	88827	Dacomitinib	2538.00	Pfizer Healthcare Ltd.	Pfizer DTP
Vizimpro Film Coated Tabs. 30 mg. 30 (A)	88828	Dacomitinib	2538.00	Pfizer Healthcare Ltd.	Pfizer DTP
Vizimpro Film Coated Tabs. 45 mg. 30 (A)	88829	Dacomitinib	2538.00	Pfizer Healthcare Ltd.	Pfizer DTP

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Eprex Prefilled Syr. 1,000 IU/0.5 ml. 0.5 ml. 6 (A)	88040	Erythropoietin	Janssen Ltd.
Eprex Pre-filled Syringe 40,000iu/ml. 1 ml. 1 (A)	88140	Erythropoietin	Janssen Ltd.
Humira Soln. for Subcutaneous Inj. for Paed. 40 mg. 2 (A)	88535	Adalimumab	Abbvie limited
Linezolid (Actavis Ireland) Film Coated Tabs. 600 mg. 10 (A)	88399	Linezolid	Actavis Ireland

Feidhmeannacht na Seirbhíse Sláinte
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Product Updates Notification
Effective 1st October 2019

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st OCTOBER 2019
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Azilect (Lexon UK) Tabs. 1 mg. 28 (A) *(Non-Proprietary Name Index: Rasagiline)*	S1B	91.05	31808
Ditropan (LTT Pharma Ltd.) Tabs. 5 mg. 84 (A) *(Non-Proprietary Name Index: Oxybutynin)*	S1B	15.09	21501
Ethylex Film Coated Tabs. 50 mg. 28 (A) *(Non-Proprietary Name Index: Naltrexone)*	S1A	19.44	33403
Exelon (P.C.O. Mfg.) Hard Caps. 1.5 mg. 56 (A)	S1A	38.05	24487
Exelon (P.C.O. Mfg.) Hard Caps. 3.0 mg. 56 (A) *(Non-Proprietary Name Index: Rivastigmine)*	S1A	39.11	24488
Famvir (P.C.O. Mfg.) Film Coated Tabs. 500 mg. 21 (A) *(Non-Proprietary Name Index: Famciclovir)*	S1A	83.52	66285
Flutiform k-haler Pressurised Inhalation, Susp. 50 mcg./5 mcg. per actuation, 120 Dose 1 (A) *Code the number of inhalers dispensed* *(Non-Proprietary Name Index: Formoterol and Fluticasone)*	S1B	24.76	33310
Mestinon (LTT Pharma Ltd.) Tabs. 60 mg. 200 (A) *(Non-Proprietary Name Index: Pyridostigmine)*	S1B	46.05	33865
Midon (LTT Pharma Ltd.) Tabs. 2.5 mg. 100 (A) *(Non-Proprietary Name Index: Midodrine)*	S1B	29.38	34455
Prasugrel (KRKA Pharma) Film Coated Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Prasugrel)*	S1B	19.70	37413
Requip-Modutab (LTT Pharma Ltd.) Prolonged Release Tabs. 2 mg. 84 (A)	S1B	55.52	79190
Requip-Modutab (LTT Pharma Ltd.) Prolonged Release Tabs. 8 mg. 84 (A) *(Non-Proprietary Name Index: Ropinirole)*	S1B	196.83	79191
Symbicort Turbohaler (P.C.O. Mfg.) 100 mcg./6 mcg. 120 Dose Inhaler 1 (A)	S1B	35.05	47917
Symbicort Turbohaler (P.C.O. Mfg.) 200 mcg./6 mcg. 120 Dose Inhaler 1 (A) *Code the number of inhalers dispensed* *(Non-Proprietary Name Index: Formoterol and Budesonide)*	S1B	36.14	47918
Tanyz Modified Release Hard Caps. 400 mcg. 30 (A) *(Non-Proprietary Name Index: Tamsulosin)*	S1B	4.50	37606
Twicor (Mylan) Film Coated Tabs. 10 mg./10 mg. 30 (A)	S1B	16.26	62882
Twicor (Mylan) Film Coated Tabs. 20 mg./10 mg. 30 (A) *(Non-Proprietary Name Index: Rosuvastatin and Ezetimibe)*	S1B	18.90	62883

ADDENDUM TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
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Epaclob Oral Susp. 1 mg./ml. 150 ml. (B)	S1A	100.49	29239
Epaclob Oral Susp. 2 mg./ml. 150 ml. (B)	S1A	100.49	29240

DELETIONS

Accolate Tabs. 20 mg. 56	10164
Cardicor (P.C.O. Mfg.) Tabs. 2.5 mg. 28	17448
Chloromycetin Eye Oint. 1% 4 G.	17361
Duloxetine (Teva) Hard Gastro-Resistant Caps. 30 mg. 28	36809
Provera Tabs. 100 mg. 100	43206
Traxam Gel 100 G.	50407
Zithromax (P.C.O. Mfg.) Caps. 250 mg. 6	51938

ADDITION TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME
DIAGNOSTICS

Add	Dexcom G6 Sensor STS-GS-002 1 (A)	75.00	97628

ADDITION TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME
CLINICAL NUTRITIONAL PRODUCTS
Code the number of bottles, boxes, packs, pots, pouches, sachets, tins or tubs dispensed.

Add	Nutilis Clear (*****IDDSI Standard) 175 G. Pack 1 (A)	8.19	83960
Add	Pro-Cal 15 G. Sachet 30 (A)	19.09	85091
Add	Swalloweze Clear (*****IDDSI Standard) 165 G. Tub (with scoop) 1 (A)	7.33	85064
Add	Thick & Easy Clear (*****IDDSI Standard) 126 G. Pack 1 (A)	7.95	81506

*******International Dysphagia Diet Standardisation Initiative*

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE
1st OCTOBER 2019

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Fotivda Hard Caps. 890 mcg. 21 (A)	88824	Tivozanib	2,916.00	EUSA Pharma UK Ltd.	McKesson Ireland
Fotivda Hard Caps. 1340 mcg. 21 (A)	88825	Tivozanib	2,916.00	EUSA Pharma UK Ltd.	McKesson Ireland
Lorviqua Film Coated Tabs. 100 mg. 30 (A**)**	88822	Lorlatinib	5,832.00	Pfizer Healthcare Ireland	Pfizer Healthcare Ireland

CHANGE TO UPDATE EFFECTIVE
1ST JULY 2019
CHANGES UNDERLINED

Repatha Soln. for Inj. Pre-filled Pen SureClick 140 mg. 2 *Code the number of pre-filled pens dispensed*	88993	Evolocumab	440.23	Amgen Ireland Ltd.	United Drug
Repatha Soln. for Inj. Pre-filled Pen SureClick 140 mg. 2 *Code the number of pre-filled pens dispensed*	88993	Evolocumab	440.85	Amgen Ireland Ltd.	United Drug

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Immukin Inj. 100 mcg/0.5 ml. 0.5 ml. 6	88234	Interferon Gamma	Boehringer Ingelheim Ireland
Pergoveris Pdr. and Solv. for Soln. for Inj. 150 iu/75 iu 1	88666	Follitropin Alfa And Lutropin Alfa	Merck Serono (Ireland) Ltd.
Rebif Initiation (8.8 mcg. x 6 Pre-filled Pens and 22 mcg. x 6 Pre-filled Pens) Pack 1	88371	Interferon Beta-1A	Merck Serono (Ireland) Ltd.
Rebif Soln. for Inj. in Pre-filled Pen 22 mcg. 12	88376	Interferon Beta-1A	Merck Serono (Ireland) Ltd.
Rebif Soln. for Inj. in Pre-filled Pen 44 mcg. 12	88383	Interferon Beta-1A	Merck Serono (Ireland) Ltd.
Tenofovir Disoproxil (Rowex) Film Coated Tabs. 245 mg. 30	88883	Tenofovir Disoproxil	Rowex Ltd.

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AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st SEPTEMBER 2019

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
AirBuFo Forspiro Inhalation Powder 160 mcg./4.5 mcg. 2 x 60 Dose Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Formoterol and Budesonide)*	S1B	31.86	29234
Cilique Tabs. 250/35 mcg. 63 (A) *(Non-Proprietary Name Index: Norgestimate and Ethinylestradiol)*	S1B	5.02	29237
Levothyroxine (Teva) Tabs. 25 mcg. 28 (A)	S1B	1.21	34531
Levothyroxine (Teva) Tabs. 50 mcg. 28 (A)	S1B	1.64	34532
Levothyroxine (Teva) Tabs. 100 mcg. 28 (A) *(Non-Proprietary Name Index: Levothyroxine Sodium)*	S1B	1.80	34533
Prasugrel (Accord Healthcare Ltd.) Film Coated Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Prasugrel)*	S1B	19.70	28920
Seroquel XR (Originalis B.V.) Prolonged Release Tabs. 400 mg. 60 (A) *(Non-Proprietary Name Index: Quetiapine)*	S1A	51.00	31142
Topamax (Originalis B.V.) Film Coated Tabs. 200 mg. 60 (A) *(Non-Proprietary Name Index: Topiramate)*	S1B	73.76	31144
Toujeo DoubleStar Soln. for Inj. in Pre-filled Pen 300 units/ml. 3 ml. 3 (A) *Code the number of pre-filled pens dispensed* *(Non-Proprietary Name Index: Insulin Glargine)*	S1B	82.80	31145
Trileptal (Originalis B.V.) Oral Susp. 60 mg./ml. 250 ml. (B) *(Non-Proprietary Name Index: Oxcarbazepine)*	S1B	29.71	29236

DELETIONS

Atacand Tabs. 4 mg. 28	13048
Cardicor (P.C.O. Mfg.) Tabs. 1.25 mg. 28	17409
Flixotide (P.C.O. Mfg.) Nebules 0.5 mg./2 ml. 10	26114
Keflex (P.C.O. Mfg.) Hard Caps. 250 mg. 28	30213
Lipostat Tabs. 10 mg. 28	31704
Lipostat Tabs. 20 mg. 28	31712
Lipostat Tabs. 40 mg. 28	31786
Memantine (Ratiopharm) Film Coated Tabs. 10 mg. 28	38102
Modecate Inj. Conc. 50 mg./0.5 ml. 0.5 ml. 10	34355
Nemdatine Film Coated Tabs. 10 mg. 28	32563
Provera Tabs. 5 mg. 100	43470

CHANGES TO DIAGNOSTIC ADDITIONS EFFECTIVE 1st MARCH 2019
CHANGES UNDERLINED

Change	Medtronic Guardian Sensor 3 Sensor BNGLGSENS3110 10	94169
To Read	Medtronic Guardian Sensor 3 Sensor <u>BNGLGSENS310</u> 10	94169

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UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st SEPTEMBER 2019

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Alunbrig Film Coated Tabs. 30 mg. 28 (A)	88987	Brigatinib	1,298.85	Takeda Products Ire.	United Drug
Alunbrig Film Coated Tabs. 90 mg. 28 (A)	88988	Brigatinib	3,896.56	Takeda Products Ire.	United Drug
Alunbrig Film Coated Tabs. 180 mg. 28 (A)	88995	Brigatinib	5,195.42	Takeda Products Ire.	United Drug
Alunbrig Treatment Initiation Pack. (90 mg. x 7 and 180 mg. x 21) Film Coated Tabs. Pack 1 (A) *Code the number of packs dispensed*	88996	Brigatinib	5,195.42	Takeda Products Ire.	United Drug
Imbruvica Film Coated Tabs. 140 mg. 28 (A)	88835	Ibrutinib	1,848.18	Jansses Sciences Ire.	Allphar
Imbruvica Film Coated Tabs. 280 mg. 28 (A)	88836	Ibrutinib	3,696.36	Jansses Sciences Ire.	Allphar
Imbruvica Film Coated Tabs. 420 mg. 28 (A)	88837	Ibrutinib	5,544.55	Jansses Sciences Ire.	Allphar
Imbruvica Film Coated Tabs. 560 mg. 28 (A)	88838	Ibrutinib	7,392.72	Jansses Sciences Ire.	Allphar
Movymia Soln. for Inj. Cartridge 20 mcg./80 mcl. 1 *Code the number of cartridges dispensed*	88997	Teriparatide	224.20	Clonmel Healthcare	United Drug
Movymia Soln. for Inj. Starter Pack (1 x 20 mcg./ 80 mcl. 2.4 ml. Cartridge +1 Pen) (A) *Code the number of packs dispensed*	88998	Teriparatide	224.20	Clonmel Healthcare	United Drug
Pergoveris Soln. for Inj. in Pre-filled Pen 900 iu/450 iu) 1.44 mL. 1 (A) *Code the number of injections dispensed*	88839	Follitropin alfa & Lutrropin alfa	443.91	Merck Serono Ltd.	Allphar
Zoladex (Imed) Implant 3.6 mg. 1 (A)	88000	Goserelin	113.19	IMED Healthcare Ltd.	IMED Healthcare Ltd.
Zoladex LA (Imed) Implant 10.8 mg. 1 (A)	88962	Goserelin	328.59	IMED Healthcare Ltd.	IMED Healthcare Ltd.

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Eprex Prefilled 1 ml. Syr. 10000 IU/ml. 6	88044	Erythropoietin	Janssen Sciences Ire.

CHANGE TO AUGUST 2019 UPDATE
CHANGES UNDERLINED

Change	Kuvan Soluble Tabs. 100 mg. 30 (A)	88945	Sapropterin	696.60	BioMarin International Ltd.	Healthcare At Home
To Read	Kuvan Soluble Tabs. 100 mg. 30 (A)	88945	Sapropterin	<u>645.00</u>	BioMarin International Ltd.	Healthcare At Home

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ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Brinzolamide (Accord Healthcare Ltd.) Eye Drops Susp. 10 mg./ml. 5 ml. (B)	S1B	3.91	29222
(Non-Proprietary Name Index: Brinzolamide)			
Drynol Oral Soln. 2.5 mg./ml. 120 ml. (B)	S1B	7.45	29227
(Non-Proprietary Name Index: Bilastine)			
Febuxostat (Clonmel) Film Coated Tabs. 80 mg. 28 (A)	S1B	10.64	29230
Febuxostat (Clonmel) Film Coated Tabs. 120 mg. 28 (A)	S1B	11.15	29232
(Non-Proprietary Name Index: Febuxostat)			
Lestace (Accord Healthcare Ltd.) Tabs. 2.5 mg. 28 (A)	S1B	2.73	31118
Lestace (Accord Healthcare Ltd.) Tabs. 5 mg. 28 (A)	S1B	3.87	31120
Lestace (Accord Healthcare Ltd.) Tabs. 10 mg. 28 (A)	S1B	4.76	31135
Lestace (Accord Healthcare Ltd.) Tabs. 20 mg. 28 (A)	S1B	5.48	31141
(Non-Proprietary Name Index: Lisinopril)			
Paliperidone (KRKA Pharma) Prolonged Release Tabs. 3 mg. 28 (A)	S1A	33.50	34159
Paliperidone (KRKA Pharma) Prolonged Release Tabs. 6 mg. 28 (A)	S1A	35.45	34161
Paliperidone (KRKA Pharma) Prolonged Release Tabs. 9 mg. 28 (A)	S1A	43.18	34172
(Non-Proprietary Name Index: Paliperidone)			
Propylthiouracil (Halewood Chemicals Ltd.) Tabs. 50 mg. 56 (A)	S1B	30.03	34285
(Non-Proprietary Name Index: Propylthiouracil)			
Telmisartan/Hydrochlorothiazide (Accord Healthcare Ltd.) Tabs. 40 mg./12.5 mg. 28 (A)	S1B	5.60	34503
Telmisartan/Hydrochlorothiazide (Accord Healthcare Ltd.) Tabs. 80 mg./12.5 mg. 28 (A)	S1B	5.88	34515
Telmisartan/Hydrochlorothiazide (Accord Healthcare Ltd.) Tabs. 80 mg./25 mg. 28 (A)	S1B	5.88	34529
(Non-Proprietary Name Index: Telmisartan and Diuretics)			

CHANGE TO READ
CHANGES UNDERLINED

Change	Atovaquone/Proguanil Hydrochloride (Generics U.K.) Film Coated Tabs. 250 mg./100 mg. 12 (A)	13718
To Read	Atovaquone/Proguanil Hydrochloride (Gerard Labs.) Film Coated Tabs. 250 mg./100 mg. 12 (A)	13718
Change	Etoricoxib (Generics UK) Mylan Film Coated Tabs. 30 mg. 28 (A)	36842
To Read	Etoricoxib (Gerard Labs.) Mylan Film Coated Tabs. 30 mg. 28 (A)	36842
Change	Etoricoxib (Generics UK) Mylan Film Coated Tabs. 60 mg. 28 (A)	36843
To Read	Etoricoxib (Gerard Labs.) Mylan Film Coated Tabs. 60 mg. 28 (A)	36843
Change	Etoricoxib (Generics UK) Mylan Film Coated Tabs. 90 mg. 28 (A)	36855
To Read	Etoricoxib (Gerard Labs.) Mylan Film Coated Tabs. 90 mg. 28 (A)	36855
Change	Etoricoxib (Generics UK) Mylan Film Coated Tabs. 120 mg. 28 (A)	36864
To Read	Etoricoxib (Gerard Labs.) Mylan Film Coated Tabs. 120 mg. 28 (A)	36864
Change	Olmesartan Medoxomil (Generics UK) Mylan Film Coated Tabs. 10 mg. 28 (A)	37637
To Read	Olmesartan Medoxomil (Gerard Labs.) Mylan Film Coated Tabs. 10 mg. 28 (A)	37637
Change	Olmesartan Medoxomil (Generics UK) Mylan Film Coated Tabs. 20 mg. 28 (A)	37638
To Read	Olmesartan Medoxomil (Gerard Labs.) Mylan Film Coated Tabs. 20 mg. 28 (A)	37638
Change	Olmesartan Medoxomil (Generics UK) Mylan Film Coated Tabs. 40 mg. 28 (A)	37639
To Read	Olmesartan Medoxomil (Gerard Labs.) Mylan Film Coated Tabs. 40 mg. 28 (A)	37639
Change	Tamoxifen (Generics UK) Tabs. 20 mg. 30 (A)	48658
To Read	Tamoxifen (Gerard Labs.) Tabs. 20 mg. 30 (A)	48658

NAME CHANGE
CHANGES UNDERLINED

Change	Osbonelle Film Coated Tabs. 150 mg. 1 (A)	52367
To Read	Ibandronic Acid (Accord Healthcare Ltd.) Film Coated Tabs. 150 mg. 1 (A)	52367

DELETIONS

Adalat Retard Tabs. 20 mg. 56	10644
Atorvastatin (Pfizer) Film Coated Tabs. 10 mg. 30	41906
Azithromycin (Actavis) Film Coated Tabs. 250 mg. 6	16239
Clarithromycin (Actavis) Film Coated Tabs. 250 mg. 14	30104
Clarithromycin (Actavis) Film Coated Tabs. 500 mg. 14	30142

Co-Amoxiclav (Actavis) Film Coated Tabs. 500 mg./125 mg. 21	13243
Cosartal Tabs. 50 mg. 28	65008
Flixotide (P.C.O. Mfg.) Nebules 2 mg./2 ml. 10	26129
Pravastatin Sodium (Actavis) Tabs. 20 mg. 28	60565
Pravastatin Sodium (Actavis) Tabs. 40 mg. 28	60566
Rabeprazole Sodium (Actavis) Gastro Resistant Tabs. 10 mg. 28	73120
Rabeprazole Sodium (Actavis) Gastro Resistant Tabs. 20 mg. 28	73121
Vedixal XL Prolonged Release Hard Caps. 37.5 mg. 28	52369

CHANGES TO OSTOMY & URINARY DELETIONS EFFECTIVE 1st JULY 2019
CHANGES UNDERLINED

Change	MacGregor Qufora Silicone Balloon Catheter Paed. 34210506 CH6 1.15 ML, CH8 2-3 ML, CH10 3-5 ML. Length 33 CM 1	93163
To Read	MacGregor Qufora Silicone Balloon Catheter Paed. 34210506 CH6 1.15 ML, CH8 2-3 ML, CH10 3-5 ML. Length 33 CM 1	93613

CHANGES TO OSTOMY & URINARY ITEMS EFFECITVE 1st AUGUST 2019
CHANGES UNDERLINED

Change	Cavilon Durable Barrier Cream 3392E 92 G. Pack 1	93028
To Read	Cavilon Durable Barrier Cream 3392G 92 G. Pack 1	93028
Change	Coloplast 783678/94 & 783708 Conveen Aquasleeve Leg Bag Holder Small, Standard, Medium, Large & Extra Large 10	93932
To Read	Coloplast 783678/80/86/94 & 783708 Conveen Aquasleeve Leg Bag Holder Small, Standard, Medium, Large & Extra Large 10	93932

DELETIONS TO THE LIST OF OSTOMY & URINARY ITEMS
EFFECTIVE 1st AUGUST 2019

Coloplast Folysil X-Tra with Prefilled & Empty Syringe for Long Term Use, Female, 10 ml Balloon, 25 cm Length, 2 Eyes AA8B12-AA8B18 CH12-CH18 1	93911
Conveen Aquasleeve Leg Bag Holder Small, Standard, Medium, Large & Extra Large 783678/94 & 783708 4	95177

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st AUGUST 2019

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Braftovi Hard Caps. 50 mg. 28 (A)	88984	Encorafenib	707.96	Pierre Fabre Ltd.	Allphar
Braftovi Hard Caps. 75 mg. 42 (A)	88985	Encorafenib	1,593.56	Pierre Fabre Ltd.	Allphar
Entecavir (Accord Healthcare Ltd.) Film Coated Tabs. 0.5 mg. 30 (A)	88986	Entecavir	180.37	Accord Healthcare Ltd.	Accord Healthcare Ltd.
Kuvan Soluble Tabs. 100 mg. 30 (A)	88945	Sapropterin	696.60	BioMarin International Ltd.	Healthcare At Home
Mektovi Film Coated Tabs. 15 mg. 84 (A)	88989	Binimetinib	2,943.42	Pierre Fabre Ltd	Allphar
Norditropin FlexPro Soln. for Inj. in Pre-filled Pen 5 mg./1.5 ml. 1 (A) *Code the number of pre-filled pens dispensed*	88830	Somatropin	145.40	Novo Nordisk Ltd	Allphar
Norditropin FlexPro Soln. for Inj. in Pre-filled Pen 10 mg./1.5 ml. 1 (A) *Code the number of pre-filled pens dispensed*	88831	Somatropin	291.72	Novo Nordisk Ltd	Allphar
Norditropin FlexPro Soln. for Inj. in Pre-filled Pen 15 mg./1.5 ml. 1 (A) *Code the number of pre-filled pens dispensed*	88832	Somatropin	445.59	Novo Nordisk Ltd	Allphar

CHANGE TO JULY 2019 UPDATE
CHANGES UNDERLINED

Change	Simponi (P.C.O. Mfg.) Soln. for Inj. in Pre-filled Pen 50 mg/0.5 ml. 0.5 ml. 1 (A) *Code the number of pre-filled pens dispensed*	88994	Golimumab	1,044.45	P.C.O Manufacturing	P.C.O Manufacturing
To Read	Simponi (P.C.O. Mfg.) Soln. for Inj. in Pre-filled <u>Syringe</u> 50 mg./0.5 ml. 0.5 ml. 1 (A) *Code the number of pre-filled <u>syringes</u> dispensed*	88994	Golimumab	1,044.45	P.C.O Manufacturing	P.C.O Manufacturing

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Lutrate 1 month Depot Pdr. & Solv. For Prolonged Release Susp. For Inj. 3.75 mg. 1	88643	Leuprorelin	Mercury Pharma International
Lutrate 3 month Depot Pdr. & Solv. For Prolonged Release Susp. For Inj. 22.5 mg. 1	88644	Leuprorelin	Mercury Pharma International

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Health Service Executive

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Clinical Nutritional Products

***ADDITIONS/CHANGES/DELETIONS TO THE LIST OF REIMBURSABLE CLINICAL NUTRITIONAL ITEMS IN THE GMS SCHEME EFFECTIVE 1st AUGUST 2019.**

Code the number of bottles, boxes, packs, pots, pouches, sachets, tins or tubs dispensed.

ADDITIONS

	Drug Description including coding instruction	Reimbursement Price €	Drug Code
Add	Altraplen Compact Daily 250 ml. Pack 1 (A)	2.22	81115
Add	Foodlink Complete with Fibre Sachet (Starter Pack with Shaker) 63 G. 5 (A)	4.10	81114
Add	Fresubin 3.2 KCal 125 ml. Bottle 1 (A)	2.40	81121
Add	PKU GMPro LQ Liquid 250 ml. Carton 1 (A)	6.44	81117
Add	TwoCal 200 ml. Bottle 1 (A)	3.00	81119

CHANGE TO READ
CHANGE UNDERLINED

Change	Fortisip Multi Fibre 200 ml. Pack 1	1.80	81608
To Read	Nutrison Energy Multi Fibre 200 ml. Pack 1	1.80	81608

DELETIONS

Delete	Nutramigen 1 Powder 400 G. Pack 1	11.21	81281
Delete	Nutramigen 2 Powder 400 G. Pack 1	11.21	81084

Circulars 16/2019 and 24/2019 refers.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ADDITIONS TO OSTOMY & URINARY

EFFECTIVE 1ST JULY 2019

Instruction	Code	Description	Price €
Add	94105	3M Cavilon Advanced Skin Protectant 5050G 2.7 ml. Applicator 20	276.40
Add	94106	Coloplast Brava Elastic Tape XL 12076 20	17.20
Add	94107	Coloplast Brava Protective Seal 18-48mm (2.5mm) 12035 30	66.73
Add	94108	Coloplast Brava Protective Seal 27-57mm/36-64mm (2.5mm) 12037 and 12039 30	69.00
Add	94109	Coloplast Brava Protective Seal 18-48mm (4.2mm) 12045 30	67.76
Add	94111	Coloplast Brava Protective Seal 27-57mm/34-64mm (4.2mm) 12047 and 12049 30	71.00
Add	94112	Coloplast SenSura Mio Concave 1 Piece Closed Colostomy Bag 18100/01/02/10/11/12/20/22/23/30/31/35 10	37.53
Add	94113	Coloplast SenSura Mio Concave 1 Piece Drainable Bag 18200/01/02/10/12/13/20/22/23/30/31/35 10	51.85
Add	94115	Coloplast SenSura Mio Concave 1 Piece Urostomy Bag 18400/01/02/03/04/05 10	67.81
Add	94116	Coloplast SenSura Mio Concave 2 Piece Baseplate Ostomy System 18500/10/11/12/20/22/23/30 5	22.71
Add	94117	ConvaTec Esteem+ Soft Convex Plateau CTF Ileostomy Drainable Pouch 10-28mm/20-47mm/15-40mm 422365/63/64 10	49.66
Add	94119	ConvaTec Esteem+ Soft Convex Plateau CTF Closed Colostomy Pouch 20-47mm/15-40mm/10-28mm 422360/61/62 30	107.13
Add	94123	Salts Healthcare Confidence Be Closed Colostomy Bag with Large Flexifit Wafer BL1375ST/BLT1375ST/B1375ST/BT1375ST/BL1375B/B1375B/BL1375W/B1375W 30	101.80
Add	94124	Salts Healthcare Confidence Be Drainable Ileostomy Bag with Large Flexifit Wafer BD1375W/BD1375B/BD1375ST/BDL1375W/BDL1375B/BDL1375ST/BDT1375ST/BDL1375ST 30	114.28
Add	94125	TG Eakin Ltd. Eakin Dot 1 Piece Convex High Output Bag 841000NF/01NF/02NF/04NF/05NF/06NF/08NF 10	57.49
Add	94127	TG Eakin Ltd. Eakin Dot 2 Piece Baseplates 839820/30/21/22/23/24/25/26/27/28/29 5	26.85
		Change to Read **Changes <u>Underlined</u>**	
Change	93331	B Braun Actreen Mini Cath, 9 cm, CH10-CH14 228010E 228012E 228014E 30	52.16
To Read	93331	B Braun Actreen Mini Cath, 9 cm, <u>CH08</u>-CH14 <u>228008E</u> 228010E 228012E 228014E 30	52.16
Change	94146	ConvaTec Esteem+ Flex Convex V1 50mm Plateau CTF Ileostomy Drainable Pouch 20-43mm 421615 10	49.66
To Read	94146	ConvaTec Esteem+ Flex Convex V1 50mm Plateau CTF Ileostomy Drainable Pouch 20-43mm 421615/<u>422159</u> 10	49.66
Change	93705	Convatec Natura+ 2 Piece PCH DRN STD Tan & Clr with Filter 416414/15/16/17/19/20/22/23 10	20.19
To Read	93705	Convatec Natura+ 2 Piece PCH DRN STD Tan & Clr with Filter 416414/15/16/17/19/20/22/23 <u>421746/47/48/49</u> 10	20.19
Change	93699	ConvaTec Esteem+ 1 Piece PCH DRN Invis STD Tan & Clr with Filter 416718/19/24/25/28/29/32/33/37 10	35.90
To Read	93699	ConvaTec Esteem+ 1 Piece PCH DRN Invis STD Tan & Clr with Filter 416718/19/24/25/28/29/32/33/37 <u>421858/59/60/61/62</u> 10	35.90
Change	94158	ConvaTec Esteem+ Flex Convex V2 40mm Plateau CTF Closed Colostomy Pouch 20-25mm/20-35mm 421614/13 30	107.13
To Read	94158	ConvaTec Esteem+ Flex Convex V2 40mm Plateau CTF Closed Colostomy Pouch 20-25mm/20-35mm 421614/13 <u>422158</u> 30	107.13

		Deletions	
Delete	93163	MacGregor Qufora Silicone Balloon Catheter Paed 34210506 CH6 1.15 ML, CH8 2-3 ML, CH10 3-5 ML. LENGTH 33 CM 1	
Delete	93619	Qufora Urine Drainage Bags Leg Bags 12161704/1804/1504 500 ml. Direct Inlet, Short & Long Tube Q Flow Lever Tap & 12151704 500 ml Direct Inlet, Shrt & Long Tbe T-Tap 10	
Delete	93611	Qufora Silicone Balloon Catheter Male 42cm 34220512/14/16/18 & Female 25cm 34240512/14 1	
Delete	93612	Qufora Silicone Balloon Catheter Unisex Size 5-10 ml. Length 42 cm 34230212/14/16/18/20 1	

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st July 2019

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st JULY 2019
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Actonel (Accord Healthcare Ltd.) Film Coated Tabs. 5 mg. 28 (A)	S1B	15.30	36019
Actonel (Accord Healthcare Ltd.) Once A Week Film Coated Tabs. 35 mg. 4 (A)	S1B	5.04	36020
(Non-Proprietary Name Index: Risedronic Acid)			
Aldactone (P.C.O. Mfg.) Film Coated Tabs. 25 mg. 100 (A)	S1A	7.38	28910
(Non-Proprietary Name Index: Spironolactone)			
Alendronic Acid/Cholecalciferol (Accord Healthcare Ltd.) Tabs. 70mg./2800 iu 4 (A)	S1B	10.65	28907
Alendronic Acid/Cholecalciferol (Accord Healthcare Ltd.) Tabs. 70mg./5600 iu 4 (A)	S1B	8.09	28909
(Non-Proprietary Name Index: Alendronic Acid and Colecalciferol)			
Amlodipine/Valsartan (Clonmel) Film-Coated Tabs. 5 mg./80 mg. 28 (A)	S1B	7.53	36022
Amlodipine/Valsartan (Clonmel) Film-Coated Tabs. 5 mg./160 mg. 28 (A)	S1B	8.41	36023
Amlodipine/Valsartan (Clonmel) Film-Coated Tabs. 10 mg./160 mg. 28 (A)	S1B	8.81	36024
(Non-Proprietary Name Index: Valsartan and Amlodipine)			
Doxycycline (Pinewood Healthcare) Caps. 100 mg. 8 (A)	S1A	1.99	29206
(Non-Proprietary Name Index: Doxycycline)			
Glyxambi Film Coated Tabs. 10 mg./5 mg. 28 (A)	S1B	64.91	29213
Glyxambi Film Coated Tabs. 25 mg./5 mg. 28 (A)	S1B	65.59	29214
(Non-Proprietary Name Index: Linagliptin and Empagliflozin)			
Nicorette Lozenges 4 mg. 80 (A)		15.29	36028
Nicorette QuickMist Oromucosal Spray Soln. Cool Berry 1 mg./Spray 2 x 150 Dose Pack 1 (A)		25.15	36029
(Non-Proprietary Name Index: Nicotine Replacement Therapy)			
Raporsin (Accord Healthcare Ltd) Prolonged Release Tabs. 8 mg. 28 (A)	S1B	7.07	29215
(Non-Proprietary Name Index: Doxazosin)			
Seroquel XR (P.C.O. Mfg.) Prolonged Release Tabs. 50 mg. 60 (A)	S1A	25.14	29216
(Non-Proprietary Name Index: Quetiapine)			
Solifenacin Succinate (Accord Healthcare Ltd.) Film Coated Tabs. 5 mg. 30 (A)	S1B	12.45	29217
Solifenacin Succinate (Accord Healthcare Ltd.) Film Coated Tabs. 10 mg. 30 (A)	S1B	15.87	29218
(Non-Proprietary Name Index: Solifenacin)			
Solifenacin (Clonmel) Film Coated Tabs. 5 mg. 30 (A)	S1B	12.45	36025
Solifenacin (Clonmel) Film Coated Tabs. 10 mg. 30 (A)	S1B	15.87	36026
(Non-Proprietary Name Index: Solifenacin)			
Solifenacin Succinate (Gerard Labs.) Film Coated Tabs. 5 mg. 30 (A)	S1B	12.45	28911
Solifenacin Succinate (Gerard Labs.) Film Coated Tabs. 10 mg. 30 (A)	S1B	15.87	28913
(Non-Proprietary Name Index: Solifenacin)			
Solifenacin TAD (KRKA Pharma) Film Coated Tabs. 5 mg. 30 (A)	S1B	12.45	29219
Solifenacin TAD (KRKA Pharma) Film Coated Tabs. 10 mg. 30 (A)	S1B	15.87	29221
(Non-Proprietary Name Index: Solifenacin)			
Solifenacin Succinate (Rowex) Film Coated Tabs. 5 mg. 30 (A)	S1B	12.45	28914
Solifenacin Succinate (Rowex) Film Coated Tabs. 10 mg. 30 (A)	S1B	15.82	28915
(Non-Proprietary Name Index: Solifenacin)			

Solifenacin (Teva) Film Coated Tabs. 5 mg. 30 (A)	S1B	12.45	28917
Solifenacin (Teva) Film Coated Tabs. 10 mg. 30 (A)	S1B	15.87	28918
(Non-Proprietary Name Index: Solifenacin)			
Tetrabenazine (AOP Orphan Ltd.) Tabs. 25 mg. 112 (A)	S1B	113.40	36027

(Non-Proprietary Name Index: Tetrabenazine)

Xultophy Soln. for Inj. Pre-Filled Pen 100 units./ml. + 3.6 mg./ml. 3ml. 3 (A) *Code the number of pre-filled pens dispensed* *(Non-Proprietary Name Index: Insulin Degludec and Liraglutide)*	S1B	119.77	29225

ADDENDUM TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE 1ST JUNE 2019

Efracea Modified Release Hard Caps. 40 mg. 14 (A) *(Non-Proprietary Name Index: Doxycycline)*	S1A	8.25	29226

DELETIONS

Adalat Caps. 5 mg. 90	10629
Anafranil Caps. 25 mg. 84	14362
Cabaser Tabs. 2 mg. 20	15939
Candesartan/Hydrochlorothiazide TEVA Tabs. 16 mg./12.5 mg. 28	17570
Duloxetine Teva Hard Gastro-Resistant Caps. 60 mg. 28	36810
Instanyl Nasal Spray 50 mcg. 20 Dose Pack 1	73686
NiQuitin Gum 2 mg. 30	28802
NiQuitin Gum 2 mg. 100	28804
NiQuitin Gum 4 mg. 30	28805
NiQuitin Gum 4 mg. 100	28806
Olmesartan Medoxomil Teva Film Coated Tabs. 10 mg. 28	37601

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST JULY 2019

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Jinarc Tabs. 15 mg. 7 (A)	88943	Tolvaptan	418.26	Otsuka Pharma	Arvato
Jinarc Tabs. 30 mg. 7 (A)	88944	Tolvaptan	423.31	Otsuka Pharma	Arvato
Jinarc (45 mg. x 28 & 15 mg. x 28) Tabs. 56 (A)	88940	Tolvaptan	1,585.30	Otsuka Pharma	Arvato
Jinarc (60 mg. x 28 & 30 mg. x 28) Tabs. 56 (A)	88941	Tolvaptan	1,595.39	Otsuka Pharma	Arvato
Jinarc (90 mg. x 28 & 30 mg. x 28) Tabs. 56 (A)	88942	Tolvaptan	1,605.46	Otsuka Pharma	Arvato
Procysbi Gastro Resistant Hard Caps. 25 mg. 60 (A)	88990	Mercaptamine	446.19	Chiesi Ltd	Allphar
Procysbi Gastro Resistant Hard Caps. 75 mg. 250 (A)	88991	Mercaptamine	5,563.99	Chiesi Ltd	Allphar
Prograf (P.C.O. Mfg.) Hard Caps. 0.5 mg. 30 (A)	88992	Tacrolimus	34.48	P.C.O Manufacturing	P.C.O Manufacturing
Repatha Soln. for Inj. Pre-filled Pen SureClick 140 mg. 2 (A) *Code the number of Pre-Filled Pens dispensed*	88993	Evolocumab	475.45	Amgen Ireland Ltd.	United Drug
Simponi (P.C.O. Mfg.) Soln. for Inj. in Pre-filled Pen 50 mg/0.5 ml. 0.5 ml. 1 (A) *Code the number of pre-filled pens dispensed*	88994	Golimumab	1,044.45	P.C.O Manufacturing	P.C.O Manufacturing
Uptravi Film Coated Tabs. 200 mcg. 60 (A)	88975	Selexipag	4,320.00	Janssen Ltd.	Allphar
Uptravi Film Coated Tabs. 200 mcg. 140 (A)	88976	Selexipag	10,080.00	Janssen Ltd.	Allphar
Uptravi Film Coated Tabs. 400 mcg. 60 (A)	88977	Selexipag	4,320.00	Janssen Ltd.	Allphar
Uptravi Film Coated Tabs. 600 mcg. 60 (A)	88978	Selexipag	4,320.00	Janssen Ltd.	Allphar
Uptravi Film Coated Tabs. 800 mcg. 60 (A)	88979	Selexipag	4,320.00	Janssen Ltd.	Allphar
Uptravi Film Coated Tabs. 1000 mcg. 60 (A)	88980	Selexipag	4,320.00	Janssen Ltd.	Allphar
Uptravi Film Coated Tabs. 1200 mcg. 60 (A)	88981	Selexipag	4,320.00	Janssen Ltd.	Allphar
Uptravi Film Coated Tabs. 1400 mcg. 60 (A)	88982	Selexipag	4,320.00	Janssen Ltd.	Allphar
Uptravi Film Coated Tabs. 1600 mcg. 60 (A)	88983	Selexipag	4,320.00	Janssen Ltd.	Allphar

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Eprex Prefilled 0.3 ml. Syr. 3000 IU/0.3 ml. 6	88042	Erythropoietin	Janssen Ltd.

Eprex Prefilled 0.4 ml. Syr. 4000 IU/0.4 ml. 6	88043	Erythropoietin	Janssen Ltd.
Eprex Prefilled 0.5 ml. Syr. 2000 IU/0.5 ml. 6	88041	Erythropoietin	Janssen Ltd.
Eprex Pre-filled Syr. 5000 IU/ml. 0.5 ml. 6	88049	Erythropoietin	Janssen Ltd.
Eprex Pre-filled Syr. 6000 IU/ml. 0.6 ml. 6	88050	Erythropoietin	Janssen Ltd.
Eprex Pre-filled Syr. 8000 IU/ml. 0.8 ml. 6	88052	Erythropoietin	Janssen Ltd.
Pegasys Soln. for Inj. in Pre-filled Pen 180 mcg./0.5 ml. Pack 4	88488	Peginterferon Alfa-2A	Roche Products Ireland Ltd.
Puregon Soln. for Inj. 100 iu/0.5 ml. 1	88755	Follitropin Beta	Merck, Sharp and Dohme Ir.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st June 2019

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st JUNE 2019
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Aprepitant (Accord Healthcare Ltd.) Hard Caps. 125 mg. 5 (A) *(Non-Proprietary Name Index: Aprepitant)*	S1A	43.86	28903
Aprepitant (Accord Healthcare Ltd.) Hard Caps. 2 Day Treatment Pack 80 mg. 1 (A)	S1A	16.64	28904
Aprepitant (Accord Healthcare Ltd.) Hard Caps. 3 Day Treatment Pack (1 x 125 mg. Caps. and 2 x 80 mg. Caps.) 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Aprepitant)*	S1A	23.64	28906
Atomoxetine (Accord Healthcare Ltd.) Hard Caps. 10 mg. 7 (A)	S1A	8.11	36000
Atomoxetine (Accord Healthcare Ltd.) Hard Caps. 10 mg. 28 (A)	S1A	31.19	36001
Atomoxetine (Accord Healthcare Ltd.) Hard Caps. 18 mg. 28 (A)	S1A	28.05	36002
Atomoxetine (Accord Healthcare Ltd.) Hard Caps. 25 mg. 7 (A)	S1A	8.20	36004
Atomoxetine (Accord Healthcare Ltd.) Hard Caps. 25 mg. 28 (A)	S1A	31.81	36005
Atomoxetine (Accord Healthcare Ltd.) Hard Caps. 40 mg. 28 (A)	S1A	29.16	36006
Atomoxetine (Accord Healthcare Ltd.) Hard Caps. 60 mg. 28 (A)	S1A	32.68	36007
Atomoxetine (Accord Healthcare Ltd.) Hard Caps. 80 mg. 28 (A)	S1A	41.69	36008
Atomoxetine (Accord Healthcare Ltd.) Hard Caps. 100 mg. 28 (A) *(Non-Proprietary Name Index: Atomoxetine)*	S1A	42.62	36009
Drynol Orodispersible Tabs. 10 mg. 30 (A) *(Non-Proprietary Name Index: Bilastine)*	S1B	7.45	23199
Febuxostat (Rowex) Film Coated Tabs. 80 mg. 28 (A)	S1B	10.64	24704
Febuxostat (Rowex) Film Coated Tabs. 120 mg. 28 (A) *(Non-Proprietary Name Index: Febuxostat)*	S1B	11.15	24705
Femara (Originalis B.V.) Film Coated Tabs. 2.5 mg. 30 (A) *(Non-Proprietary Name Index: Letrozole)*	S1A	48.85	24701
Geodon Hard Caps. 20 mg. 60 (A)	S1A	80.19	36016
Geodon Hard Caps. 40 mg. 60 (A)	S1A	80.94	36017
Geodon Hard Caps. 80 mg. 60 (A) *(Non-Proprietary Name Index: Ziprasidone)*	S1A	119.57	36018
Hydroxocobalamin (G.L. Pharma) Amp. Soln. for Inj. 1 mg./ml. 1 ml. 5 (A) *Code the number of Injections dispensed* *(Non-Proprietary Name Index: Hydroxocobalamin)*	S1A	10.88	64007
Mirapexin PR (Originalis B.V.) Tabs. 3.15 mg. 30 (A) *(Non-Proprietary Name Index: Pramipexole)*	S1B	177.79	64008
Reagila Hard Caps. 1.5 mg. 28 (A)	S1B	105.84	36010
Reagila Hard Caps. 3 mg. 28 (A)	S1B	105.84	36012
Reagila Hard Caps. 4.5 mg. 28 (A)	S1B	105.84	36013
Reagila Hard Caps. 6 mg. 28 (A) *(Non-Proprietary Name Index: Cariprazine)*	S1B	105.84	36014
Reminyl (Originalis B.V.) Oral Soln. 4 mg./ml. 100 ml. (B)	S1A	96.02	36100
Reminyl XL (Originalis B.V.) Prolonged-Release Hard Caps. 16 mg. 28 (A)	S1A	42.26	36101
Reminyl XL (Originalis B.V.) Prolonged-Release Hard Caps. 24 mg. 28 (A) *(Non-Proprietary Name Index: Galantamine)*	S1A	52.23	36102

Risperdal (Originalis B.V.) Oral Soln. 1 mg./ml. 100 ml. (B) *(Non-Proprietary Name Index: Risperidone)*	S1A	23.73	29204

Zyban (Originalis B.V.) Prolonged Release Tabs. 150 mg. 100 (A) *(Non-Proprietary Name Index: Bupropion)*	S1A	95.99	29211

CHANGES TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME
CHANGES UNDERLINED

Change	Allevyn Gentle Border Foam Dressing 15 cm x 15 cm 66800272 1 (A)	Smith & Nephew	3.45	86007
To Read	Allevyn Gentle Border Foam Dressing 15 cm x 15 cm 66800975 1 (A)	Smith & Nephew	3.45	86007
	CLINICAL NUTRITIONAL			
Change	PKU Synergy 33 G. Sachet 30 (A)		318.73	83261
To Read	PKU Synergy 33 G. Sachet 30 (A)		18.73	83261

DELETIONS

Aerivio Spiromax Teva Inhalation Powder 50 mcg./500 mcg. 60 Dose Pack 1	72808
Atorvastatin (Actavis) Film Coated Tabs. 10 mg. 100	15451
Atorvastatin (Actavis) Film Coated Tabs. 20 mg. 100	15486
Atorvastatin (Actavis) Film Coated Tabs. 40 mg. 100	15593
Beclazone 50 Easi-Breathe CFC-Free Inhaler 200 Dose Aerosol 1	14280
Coversyl Arginine Orodispersible Tabs. 5 mg. 30	68306
Coversyl Arginine Orodispersible Tabs. 10 mg. 30	68307
Ixprim (P.C.O. Mfg) Tabs. 37.5 mg./325 mg. 60	29005
Losartan Potassium (Pinewood) Film Coated Tabs. 12.5 mg. 28	32664
Myzaar Film Coated Tabs. 100 mg. 28	32631
Olmesartan Medoxomil Teva Film Coated Tabs. 20 mg. 28	37603
Qvar 50 Autohaler 200 Dose Aerosol 1	43724
Tenormin Tabs. 100 mg. 28	69299
Tramapine Caps. 50 mg. 100	49766
Viridal 10 Duo Continuation Pack 1	71323
Viridal 20 Duo Continuation Pack 1	71347

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST JUNE 2019

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Elonva Soln. for Inj. Pre-Filled Syr. 100 mcg./0.5 ml. Pack 1	88540	Corifollitropin Alfa	Merck, Sharp and Dohme IR
Eprex Pre-Filled Syr. 20,000 iu/0.5 ml. 0.5 ml. 1	88678	Erythropoietin	Janssen

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st May 2019

Clinical Nutritional Products

ADDITIONS/CHANGES/DELETIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST MAY 2019.

Code the number of bottles, boxes, packs, pots, pouches, sachets, tins or tubs dispensed.

ADDITIONS

	Drug Description including coding instruction	Reimbursement Price €	Drug Code
Add	Glucerna SR 230 ml. Pack 1 (A)	2.50	81193
Add	PKU GMPro Powder Sachets. 33.3 G. 16 (A)	103.08	81196

DELETIONS

Delete	Glucerna SR 200 ml. Pack 1 (A)	2.50	81190

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st May 2019

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st MAY 2019
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Amlodipine/Valsartan (KRKA Pharma) Film-Coated Tabs. 5 mg./80 mg. 28 (A)	S1B	7.53	37316
Amlodipine/Valsartan (KRKA Pharma) Film-Coated Tabs. 5 mg./160 mg. 28 (A)	S1B	8.41	37318
Amlodipine/Valsartan (KRKA Pharma) Film-Coated Tabs. 10 mg./160 mg. 28 (A)	S1B	8.81	37319
(Non-Proprietary Name Index: Valsartan and Amlodipine)			
Asacolon Modified Release Tabs. 1600 mg. 30 (A)	S1B	31.35	37137
(Non-Proprietary Name Index: Mesalazine)			
Atorvastatin (Bluefish) Film Coated Tabs. 10 mg. 28 (A)	S1B	2.52	24706
Atorvastatin (Bluefish) Film Coated Tabs. 20 mg. 28 (A)	S1B	3.36	24707
Atorvastatin (Bluefish) Film Coated Tabs. 40 mg. 28 (A)	S1B	4.76	24708
Atorvastatin (Bluefish) Film Coated Tabs. 80 mg. 28 (A)	S1B	7.83	24709
(Non-Proprietary Name Index: Atorvastatin)			
Bisoprolol (Accord Healthcare Ltd.) Film Coated Tabs. 2.5 mg. 28 (A)	S1B	1.40	37138
Bisoprolol (Accord Healthcare Ltd.) Film Coated Tabs. 5 mg. 28 (A)	S1B	1.40	37139
Bisoprolol (Accord Healthcare Ltd.) Film Coated Tabs. 10 mg. 28 (A)	S1B	2.24	27140
(Non-Proprietary Name Index: Bisoprolol)			
Clopidogrel (Bluefish) Film Coated Tabs. 75 mg. 28 (A)	S1B	3.91	37210
(Non-Proprietary Name Index: Clopidogrel)			
Ezetimibe/Simvastatin (Mylan) Tabs. 10 mg./20 mg. 28 (A)	S1B	15.38	37310
Ezetimibe/Simvastatin (Mylan) Tabs. 10 mg./40 mg. 28 (A)	S1B	15.71	37311
Ezetimibe/Simvastatin (Mylan) Tabs. 10 mg./80 mg. 28 (A)	S1B	16.39	37312
(Non-Proprietary Name Index: Simvastatin and Ezetimibe)			
Ezetimibe/Simvastatin (Teva) Tabs. 10 mg./20 mg. 30 (A)	S1B	15.38	37313
Ezetimibe/Simvastatin (Teva) Tabs. 10 mg./40 mg. 30 (A)	S1B	15.71	37314
Ezetimibe/Simvastatin (Teva) Tabs. 10 mg./80 mg. 30 (A)	S1B	16.39	37315
(Non-Proprietary Name Index: Simvastatin and Ezetimibe)			
Febuxostat (Accord Healthcare Ltd.) Film Coated Tabs. 80 mg. 28 (A)	S1B	10.64	37211
Febuxostat (Accord Healthcare Ltd.) Film Coated Tabs. 120 mg. 28 (A)	S1B	11.13	37212
(Non-Proprietary Name Index: Febuxostat)			
Febuxostat (KRKA Pharma) Film Coated Tabs. 80 mg. 28 (A)	S1B	10.64	37320
Febuxostat (KRKA Pharma) Film Coated Tabs. 120 mg. 28 (A)	S1B	11.13	37321
(Non-Proprietary Name Index: Febuxostat)			
Febuxostat (Pinewood) Film Coated Tabs. 80 mg. 28 (A)	S1B	10.64	37410
Febuxostat (Pinewood) Film Coated Tabs. 120 mg. 28 (A)	S1B	11.15	37411
(Non-Proprietary Name Index: Febuxostat)			

CHANGES TO GMS LIST OF REIMBURSABLE ITEMS EFFECTIVE 1ST MAY 2019
CHANGES UNDERLINED

Change	Allopurinol (Cox) Tabs. 100 mg. 28 (A)	10059
To Read	Allopurinol (Accord Healthcare Ltd.) Tabs. 100 mg. 28 (A)	10059
Change	Allopurinol (Cox) Tabs. 300 mg. 28 (A)	10344
To Read	Allopurinol (Accord Healthcare Ltd.) Tabs. 300 mg. 28 (A)	10344

DELETIONS

Atorvastatin (Pfizer) Film Coated Tabs. 40 mg. 30	41908
Bydureon Pdr. & Solv. for Prolonged Release Susp. for Inj. 2 mg. 4	47530
Kyflam Tabs. 50 mg. 56	65115
Minims Phenylephrine HCl. 10% 20	34126
Plavix Tabs. 75 mg. 28	41059
Qvar 50 Inhaler 200 Dose Aerosol 1	43710
Seroquel Tabs 300 mg. 60	45843
Teicoplanin Powder & Solv. For Soln. for Inj./Inf. or Oral Soln. 200 mg. 1	72820
Telmisartan TEVA Pharma Tabs. 20 mg. 28	64434
Telmisartan TEVA Pharma Tabs. 40 mg. 28	64435
Terazosin (Accord Healthcare Ltd.) Tabs. 5 mg. 28	27807
Testim Gel 50 mg. 30	49131

CHANGE TO APRIL 2019 NON-DRUG ITEMS
DELETION EFFECIVE 1ST APRIL 2019
DIAGNOSTICS

Delete	4SURE Pen Needles 18071 100 (A)	94190

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST MAY 2019

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
*****Raxone Film Coated Tabs. 150 mg. 180 (A)	88947	Idebenone	6,146.90	Santhera (UK) Limited	Santhera Pharmaceuticals (Liechtenstein) AG
Rekovelle® Soln. for Inj. 12 mcg./0.36 mL. (1 Multidose Cartridge + 3 Pen Inj. Needles) Pack 1 (A) *Code the number of packs dispensed*	88930	Follitripin delta	76.20	Ferring Ireland Limited	United Drug
Rekovelle® Soln. for Inj. 36 mcg./1.08 mL. (1 Multidose Cartridge + 6 Pen Inj. Needles) Pack 1 (A) *Code the number of packs dispensed*	88931	Follitropin delta	228.61	Ferring Ireland Limited	United Drug
Rekovelle® Soln. for Inj. 72 mcg./2.16 mL. (1 Multidose Cartridge + 9 Pen Inj. Needles) Pack 1 (A) *Code the number of packs dispensed*	88937	Follitropin delta	457.23	Ferring Ireland Limited	United Drug
Translarna Granules for Oral Susp. 125 mg. Sachet 30 (A) *Code the number of sachets dispensed*	88946	Ataluren	3,234.60	PTC Therapeutics Ltd.	Arvato
Translarna Granules for Oral Susp. 250 mg. Sachet 30 (A) *Code the number of sachets dispensed*	88948	Ataluren	6,467.04	PTC Therapeutics Ltd.	Arvato
Translarna Granules for Oral Susp. 1000 mg. Sachet 30 (A) *Code the number of sachets dispensed*	88949	Ataluren	25,864.92	PTC Therapeutics Ltd.	Arvato

Restricted Prescribing to Royal Victoria Eye and Ear Hospital

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Elonva Soln. for Inj. Pre-Filled Syr. 150 mcg./0.5 ml. Pack 1	88541	Corifollitropin Alfa	Merck, Sharp and Dohme IR
Genotropin Cartridge 16 IU 1	88060	Somatropin	Pfzier Healthcare Ireland
Genotropin Cartridge 36 IU 1	88061	Somatropin	Pfzier Healthcare Ireland
Intron A Soln. for Inj. or Infusion 10 miu/ml. 1 ml. Single Dose Vial 1	88088	Interferon Alfa-2B	Merck, Sharp and Dohme IR
Intron A Multidose Pen Inj. 30 MIU/1.2 ml. 1.2 1	88078	Interferon Alfa-2B	Merck, Sharp and Dohme IR

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ADDITIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS

EFFECTIVE 1ST April 2019

Dressings listed are for use in doctors' surgeries and requirements should only be ordered and supplied on the appropriate order form (pink).

Code the number of individual items supplied e.g. Bandages, Dressings, Packs, Plasters, Rolls, Sachets, Sheets, Tapes, etc				
Instruction	**Code**	**Description**	**Supplier**	**Price €**
Changes Underlined				
Change	86357	Non Woven Swabs Non Sterile 5 cm x 7.5 cm 1320100520 100 Pack 1	Lynch Medical	0.40
To read	86357	Non Woven Swabs Non Sterile 7.5 cm x 7.5 cm 1320100520 100 Pack 1	Lynch Medical	0.40

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st April 2019

Clinical Nutritional Products

ADDITIONS/CHANGES/DELETIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST APRIL 2019.

	Drug Description including coding instruction	Reimbursement Price €	Drug Code
	Code the number of bottles, boxes, packs, pots, pouches, sachets, tins or tubs dispensed.		
	ADDITIONS		
Add	Ketocal 2.5:1 Liquid 200 ml. Pack 1 (A)	4.48	83260
Add	Nutriplete Shake 57 G. Sachet with Shaker 5 (A)	3.70	83255
Add	PKU Synergy 33 G. Sachet 30 (A)	18.73	83261
	CHANGES		
	CHANGES UNDERLINED		
Change	HCU Lophlex LQ 62.5 ml. Foil Pouch 60 (A)	517.48	83251
To Read	HCU Lophlex LQ 10 62.5 ml. Foil Pouch 60 (A)	517.48	83251
Change	MSUD Lophlex LQ 62.5 ml. Foil Pouch 60 (A)	517.48	83252
To Read	MSUD Lophlex LQ 10 62.5 ml. Foil Pouch 60 (A)	517.48	83252
Change	TYR Lophlex LQ 62.5 ml. Foil Pouch 60 (A)	517.48	83253
To Read	TYR Lophlex LQ 10 62.5 ml. Foil Pouch 60 (A)	517.48	83253
	CORRECTION TO MARCH 2019 UPDATE		
	CORRECTIONS UNDERLINED		
Change	PaediaSure Compact 125 ml. Pack 4 (A)	3.00	83257
To Read	PaediaSure Compact 125 ml. Pack 4 (A)	12.00	83257

Code the number of individual items supplied e.g. pieces, strips, needles etc.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

CHANGES TO THE LIST OF REIMBURSABLE NON DRUG ITEMS

DIAGNOSTICS

EFFECTIVE 1ST April 2019

Code the number of individual items supplied e.g. pieces, strips, needles etc.

Instruction	Code	Description	Supplier	Price €
Add	94170	*****4SURE Blood Glucose Test Strips ACS046 50 (A)	Clonmel Healthcare	11.22
Add	97605	4SURE B-Ketone Test Strips ACS053 10 (A)	Clonmel Healthcare	11.22
Add	97606	4SURE Lancets Sterile ACS024 100 (A)	Clonmel Healthcare	3.00
Add	94190	4SURE Pen Needles 18071 100 (A)	Clonmel Healthcare	4.47

****Circular 11/16 refers.***

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st April 2019

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st APRIL 2019

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Ezetimibe/Simvastatin (KRKA Pharma) Tabs. 10 mg./20 mg. 28 (A)	S1B	15.38	24702
Ezetimibe/Simvastatin (KRKA Pharma) Tabs. 10 mg./40 mg. 28 (A)	S1B	15.71	24703
(Non-Proprietary Name Index: Simvastatin and Ezetimibe)			
Ezetimibe/Simvastatin (Rowex) Tabs. 10 mg./20 mg. 28 (A)	S1B	15.38	37035
Ezetimibe/Simvastatin (Rowex) Tabs. 10 mg./40 mg. 28 (A)	S1B	15.71	37036
Ezetimibe/Simvastatin (Rowex) Tabs. 10 mg./80 mg. 28 (A)	S1B	16.39	37037
(Non-Proprietary Name Index: Simvastatin and Ezetimibe)			
Febuxostat (Mylan) Film Coated Tabs. 80 mg. 28 (A)	S1B	10.64	31803
Febuxostat (Mylan) Film Coated Tabs. 120 mg. 28 (A)	S1B	11.15	31804
(Non-Proprietary Name Index: Febuxostat)			
HydraMed Eye Drops Preservative Free 0.2% 0.5 ml. Unit Dose Vial 30 (A)		5.67	23201
Code the number of unit dose vials dispensed			
(Non-Proprietary Name Index: Sodium Hyaluronate)			

CHANGES TO GMS LIST OF REIMBURSABLE ITEMS EFFECTIVE 1ST APRIL 2019
CHANGES UNDERLINED

Change	Primolut N Dragees 5 mg. 30	42544
To Read	Primolut N Tabs. 5 mg. 30	42544

DELETIONS

Acupan (LTT Pharma Ltd.) Tabs. 30 mg. 90	10641
Alendronic Acid Once Weekly (Bentley) Tabs. 70 mg. 4	10557
Atorvastatin (Pfizer) Film Coated Tabs. 20 mg. 30	41907
Bellvirax Tabs. 200 mg. 25	25219
Bellvirax Tabs. 800 mg. 25	25222
Brufen Tabs. 600 mg. 250	14451
Budesitan Nebuliser Amp. 0.5 mg./2 ml. 2 ml. 20	76624
Budesitan Nebuliser Amp 1.0 mg./2 ml. 2 ml. 20	76625
Clonamox Susp. 125 mg./5 ml. 100 ml.	91111
Colomycin Inj. 0.5 MU 10	66028
Colomycin Syr. 80 ml.	90298
Diclac Tabs. 25 mg. 100	22225
Dimercaprol Inj. BAL 2 ml. 12	83453
Emadine 0.05% Eye Drops 5 ml.	22457
Epanutin Infatabs. 50 mg. 100	23515
Epanutin Infatabs. 50 mg. 112	23113
Flixotide 125 Inhaler 120 Dose Aerosol 1	24922
Flixotide 125 Inhaler 60 Dose Aerosol 1	24900
Flixotide 250 Inhaler 120 Dose Aerosol 1	24950
Floxapen Forte Syr. 250 mg./5 ml. 100 ml	91464
Humalog Pen 100 IU/ml. 3 ml. Pre-filled Pen 5	63500
Lansoprazole TEVA Orodispersible Tabs. 15 mg. 28	63720
Lansoprazole TEVA Orodispersible Tabs. 30 mg. 28	63721
Latop Eye Drops Soln. 50 mcg./ml. 2.5 ml. 1	53426
Latop-Comp Eye Drops Soln. 50 mcg./ml. + 5 mg./ml. 2.5 ml. 1	53432
Lusert Tabs. 50 mg. 28	31348
Multifungin H Cream 15 G.	34711
Nuelin SA Tabs. 175 mg. 60	37443
Nuelin SA Tabs. 250 mg. 60	37451
Odrik Caps. 0.5 mg. 28	66508
Pentasa PR (P.C.O. Mfg.) 500 mg. 100	59695
Pethidine Hyd. (Antigen) Inj. 50 mg./ml. 2 ml. 10	56545
Rhinocort Turbohaler 100 mcg. 200 Dose Inhaler 1	44568
Seroxat (P.C.O. Mfg.) Tabs. 30 mg. 30	45279

Suscard Buccal Tabs. 2 mg. 100	47287
Suscard Buccal Tabs. 3 mg. 100	47309
Suscard Buccal Tabs. 5 mg. 100	57673

Tizaflex Tabs. 4 mg. 120	31571
Ventolin 200 Inhaler 100 Dose Aerosol 1	52027
Viridal 40 Duo Continuation Pack 1	71309
Zepholin SR Caps. 350 mg. 56	52167
Zorac Gel 0.05% 30 G.	53300

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST APRIL 2019

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Hulio Soln. for Inj. 40 mg./0.8 ml. 0.8 ml. (Multipack) Vial 2 (A) *Code the number of vials dispensed*	88938	Adalimumab	638.01	Mylan	United Drug
Tremfya Soln. for Inj. Pre-filled Pen. 100 mg. 1 (A) *Code the number of Pre-filled pens dispensed*	88939	Guselkumab	2229.12	Janssen Sciences Ireland UC	Allphar

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Intron A Multidose Pen Inj. 18 MIU/1.2 ml. 1.2 1	88077	Interferon ALFA-2B	Merck, Sharp and Dohme IR
Valcyte (P.C.O. Mfg.) Tabs. 450 mg. 60	88382	Valganciclovir	P.C.O. Manufacturing

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st March 2019

Clinical Nutritional Products

ADDITIONS/CHANGES/DELETIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST MARCH 2019.

Code the number of bottles, boxes, packs, pots, pouches, sachets, tins or tubs dispensed.

	ADDITIONS		
	Drug Description including coding instruction	**Reimbursement Price €**	**Drug Code**
Add	Aptamil Lactose Free 400 G. Pack 1 (A)	5.22	83250
Add	Aymes Crème 125 G. Pack 4 (A)	5.12	83256
Add	Ensure Shake 57 G. Sachet 7 (A)	5.18	83258
Add	HCU Lophlex LQ 62.5 ml. Foil Pouch 60 (A)	517.48	83251
Add	MSUD Lophlex LQ 62.5 ml. Foil Pouch 60 (A)	517.48	83252
Add	NUTRIPLETE Shake 57 G. Sachet 7 (A)	4.69	83254
Add	PaediaSure Compact 125 ml. Pack 4 (A)	3.00	83257
Add	TYR Lophlex LQ 62.5 ml. Foil Pouch 60 (A)	517.48	83253
	DELETIONS		
Delete	Add-Ins 18.2 G. Sachet 60		83009
Delete	MCT Pepdite 1+ 400 G. Pack 1		82309
Delete	MCT Pepdite 400 G. Pack 1		82295
Delete	MSUD Maxamaid 500 G. Pack 1		82732
Delete	Pepdite 1+ 400 G. Pack 1		82279
Delete	XLYS, Low TRY Maxamaid 500 G. Pack 1		81049
Delete	XMET Maxamaid 500 G. Pack 1		83091
Delete	XMTVI Maxamaid 500 G. Pack 1		81013
Delete	XP Maxamaid Plain/Flavour 500 G. Pack 1		85065

Code the number of individual items supplied e.g. pieces, strips, needles etc.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

CHANGES TO THE LIST OF REIMBURSABLE NON DRUG ITEMS

DIAGNOSTICS

EFFECTIVE 1ST MARCH 2019

Code the number of individual items supplied e.g. pieces, strips, needles etc.

Instruction	Code	Description	Supplier	Price €
Add	94169	Medtronic Guardian Sensor 3 Sensor BNGLGSENS3110 10 (A)	Pharmed	495.00

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st March 2019

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st MARCH 2019

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Agomelatine (Accord Healthcare Ltd.) Film Coated Tabs. 25 mg. 28 (A) *(Non-Proprietary Name Index: Agomelatine)*	S1A	15.43	64006
Agomelatine (Rowex) Film Coated Tabs. 25 mg. 28 (A) *(Non-Proprietary Name Index: Agomelatine)*	S1A	15.43	64010
Anoro Ellipta (iMED Healthcare Ltd.) Inhalation Powder Pre-Dispensed 55 mcg./22 mcg. 30 Dose 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Vilanterol and Umeclidinium Bromide)*	S1B	41.85	24700
Azilect (Originalis B.V.) Tabs. 1 mg. 28 (A) *(Non-Proprietary Name Index: Rasagiline)*	S1B	91.04	31802
Caltrate Chewable Tabs. 500 mg./1000 IU 30 (A) *(Non-Proprietary Name Index: Calcium Carbonate & Cholecalciferol)*		5.49	28902
Exelon Transdermal (Originalis B.V.) Patch 4.6 mg./24 hour 30 (A) *Code the number of patches dispensed* *(Non-Proprietary Name Index: Rivastigmine)*	S1A	51.82	23200
Fycompa (Originalis B.V.) Film Coated Tabs. 2 mg. 7 (A)	S1B	24.92	43783
Fycompa (Originalis B.V.) Film Coated Tabs. 4 mg. 28 (A)	S1B	108.11	43784
Fycompa (Originalis B.V.) Film Coated Tabs. 6 mg. 28 (A)	S1B	112.10	43785
Fycompa (Originalis B.V.) Film Coated Tabs. 8 mg. 28 (A)	S1B	116.92	43786
Fycompa (Originalis B.V.) Film Coated Tabs. 10 mg. 28 (A)	S1B	120.99	43787
Fycompa (Originalis B.V.) Film Coated Tabs. 12 mg. 28 (A) *(Non-Proprietary Name Index: Perampanel)*	S1B	121.83	43788
HydraMed Eye Drops Preservative Free 0.2% 10 ml. (B) *(Non-Proprietary Name Index: Sodium Hyaluronate)*		5.67	41700
Invega (Originalis B.V.) Prolonged Release Tabs. 6 mg. 28 (A)	S1A	102.99	29200
Invega (Originalis B.V.) Prolonged Release Tabs. 9 mg. 28 (A) *(Non-Proprietary Name Index: Paliperidone)*	S1A	122.75	29201
Prasugrel (Rowex) Film Coated Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Prasugrel)*	S1B	19.70	37401
Trulicity (Originalis B.V.) Once Weekly Soln. for Inj. In Pre-filled Pen 1.5 mg./0.5 ml. 4 (A) *Code the number of pre-filled pens dispensed* *(Non-Proprietary Name Index: Dulaglutide)*	S1A	103.60	73500

DELETIONS

Asasantin Retard Caps. 25 mg. 60	13301
Clonamox Susp. 250 mg./5 ml. 100 ml.	91243
Fostolin Once Weekly Tabs. 70 mg. 4	75331
Keflex (P.C.O. Mfg.) Film Coated Tabs. 500 mg. 21	30207
Locoid Scalp Lot. 100 ml.	69205
Modecate Inj. Multidose 25 mg./ml. 10 ml. 1	74691
OsvaRen Tabs. 435 mg./235 mg. 180	38112
Ramipril (Actavis) Caps. 2.5 mg. 28	49365
Ramipril (Actavis) Caps. 5 mg. 28	49366
Rasagiline (Actavis) Tabs. 1 mg. 28	31853

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST MARCH 2019

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
*Orkambi Granules in Sachet 100 mg./125 mg. 56 (A) *Code the number of sachets dispensed*	88843	Ivacaftor and Lumacaftor	12,144.00	Vertex Pharmaceuticals Ltd	Arvato
*Orkambi Granules in Sachet 150 mg./188 mg. 56 (A) *Code the number of sachets dispensed*	88844	Ivacaftor and Lumacaftor	12,144.00	Vertex Pharmaceuticals Ltd	Arvato

Note: Circular 019/17 Refers.

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Intron A 2.5 ml. Multi Dose Vial 25 MU Pack 1	88087	Interferon Alfa-2B	Merck, Sharp & Dohme Ire.

ADDENDUM EFFECTIVE 1ST FEBRUARY 2019

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Kineret Soln. for Inj. In Pre-filled Syringe 100 mg./0.67 ml. 7 (A) *Code the number of syringes dispensed*	88936	Anakinra	231.00	Swedish Orphan Biovitrum Ltd	United Drug

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ADDITIONS TO OSTOMY & URINARY

EFFECTIVE 1ST MARCH 2019

Instruction	Code	Description
		Deletions
Delete	93752	Combihesive Natura Two Piece Closed Pouch Midi Opaque S7290F/93F 20
Delete	93276	Combihesive Natura Two Piece Closed Pouch without Filter Beige S7215/9 30
Delete	93090	Combihesive Natura Two Piece Drainable Pouch Small and Standard with Filter & with InvisiClose Outlet Opaque S7431F/51F 30

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st February 2019

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st FEBRUARY 2019

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Acetylcysteine Eff. (Essential-Healthcare) Tabs. 600 mg. 30 (A) *(Non-Proprietary Name Index: Acetylcysteine)*	S1A	16.20	64004
Agomelatine (Gerard Labs.) Film Coated Tabs. 25 mg. 28 (A) *(Non-Proprietary Name Index: Agomelatine)*	S1A	15.43	64005
Amlodipine (Accord Healthcare Ltd.) Tabs. 5 mg. 28 (A)	S1B	1.68	43775
Amlodipine (Accord Healthcare Ltd.) Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Amlodipine)*	S1B	2.52	43776
Diaclide MR Tabs. 60 mg. 30 (A) *(Non-Proprietary Name Index: Gliclazide)*	S1B	3.65	43777
Lercaril Film Coated Tabs. 20 mg./20 mg. 28 (A) *(Non-Proprietary Name Index: Enalapril and Lercanidipine)*	S1B	11.04	43781
Pantoprazole Bluefish Gastro-Resistant Tabs. 20 mg. 28 (A)	S1B	2.52	43779
Pantoprazole Bluefish Gastro-Resistant Tabs. 40 mg. 28 (A) *(Non-Proprietary Name Index: Pantoprazole)*	S1B	3.08	43780
Prasugrel (Mylan) Film Coated Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Prasugrel)*	S1B	19.70	37407
Rozex (P.C.O. Mfg.) Cream 7.5 mg./G. 30 G. (B) *(Non-Proprietary Name Index: Metronidazole)*	S1A	6.81	37406
Trileptal (P.C.O. Mfg.) Film Coated Tabs. 300 mg. 50 (A) *(Non-Proprietary Name Index: Oxcarbazepine)*	S1B	14.01	37405

CHANGES TO GMS LIST OF REIMBURSABLE ITEMS EFFECTIVE 1ST FEBRUARY 2019

CHANGES UNDERLINED

Change	Celluvisc (LTT Pharma D.P.R.) Eye Drop Soln. 1% 0.4 ml. Unit Dose 30	17007
To Read	Celluvisc (Lexon UK) Eye Drop Soln. 1% 0.4 ml. Unit Dose 30	17007
Change	Seroxat (LTT Pharma Ltd.) Tabs. 20 mg. 30	45206
To Read	Seroxat (Lexon UK) Tabs. 20 mg. 30	45206
Change	Ventolin Evohaler (LTT Pharma Ltd.) 100 mcg. 200 Dose Aerosol 1	52005
To Read	Ventolin Evohaler (Lexon UK) 100 mcg. 200 Dose Aerosol 1	52005

DELETIONS

Aminophylline (Antigen) Inj. 25 mg./ml. 10 ml. 10 (A)	56278
Effentora Buccal Tabs. 800 mcg. 4 (A)	22968
Eurax-Hydrocortisone Cream 30 G. (B)	24325
Exforge (P.C.O. Mfg.) Film Coated Tabs. 5 mg./160 mg. 28 (A)	32662
Glucobay Tabs. 100 mg. 90 (A)	27780
Lomotil Liq. 100 ml. (B)	31496
Lomotil Tabs. 500 (A)	31968
Lomotil Tabs. 1000 (A)	31887
Nicotinell Gum 2 mg. 12 (A)	34101
Nicotinell Gum 4 mg. 12 (A)	34346
Nicotinell Lozenge 1 mg. 12 (A)	34535
Nicotinell TTS 20 14 mg. 2 Day Starter Pack 1 (A)	34648
Nicotinell TTS 30 21 mg. 2 Day Starter Pack 1 (A)	34679
Versatis (P.C.O. Mfg.) Medicated Plasters 5% 30 (A)	13035
Xefo Rapid Film Coated Tabs. 8 mg. 30 (A)	51422
Zesger Plus Tabs. 20/12.5 mg. 28 (A)	53811

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST FEBRUARY 2019

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Kisqali Film Coated Tabs. 200 mg. 42 (A)	88847	Ribociclib	2416.45	Novartis Ireland Ltd	Uniphar
Kisqali Film Coated Tabs. 200 mg. 63 (A)	88848	Ribociclib	3628.29	Novartis Ireland Ltd	Uniphar
Pelmeg Soln. for Inj. in Pre-filled Syringe. 6 mg./0.6 ml. 0.6 ml. 1 (A) *Code the number of syringes dispensed*	88849	Pegfilgrastim	667.49	Mundipharma Pharma Ltd	United Drug
Revlimid Caps. 20 mg. 21 (A)	88932	Lenalidomide	5807.16	Celgene Ltd	United Drug
*****Skilarence Gastro Resistant Tabs. 30 mg. 42 (A)	88933	Dimethyl Fumarate	90.72	Almirall Ltd	Allphar
*****Skilarence Gastro Resistant Tabs. 120 mg. 90 (A)	88934	Dimethyl Fumarate	202.18	Almirall Ltd	Allphar
*****Skilarence Gastro Resistant Tabs. 120 mg. 180 (A)	88935	Dimethyl Fumarate	404.35	Almirall Ltd	Allphar

* ***Circular 002/19 refers***

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Intron A Multidose Pen Inj. 60 MIU/1.2 ml. 1.2	88079	Interferon ALFA-2B	Merck, Sharp & Dohme Ire.
Pegasys Soln. for Inj. in Pre-filled Pen 135 mcg./0.5 ml. Pack 1	88487	Peginterferon ALFA-2A	Roche

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ADDITIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS

EFFECTIVE 1ST FEBRUARY 2019

Dressings listed are for use in doctors' surgeries and requirements should only be ordered and supplied on the appropriate order form (pink).

Code the number of individual items supplied e.g. Bandages, Dressings, Packs, Plasters, Rolls, Sachets, Sheets, Tapes, etc				
Instruction	**Code**	**Description**	**Supplier**	**Price €**
Add	86345	Novaform Conforming Bandage 5 cm x 4 m BNF5 1 (A)	Lynch Medical	0.13
Add	86346	Novaform Conforming Bandage 7 cm x 4 m BNF8 1 (A)	Lynch Medical	0.17
Add	86347	Novaform Conforming Bandage 10 cm x 4 m BNF10 1 (A)	Lynch Medical	0.19
Add	86348	Novaform Conforming Bandage 15 cm x 4 m BNF15 1 (A)	Lynch Medical	0.27
Add	86349	Novalast Elastic Crepe Bandage 5 cm x 4.5 m BNL5 1 (A)	Lynch Medical	0.30
Add	86350	Novalast Elastic Crepe Bandage 7.5 cm x 4.5 m BNL8 1 (A)	Lynch Medical	0.44
Add	86351	Novalast Elastic Crepe Bandage 10 cm x 4.5 m BNL10 1 (A)	Lynch Medical	0.53
Add	86352	Novalast Elastic Crepe Bandage 15 cm x 4.5 m BNL15 1 (A)	Lynch Medical	0.78
Add	86353	Non Woven/Filmated Swabs Sterile 5 cm x 5 cm 482-004 5 Pack 1 (A)	Lynch Medical	0.03
Add	86354	Non Woven/Filmated Swabs Sterile 7.5 cm x 7.5 cm 482-009 5 Pack 1 (A)	Lynch Medical	0.06
Add	86355	Non Woven/Filmated Swabs Sterile 10 cm x 10 cm 482-019 5 Pack 1 (A)	Lynch Medical	0.09
Add	86356	Non Woven Swabs Non Sterile 5 cm x 5 cm 1320100510 100 Pack 1 (A)	Lynch Medical	0.20
Add	86357	Non Woven Swabs Non Sterile 5 cm x 7.5 cm 1320100520 100 Pack 1 (A)	Lynch Medical	0.40
Add	86358	Non Woven Swabs Non Sterile 10 cm x 10 cm SWN 100 Pack 1 (A)	Lynch Medical	0.72

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ADMINISTRATIVE CODES FOR USE BY PHARMACY FOR THE PROVISION OF COMPRESSION HOSIERY TO GMS PATIENTS ONLY

(Circular 001/18 Refers)

EFFECTIVE 1ST February 2019

Instruction	Code	Description Code the number pairs dispensed	Supplier	Price €
Add	86360	Mediven Elegance Class 1 Stocking Latex Free Below Knee Closed Toe Small to XXX Large (European Standard) Pair 1 (A)	Royale Distributing Agency	30.00
Add	86362	Mediven Elegance Class 2 Stocking Latex Free Thigh High with Topband Closed Toe Small to XXX Large (European Standard) Pair 1 (A)	Royale Distributing Agency	54.00
Add	86359	Mediven Plus Class 1 Stocking Latex Free Below Knee Closed Toe Small to XXX Large (European Standard) Pair 1 (A)	Royale Distributing Agency	30.00
Add	86361	Mediven Plus Class 2 Stocking Latex Free Thigh High with Topband Closed Toe Small to XXX Large (European Standard) Pair 1 (A)	Royale Distributing Agency	54.00

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ADDITIONS TO OSTOMY & URINARY

EFFECTIVE 1ST FEBRUARY 2019

Instruction	Code	Description	Price €
Add	94146	ConvaTec Esteem+ Flex Convex V1 50mm Plateau CTF Ileostomy Drainable Pouch 20-43mm 421615 10	49.66
Add	94149	ConvaTec Esteem+ Flex Convex V1 50mm Plateau Pre-cut Ileostomy Drainable Pouch 25mm/30mm/35mm 421616/17/18 10	49.66
Add	94150	ConvaTec Esteem+ Flex Convex V1 50mm Plateau CTF Urostomy Pouch 10-43mm/15mm/20mm 421623/24/25 10	61.38
Add	94152	ConvaTec Esteem+ Flex Convex V1 50mm Plateau CTF Closed Colostomy Pouch 20-43mm S421612 30	107.13
Add	94154	ConvaTec Esteem+ Flex Convex V2 40mm Plateau CTF Urostomy Pouch 10-35mm 421626 10	61.38
Add	94167	ConvaTec Esteem+ Flex Convex V2 40mm Plateau Pre-cut Urostomy Pouch 15mm 4216267 10	61.38
Add	94155	ConvaTec Esteem+ Flex Convex V2 40mm Plateau CTF Ileostomy Drainable Pouch 20-35mm 421619 10	49.66
Add	94157	ConvaTec Esteem+ Flex Convex V2 40mm Plateau Pre-cut Ileostomy Drainable Pouch 25mm/30mm 421620/21 10	49.66
Add	94158	ConvaTec Esteem+ Flex Convex V2 40mm Plateau CTF Closed Colostomy Pouch 20-25mm/20-35mm 421614/13 30	107.13
Add	94159	ConvaTec Esteem+ Flex Convex V3 30mm Plateau Pre-cut Urostomy Pouch 15mm 421629 10	61.38
Add	94163	ConvaTec Esteem+ Flex Convex V3 30mm Plateau CTF Urostomy Pouch 10-25mm 421628 10	61.38
Add	94164	ConvaTec Esteem+ Flex Convex V3 30mm Plateau CTF Ileostomy Drainable Pouch 20-25mm 421622 10	49.66
Add	94165	Fannin Prosys All Silicone 2 Way Foley Catheter c 10 Integral Balloon PCF12F10/14F10/16F10/18F10 1	6.47
Add	94166	Fannin Prosys All Silicone 2 Way Foley Catheter c 10 Integral Balloon PCF12M10/14M10/16M10/18M10 1	6.47
		Change to Read **Changes Underlined**	
Change	94024	Coloplast SenSura Mio 1 Piece Ileostomy Bag Midi/Maxi Light Convex Starter Hole 16621/16622/16623/16625/16626/16627 10	
To Read	94024	Coloplast SenSura Mio 1 Piece Ileostomy Bag Midi/Maxi Light Convex Starter Hole 16621/16622/16623/16625/16626/16627/16633 10	
Change	94017	Coloplast SenSura Mio 1 Piece Ileostomy Bag Midi/Maxi Deep Convex Starter Hole 16641/16645/16646/16647 10	
To Read	94017	Coloplast SenSura Mio 1 Piece Ileostomy Bag Midi/Maxi Deep Convex Starter Hole 16641/16645/16646/16647/16654 10	
Change	93944	Coloplast Sensura Mio 1 Piece closed Colostomy Bag Maxi Deep Convex Starter Hole 16545/16546/16547 10	
To Read	93944	Coloplast Sensura Mio 1 Piece closed Colostomy Bag Maxi Deep Convex Starter Hole 16545/16546/16547/16552 10	
Change	93942	Coloplast Sensura Mio 1 Piece Closed Colostomy Bag Maxi Light Convex Starter Hole 16525/16526/16527/16530/16531 10	
To Read	93942	Coloplast Sensura Mio 1 Piece Closed Colostomy Bag Maxi Light Convex Starter Hole 16525/16526/16527/16530/16531/16532 10	
Change	94095	Hunter Urology Aloe Meatal+ Single Use Hydrophilic Coated ISC Catheter with Flexible Tip ALOEMPS10/12/14/16 30	
To Read	94095	Hunter Urology Aloe Meatal+ Single Use Hydrophilic Coated ISC Catheter with Flexible Tip ALOEMPS10/12/14/16/18 30	

Deletions			
Instruction	**Code**	**Description**	
Delete	96438	Combihesive Natura Two Piece Closed Pouch with Filter Tan S7254/8 30	
Delete	93690	ConvaTec Natura+ 2 Piece Pouch Closed Standard Tan N/F 416401/04/07/10/13 30	
Delete	93691	ConvaTec Natura+ 2 Piece Pouch Closed Small Tan without Filter 416402/05/08/11 30	
Delete	93061	Esteem One Piece Drainable Pouch Standard Convex with InvisiClose Outlet Clear & Opaque S5151/9 & S5161/9 10	

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st January 2019

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st JANUARY 2019
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Duloxetine (Accord Healthcare Ltd.) Hard Gastro-Resistant Caps. 30 mg. 28 (A)	S1A	5.61	37031
Duloxetine (Accord Healthcare Ltd.) Hard Gastro-Resistant Caps. 60 mg. 28 (A)	S1A	8.40	37032
(Non-Proprietary Name Index: Duloxetine)			
Epilim Crushable Tabs. 100 mg. 30 (A)	S1B	1.49	37041
Epilim Enteric Gastro-resistant Coated Tabs. 200 mg. 30 (A)	S1B	2.13	37042
Epilim Enteric Gastro-resistant Coated Tabs. 500 mg. 30 (A)	S1B	4.23	37043
(*Non-Proprietary Name Index: Sodium Valproate)*			
Epilim Chrono Prolonged Release Tabs. 200 mg. 30 (A)	S1B	2.68	37038
Epilim Chrono Prolonged Release Tabs. 300 mg. 30 (A)	S1B	3.91	37039
Epilim Chrono Prolonged Release Tabs. 500 mg. 30 (A)	S1B	6.09	37040
(*Non-Proprietary Name Index: Sodium Valproate & Valproic Acid)*			
Respi-Clear Saline Isotonic Inhalation Soln. 0.9% 2.5 ml. Vial 20 (A)		3.45	43701
Respi-Clear Sodium Chloride Inhalation Soln. 7% 4 ml. Vial 60 (A)		31.72	43703
Code the number of vials dispensed			
(*Non-Proprietary Name Index: Sodium Chloride)*			
Steglujan Film Coated Tabs. 5 mg./100 mg. 28 (A)	S1B	71.98	43770
Steglujan Film Coated Tabs. 15 mg./100 mg. 28 (A)	S1B	71.98	43771
(Non-Proprietary Name Index: Sitagliptin and Ertugliflozin)			
Tacrolimus (Accord Healthcare Ltd.) Oint. 0.1% 30 G. (B)	S1A	11.05	64001
Tacrolimus (Accord Healthcare Ltd.) Oint. 0.1% 60 G. (B)	S1A	21.25	64002
(Non-Proprietary Name Index: Tacrolimus)			
Terbinafine (Rowa) Tabs. 250 mg. 28 (A)	S1B	20.81	64003
(Non-Proprietary Name Index: Terbinafine)			
Zebinix Oral Susp. 50 mg./ml. 200 ml. (B)	S1B	56.37	50564
(Non-Proprietary Name Index: Eslicarbazepine)			

DELETIONS

Citalopram (Actavis) Tabs. 10 mg. 28	18322
Clonamox Caps. 250 mg. 500	18007
Fluclon Caps. 500 mg. 250	55245
Geodon Caps. 60 mg. 56	63555
Lemilvo Tabs. 10 mg. 28	36963
Lemilvo Tabs. 15 mg. 28	36964
Lemilvo Tabs. 30 mg. 28	36965
Prindace Tabs. 8 mg. 30	43719
Romep Gastro-resistant Caps. 40 mg. 14	36241

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST JANUARY 2019

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Cabometyx Film Coated Tabs. 20 mg. 30 (A)	88840	Cabozantinib	6,588.00	IPSEN Pharmaceuticals Ltd	United Drug
Cabometyx Film Coated Tabs. 40 mg. 30 (A)	88841	Cabozantinib	6,588.00	IPSEN Pharmaceuticals Ltd	United Drug
Cabometyx Film Coated Tabs. 60 mg. 30 (A)	88842	Cabozantinib	6,588.00	IPSEN Pharmaceuticals Ltd	United Drug
*****Kalydeco Film Coated Tabs. 150 mg. 28 (A)	88846	Ivacaftor	7,095.89	Vertex Pharmaceuticals (Europe) Limited	Arvato
*****Symkevi Film Coated Tabs. 100 mg./150 mg. 28 (A)	88845	Ivacaftor & Tezacaftor	7,095.89	Vertex Pharmaceuticals (Europe) Limited	Arvato

* ***Circular 39/18 refers***

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Flolan Inj. 500 mcg. Pack 1	88057	Epoprostenol	Glaxo Wellcome Limited
Saizen Multidose Click Easy Inj. 8 mg. 1	88058	Somatropin	Merck Serono (Ireland) ltd
ViraferonPeg Pdr. & Solv. for Inj. in Pre-filled Pen 50 mcg./0.5 ml. 1	88374	Peginterferon Alfa-2b	Merck, Sharp and Dohme Ireland

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st December 2018

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1st DECEMBER 2018

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Aripiprazole (Wockhardt Ltd.) Tabs. 5 mg. 28 (A)	S1A	21.00	37028
Aripiprazole (Wockhardt Ltd.) Tabs. 10 mg. 28 (A)	S1A	21.00	37029
Aripiprazole (Wockhardt Ltd.) Tabs. 15 mg. 28 (A)	S1A	22.40	37030
(Non-Proprietary Name Index: Aripiprazole)			
Metoject Soln. for Inj. in Pre-filled Pen 7.5 mg./0.15 ml. 1 (A)	S1A	14.72	32690
Metoject Soln. for Inj. in Pre-filled Pen 10 mg./0.20 ml. 1 (A)	S1A	15.89	32691
Metoject Soln. for Inj. in Pre-filled Pen 15 mg./0.30 ml. 1 (A)	S1A	18.61	32692
Metoject Soln. for Inj. in Pre-filled Pen 20 mg./0.40 ml. 1 (A)	S1A	21.93	32693
Metoject Soln. for Inj. in Pre-filled Pen 25 mg./0.50 ml. 1 (A)	S1A	25.84	32694
Code the number of pens dispensed			
(Non-Proprietary Name Index: Methotrexate)			
Testarzon Transdermal Gel Pump 20 mg./G. 85.5 G. Pack 1 (A)	S1A	45.22	49140
Code the number of packs dispensed			
(Non-Proprietary Name Index: Testosterone)			

DELETIONS

Bricanyl Inj. 0.5 mg./ml. 1 ml. 5	63827
Celluvisc (iMED Healthcare Ltd. D.P.R.) Eye Drop Soln. 1% 0.4 ml. Unit Dose 60	17010
Cifloxager Tabs. 250 mg. 10	16782
Cifloxager Tabs. 500 mg. 10	16784
Dirythmin SA Tabs. 150 mg. 100	79634
Furosemide Bristol Tabs. 20 mg. 28	50751
Furosemide Bristol Tabs. 20 mg. 100	50757
Furosemide Bristol Tabs. 40 mg. 28	50769
Furosemide Bristol Tabs. 40 mg. 100	50774
Halcion Tabs. 0.25 mg. 250	39551
Istin (iMED Healthcare Ltd.) Tabs. 10 mg. 28	29141
Lescol Caps. 40 mg. 28	77063
MUSE Urethral Stick 125 mcg. 1	31453
MUSE Urethral Stick 125 mcg. 6	31474
Olmesartan Medoxomil Teva Film Coated Tabs. 40 mg. 28	37604
Procainamide Durules 100	67350
Rabeprazole (Clonmel) Gastro-Resistant Tabs. 20 mg. 28	13363
Relenza 5 mg. i.e. 1 Diskhaler/5 Rotadisks Complete Pack 1	43601
Tildiem Tabs. 60 mg. 90	46216

CHANGES

CHANGES UNDERLINED

Change	Ozempic Once Weekly Soln. for Inj. in Pre-filled Pen 0.25 mg./1.5 ml. (1 pre-filled pen, 4 needles) Pack 1 (A)	33700
To Read	Ozempic Once Weekly Soln. for Inj. in Pre-filled Pen <u>0.25 mg</u>. (1 pre-filled pen, 4 needles) Pack 1 (A)	33700
Change	Ozempic Once Weekly Soln. for Inj. in Pre-filled Pen 0.5 mg./1.5 ml. (1 pre-filled pen, 4 needles) Pack 1 (A)	33701
To Read	Ozempic Once Weekly Soln. for Inj. in Pre-filled Pen <u>0.5 mg</u>. (1 pre-filled pen, 4 needles) Pack 1 (A)	33701
Change	Ozempic Once Weekly Soln. for Inj. in Pre-filled Pen 1 mg./3.0 ml. (1 pre-filled pen, 4 needles) Pack 1 (A)	33702
To Read	Ozempic Once Weekly Soln. for Inj. in Pre-filled Pen <u>1 mg.</u> (1 pre-filled pen, 4 needles) Pack 1 (A)	33702

ADDENDUM TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST NOVEMBER 2018

Tranylcypromine (Mercury Pharmaceuticals) Tabs. 10 mg. 28 (A)	S1A	€15.97	55516
(Non-Proprietary Name Index: Tranylcypromine)			

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1st DECEMBER 2018

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Ninlaro Hard Caps. 2.3 mg. 3 (A)	88957	Ixazomib	7,602.12	Takeda Products Ireland Ltd.	United Drug
Ninlaro Hard Caps. 3 mg. 3 (A)	88958	Ixazomib	7,602.12	Takeda Products Ireland Ltd.	United Drug
Ninlaro Hard Caps. 4 mg. 3 (A)	88959	Ixazomib	7,602.12	Takeda Products Ireland Ltd.	United Drug
Pelgraz Soln. for Inj. in Pre-filled Syringe 6 mg./0.6 ml. 0.6 ml. 1 (A) *Code the number of syringes dispensed*	88961	Pegfilgrastim	667.49	Accord Healthcare Ltd.	Accord Healthcare Ltd.
Venclyxto Film Coated Tabs. 10 mg. 14 (A)	88970	Venetoclax	81.45	AbbVie Ltd.	Uniphar
Venclyxto Film Coated Tabs. 50 mg. 7 (A)	88971	Venetoclax	204.23	AbbVie Ltd.	Uniphar
Venclyxto Film Coated Tabs. 100 mg. 7 (A)	88972	Venetoclax	408.86	AbbVie Ltd.	Uniphar
Venclyxto Film Coated Tabs. 100 mg. 14 (A)	88973	Venetoclax	818.10	AbbVie Ltd.	Uniphar
Venclyxto Film Coated Tabs. 100 mg. 112 (A)	88974	Venetoclax	6,279.40	AbbVie Ltd.	Uniphar

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Flolan Inj. 1.5 mg. Pack 1	88059	Epoprostenol	GSK
Ovitrelle Soln. for Inj. Pre-filled Syringe 250 mcg./0.5 ml. 1	88489	Choriogonadotropin Alfa	Merck Serono (Ireland) Limited
Zarzio Soln. for Inj. or Inf. in Pre-filled Syr. 30 MU/0.5 ml. 0.5 ml. 1	88730	Filgrastim	Novartis (Ireland) Ltd.
Zarzio Soln. for Inj. or Inf. in Pre-filled Syr. 48 MU/0.5 ml. 0.5 ml. 1	88731	Filgrastim	Novartis (Ireland) Ltd.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st November 2018

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST NOVEMBER 2018

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Eplerenone (KRKA Pharma) Film Coated Tabs. 25 mg. 30 (A)	S1B	24.19	30503
Eplerenone (KRKA Pharma) Film Coated Tabs. 50 mg. 30 (A)	S1B	24.19	30504
(Non-Proprietary Name Index: Eplerenone)			
Flutiform k-haler Pressurised Inhalation, Susp. 125 mcg./5 mcg. per actuation, 120 Dose 1 (A)	S1B	34.95	33305
Code the number of inhalers dispensed			
(Non-Proprietary Name Index: Formoterol and Fluticasone)			
Quentiax SR Prolonged Release 400 mg. 60 (A)	S1A	51.00	71279
(Non-Proprietary Name Index: Quetiapine)			
Quodixor Film Coated Tabs. 150 mg. 1 (A)	S1B	11.98	52301
(Non-Proprietary Name Index: Ibandronic Acid)			

DELETIONS

Hexopal Tabs. 500 mg. 100	27553
Lescol Caps. 20 mg. 28	77055
Protizole Gastro-Resistant Tabs. 40 mg. 28	43374
Ventamol CFC-Free Inhaler 100 mcg. 200 Dose Aerosol 1	52232
Viridal 10 Inj. Pack 1	71364

DELETION TO THE LIST OF OSTOMY & URINARY ITEMS
EFFECTIVE 1ST NOVEMBER 2018

ConvaTec Esteem Synergy Drainable Pouch Std with InvisiClose Outlet & Filter (Right-Left) Opaque & Clear S1210F/11F/12F/15F/16F/17F & S1220F/21F/22F 30	94171

ADDITIONS/DELETIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST NOVEMBER 2018

ADDITIONS

ProSure 220 ml. Pack 1 (A)	2.86	81560

DELETIONS

ProSure 240 ml. Pack 1 (A)	81552
Taranis LP Spread 230 G. Pack 1 (A)	83038
3M Tegaderm Absorbent Clear Acrylic Dressing 7.6 cm x 9.5 cm 90800 1 (A)	86187
3M Tegaderm Absorbent Clear Acrylic Dressing 11.1 cm x 12.7 cm 90801 1 (A)	86188
3M Tegaderm Absorbent Clear Acrylic Dressing 14.2 cm x 15.8 cm 90803 1 (A)	86189

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST NOVEMBER 2018

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Amgevita Soln. for Inj. in Pre-filled Pen 40 mg. 2 (A) *Code the number of pens dispensed*	88950	Adalimumab	662.83	Amgen Ireland Ltd.	United Drug
Amgevita Soln. for Inj. in Pre-filled Syringe 20 mg. 1 (A) *Code the number of syringes dispensed*	88951	Adalimumab	165.70	Amgen Ireland Ltd.	United Drug
Amgevita Soln. for Inj. in Pre-filled Syringe 40 mg. 2 (A) *Code the number of syringes dispensed*	88952	Adalimumab	662.83	Amgen Ireland Ltd.	United Drug
Hulio Soln. for Inj. in Pre-filled Pen 40 mg. 2 (A) *Code the number of pens dispensed*	88955	Adalimumab	638.01	Mylan Ireland	United Drug
Hulio Soln. for Inj. in Pre-filled Syr. 40 mg. 2 (A) *Code the number of syringes dispensed*	88956	Adalimumab	638.01	Mylan Ireland	United Drug
Imraldi Soln. for Inj. in Pre-filled Pen 40 mg. 2 (A) *Code the number of pens dispensed*	88953	Adalimumab	623.46	Biogen Idec (Ireland) Ltd.	United Drug
Imraldi Soln. for Inj. in Pre-filled Syringe 40 mg. 2 (A) *Code the number of syringes dispensed*	88954	Adalimumab	623.46	Biogen Idec (Ireland) Ltd.	United Drug

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Casodex (Clear Pharmacy) Tabs. 50 mg. 28	88441	Bicalutamide	Clear Pharmacy
Cellcept (Clear Pharmacy) Tabs. 500 mg. 50	88442	Mycophenolic Acid	Clear Pharmacy
Exjade (Clear Pharmacy) Tabs. 250 mg. 28	88443	Deferasirox	Clear Pharmacy
Exjade (Clear Pharmacy) Tabs. 500 mg. 28	88445	Deferasirox	Clear Pharmacy
Glivec (Clear Pharmacy) Film Coated Tabs. 100 mg. 60	88446	Imatinib	Clear Pharmacy
Glivec (Clear Pharmacy) Film Coated Tabs. 400 mg. 30	88447	Imatinib	Clear Pharmacy
Pergoveris Pdr. and Solv. for Soln. for Inj. 150 iu/75 iu 10	88667	Follitropin Alfa & Lutropin Alfa	Merck Serono (Ireland) Ltd.
Tobi (Clear Pharmacy) Amps. 300 mg./5 ml. 5 ml. 56	88448	Tobramycin	Clear Pharmacy
Valcyte (Clear Pharmacy) Tabs. 450 mg. 60	88450	Valganciclovir	Clear Pharmacy

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ADDITIONS TO OSTOMY & URINARY

EFFECTIVE 1ST OCTOBER 2018

Instruction	Code	Description	Price €
Add	94102	Hollister Conform CeraPlus 2 with Skin Barrier Convex CTF and sized 14100,15100,17100,14600,15600,17600,14620,14625,15629,15632 5	26.38
Add	94100	Hollister Conform CeraPlus 2 with Skin Barrier Flat CTF and Pre sized 14200,15200,17200,14500,15500,17500 5	25.92
Add	94097	Hollister Moderma Flex CeraPlus Closed Pouch with Skin Barrier Beige Convex, Midi, CTF and Pre sized 52600,52601,52625,52630,52635 30	116.19
Add	94096	Hollister Moderma Flex CeraPlus Closed Pouch with Skin Barrier Beige Flat, Midi, CTF and Pre sized 52100,52125,52130,52135 30	103.14
Add	94098	Hollister Moderma Flex CeraPlus Drainable Pouch with Skin Barrier Clear and Beige Convex and Soft Convex Midi/Maxi, CTF and Pre sized 53000/01/02/25/30/35,53100/01/02/25/30/35,53700/01/02/30/35,53900/01/02/30/35 30	167.84
Add	94103	Hollister Moderma Flex CeraPlus Drainable Pouch with Skin Barrier Clear and Beige Convex and Soft Convex Midi/Maxi, CTF and Pre sized 54000/01/02/25/30/35,54100/01/02/25/30/35,54600/01/02/25/30/35,54800/01/02/25/30/35 30	167.84

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st Oct 2018

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST OCTOBER 2018

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Fostolin Once Weekly Tabs. 70 mg. 4 (A) *(Non-Proprietary Name Index: Alendronic Acid)*	S1B	5.04	49400
Lipocomb Hard Caps. 10 mg./10 mg. 30 (A)	S1B	20.34	62800
Lipocomb Hard Caps. 20 mg./10 mg. 30 (A) *(Non-Proprietary Name Index: Rosuvastatin and Ezetimibe)*	S1B	23.63	62801
Nicochew Gum 4 mg. 204 (A) *(Non-Proprietary Name Index: Nicotine Replacement Therapy)* ***Reimbursable on the GMS Scheme Only – May <u>not</u> be prescribed on Repeat Prescription Forms***		32.24	24734
Skudexa Film Coated Tabs. 75 mg./25 mg. 15 (A) *(Non-Proprietary Name Index: Tramadol and Dexketoprofen)*	S1A	3.67	69801

DELETIONS

Amisulpride Mylan Tabs. 100 mg. 60	11324
Amisulpride Mylan Tabs. 400 mg. 60	11326
Augmentin (iMED Healthcare Ltd.) Film Coated Tabs. 250 mg./125 mg. 100	14225
Augmentin-Duo (P.C.O. Mfg.) Susp. 400 mg./57 mg./5 ml. 35 ml	91129
Bricanyl (iMED Healthcare Ltd.) Turbohaler 500 mcg. 100 Dose Inhaler 1	65040
Cardura XL (iMED Healthcare Ltd.) Tabs. 4 mg. 28	16220
Cardura XL (iMED Healthcare Ltd.) Tabs. 8 mg. 28	16243
Cefuroxime TEVA Tabs. 250 mg. 14	17460
Cefuroxime TEVA Tabs. 500 mg. 14	17461
Co-Codamol Eff. Tabs. 30 mg./500 mg. 100	44004
Combivent Metered Inhaler 200 Dose Aerosol 1	18218
Combivent Soln. 2.5 ml. Unit Dose Vial 60	18413
Crestor (iMED Healthcare Ltd.) Film Coated Tabs. 10 mg. 28	15726
Crestor (iMED Healthcare Ltd.) Tabs. 20 mg. 28	19254
Desloratadine (Ratiopharm) Tabs. 5 mg. 30	35710
Detrusitol SR (iMED Healthcare Ltd.) Caps. 4 mg. 28	16325
Diaclide Tabs. 80 mg. 60	14081
Diprosone Scalp Applic. 0.05% 100 ml	21679
Efexor (P.C.O. Mfg.) Tabs. 37.5 mg. 60	22812
Efexor (P.C.O. Mfg.) Tabs. 75 mg. 56	22847
Erythrocin Tabs. 250 mg. 500	23884
Esomeprazole TEVA Gastro Resistant Tabs. 20 mg. 28	36510
Esomeprazole TEVA Gastro Resistant Tabs. 40 mg. 28	36511
Eucardic Tabs. 3.125 mg. 28	23406
Fucithalmic Unit Dose 12	26107
Gericarb SR Tabs. 400 mg. 56	27149
Geriflox Caps. 500 mg. 100	26085
Gerivent 100 mcg. 200 Dose Aerosol 1	26999
Klacid (P.C.O. Mfg.) Tabs. 250 mg. 12	30085
Klariger LA Tabs. 500 mg. 7	30001
Lanziop Caps. 15 mg. 28	63602
Lanziop Caps. 30 mg. 28	63670
Lipitor (iMED Healthcare Ltd.) Tabs. 10 mg. 28	31749
Lipitor (iMED Healthcare Ltd.) Tabs. 20 mg. 28	31928
Lipitor (iMED Healthcare Ltd.) Tabs. 40 mg. 28	31970
Lomotil Tabs. 100	31976
Metformin Mylan (Gerard Labs.) Tabs. 1000 mg. 60	36805
Minatev LA TEVA Prolonged Release Tabs. 500 mg. 7	17049
Myclovear Film Coated Tabs. 750 mg. 7	64705
Myval Tabs. 500 mg. 10	36860
Myval Tabs. 500 mg. 42	36861
Nicorette Microtab 2 mg. 105	33890
Nicorette Microtab Sublingual Tabs. 2 mg. 100	33916
Nolvadex D (P.C.O. Mfg.) 20 mg. 30	36961

Pethidine Hyd. (Antigen) Inj. 50 mg./ml. 1 ml. 10	56537
Pulmicort CFC-Free Inhaler 100 mcg. 120 Dose Inhaler	43361
Pulmicort CFC-Free Inhaler 200 mcg. 120 Dose Inhaler	43394
Pulmicort Inhaler 200 Dose Aerosol Refill Pack 1	43567
Pulmicort Nebuhaler Pack 1	42285
Rabeprazole (Gerard Labs.) Gastro-Resistant Tabs. 10 mg. 28	73102
Rabeprazole (Gerard Labs.) Gastro-Resistant Tabs. 20 mg. 28	73103
Risedronate Mylan (Gerard Labs.) Once A Week Film Coated Tabs. 35 mg. 4	50510
Rispal Tabs. 0.5 mg. 20	44117
Rispal Tabs. 1 mg. 60	44128
Rispal Tabs. 2 mg. 60	44152
Rispal Tabs. 3 mg. 60	44190
Risperger Tabs. 0.5 mg. 20	44200
Risperger Tabs. 1 mg. 20	44219
Risperger Tabs. 2 mg. 60	44233
Risperger Tabs. 3 mg. 60	44241
Seroquel XR (iMED Healthcare Ltd.) Prolonged Release Tabs. 300 mg. 60	60258
Seroquel XR (iMED Healthcare Ltd.) Prolonged Release Tabs. 50 mg. 60	60130
Simator Tabs. 10 mg. 28	76369
Simator Tabs. 20 mg. 28	76516
Simator Tabs. 40 mg. 28	76664
Simator Tabs. 80 mg. 28	76727
Simzor Tabs. 10 mg. 30	76302
Simzor Tabs. 20 mg. 30	76358
Simzor Tabs. 40 mg. 30	76390
Sporanox (iMED Healthcare Ltd.) Caps. 100 mg. 15	61447
Statease Caps. 20 mg. 28	82314
Statease Caps. 40 mg. 28	82315
Statease Prolonged Release Tabs. 80 mg. 28	82313
Stelazine Tabs. 1 mg. 112	46944
Stelazine Tabs. 5 mg. 112	46957
Tevicon Pdr. for Oral Soln. 13.7 G. Sachet 30	36865
Triazolam (Generics UK) Tabs. 0.25 mg. 30	50121
Trobalt Initiation (50 mg. x 21 and 100 mg. x 42 Film Coated Tabs.) Pack 1	34225
Trospium (Rowex) Film Coated Tabs. 20 mg. 60	53752
Vesitirim (P.C.O. Mfg.) Tabs. 5 mg. 30	51920
Viscolex Syr. 250 mg./5 ml. 100 ml	56195
Warfant Tabs. 1 mg. 28	61753
Warfant Tabs. 3 mg. 28	61759
Warfant Tabs. 5 mg. 28	61765
Xyzal (iMED Healthcare Ltd.) Tabs. 5 mg. 30	74708
Zesger Tabs. 10 mg. 28	75558
Zimovane (P.C.O. Mfg.) Tabs. 7.5 mg. 30	52984
Zispin (iMED Healthcare Ltd.) SolTabs. Orodispersible Tabs. 15 mg. 30	61904
Zispin (iMED Healthcare Ltd.) SolTabs. Orodispersible Tabs. 30 mg. 30	61932
Zispin (iMED Healthcare Ltd.) SolTabs. Orodispersible Tabs. 45 mg. 30	61987
Zithromax (iMED Healthcare Ltd.) Hard Caps. 250 mg. 6	71148
Zomig Rapimelt (iMED Healthcare Ltd.) Orodispersible Tabs. 2.5 mg. 6	76851

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST OCTOBER 2018

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Copegus Tabs. 400 mg. 56 (A)	88400	Ribavirin	Roche Products Ireland Ltd.
Rebetol Caps. 200 mg. 140 (A)	88294	Ribavirin	Merck, Sharp & Dohme Ireland
Tacrolimus (Accord Healthcare Ltd.) Hard Caps. 0.5 mg. 50 (A)	88545	Tacrolimus	Accord Healthcare Ltd.
Tacrolimus (Accord Healthcare Ltd.) Hard Caps. 1 mg. 50 (A)	88546	Tacrolimus	Accord Healthcare Ltd.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st September 2018

Clinical Nutritional Products

ADDITIONS/CHANGES/DELETIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST SEPTEMBER 2018.

Code the number of bottles, boxes, packs, pots, pouches, sachets, tins or tubs dispensed.

ADDITIONS

	Description	Reimbursement Price €	Code
Add	EleCare Powder 66760 400 G. Pack 1 (A)	29.10	83249

Code the number of individual items supplied e.g. pieces, strips, needles etc.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

CHANGES TO THE LIST OF REIMBURSABLE NON DRUG ITEMS

DIAGNOSTICS

EFFECTIVE 1ST SEPTEMBER 2018

Code the number of individual items supplied e.g. pieces, strips, needles etc.

Instruction	Code	Description	Supplier	Price €
Add	97601	Gluco RX HCT Ketone Test Strips 394-8734 10 (A)	United Drug	11.27
Add	97602	Gluco RX Lancets 30 G., 0.31 mm.. 394-1354 200 (A)	United Drug	6.00
Add	97603	Gluco RX Test Strips 381-0942 50 (A)	United Drug	2.55
Add	97604	mylife YpsoPump Reservoir 700001181 10 (A)	Ypsomed	30.00

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st September 2018

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST SEPTEMBER 2018
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Escitalopram (Bluefish) Film Coated Tabs. 5 mg. 28 (A)	S1A	3.08	54309
Escitalopram (Bluefish) Film Coated Tabs. 10 mg. 28 (A)	S1A	3.36	54310
Escitalopram (Bluefish) Film Coated Tabs. 15 mg. 28 (A)	S1A	4.76	54311
Escitalopram (Bluefish) Film Coated Tabs. 20 mg. 28 (A)	S1A	6.16	54312
(Non-Proprietary Name Index: Escitalopram)			
Fiasp Soln. for Inj. Vial. 100 IU/ml. 10 ml. 1 (A)	S1B	19.48	43918
Code the number of vials dispensed			
(Non-Proprietary Name Index: Insulin Aspart)			
Imigran (LTT Pharma Ltd.) Ftab. Film Coated Tabs. 50 mg. 6 (A)	S1B	18.79	32002
Imigran (LTT Pharma Ltd.) Ftab. Film Coated Tabs. 100 mg. 6 (A)	S1B	29.14	32003
(Non-Proprietary Name Index: Sumatriptan)			
Keppra (Originalis B.V.) Film Coated Tabs. 500 mg. 60 (A)	S1B	36.23	54338
Keppra (Originalis B.V.) Film Coated Tabs. 1000 mg. 60 (A)	S1B	70.68	54339
(Non-Proprietary Name Index: Levetiracetam)			
Keppra (Originalis B.V.) Oral Soln. C. 3 ml. Syringe 100 mg./ml. 150 ml. (B)	S1B	28.64	54363
Keppra (Originalis B.V.) Oral Soln. C 10 ml. Syringe 100 mg./ml. 300 ml. (B)	S1B	50.47	54364
(Non-Proprietary Name Index: Levetiracetam)			
Neupro Transdermal (Originalis B.V.) Patches 2 mg./24 Hour 28 (A)	S1A	81.82	44560
Neupro Transdermal (Originalis B.V.) Patches 4 mg./24 Hour 28 (A)	S1A	105.52	44561
Neupro Transdermal (Originalis B.V.) Patches 6 mg./24 Hour 28 (A)	S1A	128.60	44562
Neupro Transdermal (Originalis B.V.) Patches 8 mg./24 Hour 28 (A)	S1A	148.95	44563
Code the number of patches dispensed			
(Non-Proprietary Name Index: Rotigotine)			
Neupro Transdermal (SCAC Ltd.) Patches 6 mg./24 Hour 28 (A)	S1A	128.60	44569
Code the number of patches dispensed			
(Non-Proprietary Name Index: Rotigotine)			
Olmesartan/Amlodipine (KRKA Pharma) Film Coated Tabs. 20 mg./5 mg. 28 (A)	S1B	7.50	38942
Olmesartan/Amlodipine (KRKA Pharma) Film Coated Tabs. 40 mg./5 mg. 28 (A)	S1B	8.49	38943
Olmesartan/Amlodipine (KRKA Pharma) Film Coated Tabs. 40 mg./10 mg. 28 (A)	S1B	8.55	38944
(Non-Proprietary Name Index: Olmesartan Medoxomil and Amlodipine)			
Ozempic Once Weekly Soln. for Inj. in Pre-filled Pen 0.25 mg./1.5 ml. (1 pre-filled pen, 4 needles) Pack 1 (A)	S1A	111.41	33700
Ozempic Once Weekly Soln. for Inj. in Pre-filled Pen 0.5 mg./1.5 ml. (1 pre-filled pen, 4 needles) Pack 1 (A)	S1A	111.41	33701
Ozempic Once Weekly Soln. for Inj. in Pre-filled Pen 1 mg./3.0 ml. (1 pre-filled pen, 4 needles) Pack 1 (A)	S1A	111.41	33702
Code the number of packs dispensed			
(Non-Proprietary Name Index: Semaglutide)			
Soolantra (Lexon UK) Cream 10 mg./G. 30 G. (B)	S1B	21.58	38602
(Non-Proprietary Name Index: Ivermectin)			
*Victoza (Originalis B.V.) Soln. for Inj. in Pre-filled Pen 6 mg./ml. 3 ml. 3 (A)	S1A	142.69	47989
Code the number of pre-filled pens dispensed			
(Non-Proprietary Name Index: Liraglutide)			
**Circ. 007/17 Refers*			

Zebinix (Lexon UK) Tabs. 800 mg. 30 (A) *(Non-Proprietary Name Index: Eslicarbazepine)*	S1B	131.22	50556
Zebinix (Originalis B.V.) Tabs. 800 mg. 30 (A) *(Non-Proprietary Name Index: Eslicarbazepine)*	S1B	131.22	50562
Zonegran (Originalis B.V.) Hard Caps. 100 mg. 56 (A) *(Non-Proprietary Name Index: Zonisamide)*	S1B	68.28	50563

DELETIONS

Amaryl Tabs. 4 mg. 30	12728
Amoxil Sachets 3 G. 2	11932
Apodespan PR Prolonged Release Tabs. 50 mg./200 mg. 60	45408
Caprin Tabs. 300 mg. 100	16772
Ciproxin Tabs. 250 mg. 100	18376
Cordarone X (P.C.O. Mfg.) Tabs. 200 mg. 30	18713
Dilzem SR Twice Daily Caps. 60 mg. 56	22113
Dilzem SR Twice Daily Caps. 90 mg. 56	22126
Dilzem SR Twice Daily Caps. 120 mg. 56	22138
Dovobet (iMED Healthcare Ltd.) Oint. 50 mcg./G. + 0.5 mg./G. 120 G.	44587
Dovonex (iMED Healthcare Ltd.) Cream 60 G.	22497
Estelle Tabs. 30 mcg./75 mcg. 63	23518
Feldene Caps. 10 mg. 30	17954
Fosamax (iMED Healthcare Ltd.) Once Weekly Tabs. 70 mg. 4	75249
Gerivent Inhaler CFC-Free 100 mcg. 200 Dose Aerosol	12099
Imitag Tabs. 50 mg. 6	29106
Imitag Tabs. 100 mg. 6	29183
Ixprim (iMED Healthcare Ltd.) Tabs. 37.5 mg./325 mg. 60	29022
Klacid LA (iMED Healthcare Ltd.) Tabs. 500 mg. 7	32045
Lamater Tabs. 250 mg. 28	17976
Lamisil Tabs. 250 mg. 14	30771
Lamoro Disp. Tabs. 25 mg. 60	32167
Lamoro Disp. Tabs. 50 mg. 60	32176
Lamoro Disp. Tabs. 100 mg. 60	32184
Lamoro Disp. Tabs. 200 mg. 60	32195
Lasix Tabs. 40 mg. 100	30712
Lederfen CP Tabs. 300 mg. 84	31240
Leukeran Tabs. 2 mg. 50	31465
Levothyroxine Tabs. 50 mcg. 28	55580
Lexapro (iMED Healthcare Ltd.) Film Coated Tabs. 15 mg. 28	31320
Lexapro (iMED Healthcare Ltd.) Tabs. 5 mg. 28	41798
Lexapro (iMED Healthcare Ltd.) Tabs. 10 mg. 28	45907
Lexapro (iMED Healthcare Ltd.) Tabs. 20 mg. 28	45938
Lipitor (iMED Healthcare Ltd.) Tabs. 80 mg. 28	31987
Losec MUPS (iMED Healthcare Ltd.) Tabs. 10 mg. 28	65510
Losec MUPS (iMED Healthcare Ltd.) Tabs 20 mg. 28	65511
Losec Mups (iMED Healthcare Ltd.) Tabs. 40 mg. 14	65505
Modecate Inj. Multidose 25 mg./ml. 10 ml. 1	74691
NiQuitin CQ Mint Lozenge 2 mg. 72	35102
NiQuitin CQ Mint Lozenge 4 mg. 72	35196
Pariet (iMED Healthcare Ltd.) Tabs. 10 mg. 28	73158
Pariet (iMED Healthcare Ltd.) Tabs. 20 mg. 28	73159
Pinaclav Tabs. 250/125 mg. 100	39832
Pinaclav Tabs. 500/125 mg. 15	39825
Pinaclor Caps. 250 mg. 100	40066
Pinaclor Susp 125 mg./5 ml. 100 ml.	91013
Pinaclor Susp 250 mg./5 ml. 100 ml.	91027
Plaquenil (iMED Healthcare Ltd.) Film Coated Tabs. 200 mg. 60	46837
Plendil Tabs. 2.5 mg. 28	40054
Proscar (iMED Healthcare Ltd.) Film Coated Tabs. 5 mg. 28	42503
Tolura Tabs. 20 mg. 28	40258

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST SEPTEMBER 2018

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Cerdelga Hard Caps. 84 mg. 56 (A)	88969	Eliglustat	21,932.78	Genzyme	Allphar
Mavenclad Tabs. 10 mg. 1 (A)	88966	Cladribine	2,381.10	Merck Serono Ireland Ltd.	Temperature Controlled Pharmaceuticals
Mavenclad Tabs. 10 mg. 4 (A)	88967	Cladribine	9,524.39	Merck Serono Ireland Ltd.	Temperature Controlled Pharmaceuticals
Mavenclad Tabs. 10 mg. 6 (A)	88968	Cladribine	14,286.59	Merck Serono Ireland Ltd.	Temperature Controlled Pharmaceuticals
RoActemra Soln. for Inj. in Pre-filled Pen (ACTPen) 162 mg./0.9 ml. 4 (A) *Code the number of pens dispensed*	88964	Tocilizumab	1,078.90	Roche Products Ireland	Allphar/Uniphar

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ADMINISTRATIVE CODES FOR USE BY PHARMACY FOR THE PROVISION OF COMPRESSION HOSIERY TO GMS PATIENTS ONLY

(Circular 001/18 Refers)

EFFECTIVE 1ST September 2018

Instruction	Code	Description Code the number pairs, packs, kits dispensed	Supplier	Price €
Add	86344	Activa Class 2 Stocking Below Knee Closed Toe Black 259-0669, 259-0735, 259-0776, 259-0800 (British Standard) Pair 1 (A)	United Drug	13.04

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ADDITIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS

EFFECTIVE 1ST AUGUST 2018

Dressings listed are for use in doctors' surgeries and requirements should only be ordered and supplied on the appropriate order form (pink).

Instruction	Code	Description	Supplier	Price €
Add	86323	Cutimed Siltec L Dressing 15 cm x 15 cm 72630-01 1 (A)	Healthcare 21	€1.70
Add	86322	Hypafix Tape 30 cm x 10 cm 71442-05 1 (A)	HealthCare 21	€14.12
Add	86341	Polymen Shapes Tube Dressing 9 cm x 9 cm 5335 1 (A)	Iskus Health Ltd.	€2.82
Add	86328	Sorbion Sachet EXTRA 20 cm x 10 cm 73234-03 (A)	Healthcare 21	€4.05
Add	86331	Sorbion Sachet EXTRA 20 cm x 20 cm 73234-04 (A)	Healthcare 21	€7.59
Add	86332	Sorbion Sachet EXTRA 30 cm x 20 cm 73234-05 1 (A)	Healthcare 21	€10.92
Add	86324	Sorbion Sachet EXTRA XL Dressing 45 cm x 25 cm 73240-01 1 (A)	Healthcare 21	€19.41
Add	86325	Sorbion Sachet S Dressing 10 cm x 10 cm 73232-06 1 (A)	Healthcare 21	€2.04
Add	86326	Sorbion Sachet S Dressing 15 cm x 15 cm 73232-12 1 (A)	Healthcare 21	€5.20
Add	86327	Sorbion Sachet S Dressing 20 cm x 10 cm 73232-09 1 (A)	Healthcare 21	€4.05
Add	86329	Sorbion Sachet S Dressing 20 cm x 20 cm 73232-15 1 (A)	Healthcare 21	€7.59
Add	86330	Sorbion Sachet S Dressing 30 cm x 20 cm 73232-18 1 (A)	Healthcare 21	€10.92
Add	86333	Telfa Non-Adherent Clear Wound Dressing 7.5 cm x 7.5 cm 1109 1 (A)	Healthcare 21	€1.74
Add	86334	Telfa Non-Adherent Clear Wound Dressing 10 cm x 12.5 cm 1111 1 (A)	Healthcare 21	€1.80
Add	86335	Telfa Non-Adherent Clear Wound Dressing 30 cm x 30 cm 1113 1 (A)	Healthcare 21	€2.30
Add	86313	UCS (Ulcer Cleansing System) Sterile Cloth 8972011 1 (A)	Royale Distributing Agency	€4.00
Add	86314	Zetuvit Plus Super Absorbent Wound Dressing Pad 10 cm x 10 cm 413710 1 (A)	Hartmann	€0.86
Add	86318	Zetuvit Plus Super Absorbent Wound Dressing Pad 10 cm x 20 cm 413711 1 (A)	Hartmann	€1.19
Add	86319	Zetuvit Plus Super Absorbent Wound Dressing Pad 15 cm x 20 cm 413712 1 (A)	Hartmann	€1.37
Add	86320	Zetuvit Plus Super Absorbent Wound Dressing Pad 20 cm x 25 cm 413713 1 (A)	Hartmann	€1.87
Add	86321	Zetuvit Plus Super Absorbent Wound Dressing Pad 20 cm x 40 cm 413715 1 (A)	Hartmann	€2.89

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ADMINISTRATIVE CODES FOR USE BY PHARMACY FOR THE PROVISION OF COMPRESSION HOSIERY TO GMS PATIENTS ONLY

(Circular 001/18 Refers)

EFFECTIVE 1ST August 2018

Instruction	Code	Description Code the number pairs, packs, kits dispensed	Supplier	Price €
Add	86340	DUOMED Class 2 Tights Latex Free Closed Toe Small to XX Large (European Standard) Pair 1 (A)	Royale Distributing Agency	€37.00
Add	86342	JOBST Ulcercare Stocking/Compression Liner Beige/Black (1 Stocking, 2 Liners) 7363021/7363027/7363041/7363047 1 (A)	Healthcare 21	€31.00
Add	86343	Mediven Elegance Class 2 Stocking Latex Free Below Knee Close Toe Beige Small to XXX Large (European Standard) Pair 1 (A)	Royale Distributing Agency	€31.00
Add	86339	Medivan Elegance Class 2 Tights Latex Free Closed Toe Small to XXX Large (European Standard) Pair 1 (A)	Royale Distributing Agency	€53.00
Add	86338	Mediven for Men Class 2 Stocking Latex Free Below Knee Closed Toe Black Small to XXX Large (European Standard) Pair 1 (A)	Royale Distributing Agency	€31.00
Add	86336	Mediven Plus Class 2 Stocking Latex Free Below Knee Open Toe Black Small to XXX Large (European Standard) Pair 1 (A)	Royale Distributing Agency	€31.00
Add	86337	Mediven Ulcer Kit Stocking (2 Stockings) Latex Free Below Knee Small to XXX Large (European Standard) Pack 1 (A)	Royale Distributing Agency	€38.00

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ADDITIONS TO OSTOMY & URINARY

EFFECTIVE 1ST AUGUST 2018

Instruction	Code	Description	Price €
Add	94091	ConvaTec Natura+ 2 Piece Closed Pouch Std., Clear with Filter 45 mm/57 mm/70 mm 421803, 421804, 421805 30 (A)	58.17
Add	94090	ConvaTec Natura+ 2 Piece Closed Pouch Std., Small, Large Window with Filter 421676,421678,421680,421682,421798,421794,421795,421796,421797,421799,421800,421801,421802 30 (A)	58.17
Add	94093	Braun Actreen Hi-Lite Set Nelaton, Universal, 10CH – 14CH 242210E, 242212E, 242214E 30 (A)	85.05
Add	94092	Braun Actreen Hi-Lite Set Tiemann, Male, 14CH – 18CH 242114E, 242116E, 242118E 30 (A)	85.05
Add	94094	Hunter Urology Aloe Hydro+ Single Use Hydrophilic Coated ISC Catheter with Flexible Tip & Water Sachet PSAHP06/08/10, PSAHF08/10/12/14, PSAHM10/12/14/16 30 (A)	57.71
Add	94095	Hunter Urology Aloe Meatal+ Single Use Hydrophilic Coated ISC Catheter with Flexible Tip ALOEMPS10/12/14/16 30 (A)	49.50
		DELETIONS	
Delete	93588	ConvaTec Esteem One Piece Drainable Pouch Clear & Opaque S5055/70 10 (A)	
Delete	93169	ConvaTec Esteem One Piece Drainable Pouch Medium with InvisiClose Outlet Clear & Opaque S5078/84 30 (A)	
Delete	93166	ConvaTec Esteem One Piece Drainable Pouch Small with InvisiClose Outlet Clear & Opaque S5071/72/73/74/75/76/77 30 (A)	
Delete	93598	Hollister Adapt Barrier Strips 60 G. Pack 79400 1 (A)	
Delete	93753	Hollister Compact Drainable Pouch Mini Opaque 3241/9 10 (A)	
Delete	99600	Hollister Drainable Pouch Paed. Clear H9766 10 (A)	
Delete	99872	Hollister First Choice Drainable Pouch Opaque H3680/9 10 (A)	
Delete	93176	Hollister Moderma Flex Drainable Pouch Midi with Lock & Roll Closure & Adapt Conformable Convex Rings Beige & Transparent 28620/40 & 28720/40 20 (A)	
Delete	93185	Hollister Moderma Flex Drainable Pouch Maxi with Lock & Roll Closure & Adapt Conformable Convex Rings Beige & Transparent 28820/40 & 28920/40 20 (A)	
Delete	94392	Hollister Moderma Flex Quiet Film Drainable Pouch Mini with Filter Beige 26100/50 30 (A)	
Delete	93251	Hollister Post Op. Pouch H9763 5 (A)	

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st August 2018

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST AUGUST 2018
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Ketofall Eye Drops Soln. 0.25 mg./ml. 0.4 ml. Single Dose Container 30 (A) *Code the number of Single Dose Vials dispensed* *(Non-Proprietary Name Index: Ketotifen)*	S1B	6.38	24730
*Nicochew Gum 2 mg. 204 (A) *(Non-Proprietary Name Index: Nicotine Replacement Therapy)*		26.14	24733
*Nicorette Gum 2 mg. 210 (A) *(Non-Proprietary Name Index: Nicotine Replacement Therapy)*		26.90	33864
*NiQuitin Gum 2 mg. 30 (A)		3.89	28802
*NiQuitin Gum 2 mg. 100 (A)		12.96	28804
*NiQuitin Gum 4 mg. 30 (A)		4.54	28805
*NiQuitin Gum 4 mg. 100 (A)		15.12	28806
*NiQuitin Mini Mint Lozenge 1.5 mg. 60 (A)		12.96	28810
*NiQuitin Mini Mint Lozenge 4 mg. 60 (A) *(Non-Proprietary Name Index: Nicotine Replacement Therapy)* ***Reimbursable on the GMS Scheme Only – May <u>not</u> be prescribed on Repeat Presciption Forms***		12.96	28812
Olmesartan/Amlodipine (Clonmel) Film Coated Tabs. 20 mg./5 mg. 28 (A)	S1B	7.50	24954
Olmesartan/Amlodipine (Clonmel) Film Coated Tabs. 40 mg./5 mg. 28 (A)	S1B	8.49	24956
Olmesartan/Amlodipine (Clonmel) Film Coated Tabs. 40 mg./10 mg. 28 (A) *(Non-Proprietary Name Index: Olmesartan Medoxomil and Amlodipine)*	S1B	8.55	24960
Olmesartan/Amlodipine Mylan (Gerard Labs.) Film Coated Tabs. 20 mg./5 mg. 28 (A)	S1B	7.50	38930
Olmesartan/Amlodipine Mylan (Gerard Labs.) Film Coated Tabs. 40 mg./5 mg. 28 (A)	S1B	8.49	38934
Olmesartan/Amlodipine Mylan (Gerard Labs.) Film Coated Tabs. 40 mg./10 mg. 28 (A) *(Non-Proprietary Name Index: Olmesartan Medoxomil and Amlodipine)*	S1B	8.55	38936
Olmesartan Medoxomil/Amlodipine (Accord Healthcare) Film Coated Tabs. 20 mg./5 mg. 28 (A)	S1B	7.50	38938
Olmesartan Medoxomil/Amlodipine (Accord Healthcare) Film Coated Tabs. 40 mg./5 mg. 28 (A)	S1B	8.49	38940
Olmesartan Medoxomil/Amlodipine (Accord Healthcare) Film Coated Tabs. 40 mg./10 mg. 28 (A) *(Non-Proprietary Name Index: Olmesartan Medoxomil and Amlodipine)*	S1B	8.55	38941
Trelegy Ellipta Inhalation Powder, Pre-dispensed 92/55/22 mcg. 30 Doses 1 (A) *Code the number of inhalers dispensed* *(Non-Proprietary Name Index: Vilanterol, Umeclidinium Bromide and Fluticasone Furoate)*	S1B	59.35	24739
Valaciclovir (Accord Healthcare) Film Coated Tabs. 500 mg. 10 (A)	S1A	9.50	24964
Valaciclovir (Accord Healthcare) Film Coated Tabs. 500 mg. 30 (A)	S1A	28.51	24968
Valaciclovir (Accord Healthcare) Film Coated Tabs. 500 mg. 42 (A) *(Non-Proprietary Name Index: Valaciclovir)*	S1A	39.92	26969

CHANGE TO THE LIST OF DELETIONS ON
GMS SCHEME EFFECTIVE 1ST JULY 2018
<u>ADD</u>

Canesten Vag. Tabs. 100 mg. 6 (A)	58718
DiproSalic Scalp Application 100 ml. (B)	21474
Kirnom XL Prolonged Release Caps. 400 mcg. 30 (A)	16278
Lotanos Comp Tabs. 50 mg./12.5 mg. 28 (A)	31920
Lotanos Comp Tabs. 100 mg./25 mg. 28 (A)	31921
Primolut N Dragees 5 mg. 30 (A)	42544

CHANGES CONTINUED
<u>ADD</u>

Rivotril Tabs. 0.5 mg. 100 (A)	64742
Rivotril Tabs. 2 mg. 100 (A)	64769
Scheriproct Oint. 10 G. (B)	45187
Tonpular XL Prolonged Release Hard Caps. 75 mg. 28 (A)	36530

Tonpular XL Prolonged Release Hard Caps. 150 mg. 28 (A)	36537
Trandate Tabs. 100 mg. 50 (A)	69787
Trandate Tabs. 200 mg. 50 (A)	69809
Transtec Transdermal Patches 35 mcg./Hour 5 (A)	42719
Transtec Transdermal Patches 52.5 mcg./Hour 5 (A)	32134
Transtec Transdermal Patches 70 mcg./Hour 5 (A)	38436

DELETIONS

Bisoprolol Mylan (Gerard Labs.) Film Coated Tabs. 3.75 mg. 28 (A)	13829
Camcolit Tabs. 400 mg. 100 (A)	72281
Camcolit Tabs. 400 mg. 500 (A)	72303
Combivent Soln. 2.5 ml. Unit Dose Vial 20 (A)	18404
Lusert Tabs. 100 mg. 28 (A)	31382
Metformin Mylan (Gerard Labs.) Tabs. 850 mg. 56 (A)	36804
Pramipexole Mylan (Gerard Labs.) Tabs. 0.088 mg. 30 (A)	36603
Pramipexole Mylan (Gerard Labs.) Tabs. 0.18 mg. 100 (A)	36604
Pramipexole Mylan (Gerard Labs.) Tabs. 0.7 mg. 100 (A)	36605
Prindace Tabs. 4 mg. 30 (A)	43716
Rabeprazole (Clonmel) Gastro-Resistant Tabs. 10 mg. 28 (A)	13362
Serdolect Tabs. 16 mg. 28 (A)	78431
Serdolect Tabs. 20 mg. 28 (A)	78448
Tegretol Tabs. 400 mg. 56 (A)	48143
Vascace Tabs. 1 mg. 30 (A)	51151
Vascace Tabs. 2.5 mg. 28 (A)	51101
Vascace Tabs. 5 mg. 28 (A)	51012
Vesitirim (P.C.O. Mfg.) Tabs. 10 mg. 30 (A)	51921

CHANGE

CHANGES UNDERLINED

Change	Baclofen (Generics UK) Tabs. 10 mg. 100 (A)	13595
To Read	Baclopar Tabs. 10 mg. 100 (A)	13595
Change	Irbesan Film Coated Tabs. 75 mg. 28 (A)	54324
To Read	Irbesartan (Rowa) Tabs. 75 mg. 28 (A)	54324
Change	Irbesan Film Coated Tabs. 150 mg. 28 (A)	54325
To Read	Irbesartan (Rowa) Tabs. 150 mg. 28 (A)	54325
Change	Irbesan Film Coated Tabs. 300 mg. 28 (A)	54326
To Read	Irbesartan (Rowa) Tabs. 300 mg. 28 (A)	54326
Change	Telmisartan/Hydrochlorothiazide (Rowex) Tabs. 40 mg./12.5 mg. 28 (A)	13163
To Read	Telmisartan/Hydrochlorothiazide (Rowa) Tabs. 40 mg./12.5 mg. 28 (A)	13163
Change	Telmisartan/Hydrochlorothiazide (Rowex) Tabs. 80 mg./12.5 mg. 28 (A)	13164
To Read	Telmisartan/Hydrochlorothiazide (Rowa) Tabs. 80 mg./12.5 mg. 28 (A)	13164
Change	Telmisartan/Hydrochlorothiazide (Rowex) Tabs. 80 mg./25 mg. 28 (A)	13165
To Read	Telmisartan/Hydrochlorothiazide (Rowa) Tabs. 80 mg./25 mg. 28 (A)	13165
Change	Vatan Tabs. 40 mg. 28 (A)	73794
To Read	Valsartan (Rowa) Film Coated Tabs. 40 mg. 28 (A)	73794
Change	Vatan Tabs. 80 mg. 28 (A)	73795
To Read	Valsartan (Rowa) Film Coated Tabs. 80 mg. 28 (A)	73795
Change	Vatan Tabs. 160 mg. 28 (A)	73796
To Read	Valsartan (Rowa) Film Coated Tabs. 160 mg. 28 (A)	73796

DELETIONS TO THE LIST OF NON-DRUG ITEMS REIMBURSABLE IN THE GMS SCHEME

CLINICAL NUTRITIONAL PRODUCTS

Delete	Vitaquick 300 G. Pack 1	83191

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST AUGUST 2018

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Ravicti Oral Liquid 1.1 G./ml. 25 ml. Bottle (A) *Code the number of bottles dispensed*	88894	Glycerol Phenylbutyrate	186.84	SOBI	United Drug
Ravicti Starter Pack (1.1 G./ml. Oral Liquid 25 ml. Bottle and Oral Syringes 1 ml. 7) 1 (A) *Code the number of packs dispensed*	88895	Glycerol Phenylbutyrate	186.84	SOBI	United Drug
Ravicti Starter Pack (1.1 G./ml. Oral Liquid 25 ml. Bottle and Oral Syringes 3 ml. 7) 1 (A) *Code the number of packs dispensed*	88960	Glycerol Phenylbutyrate	186.84	SOBI	United Drug
Ravicti Starter Pack (1.1 G./ml. Oral Liquid 25 ml. Bottle and Oral Syringes 5 ml. 7) 1 (A) *Code the number of packs dispensed*	88965	Glycerol Phenylbutyrate	186.84	SOBI	United Drug

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Xeloda Tabs. 150 mg. 60 (A)	88320	Capecitabine	Roche Products Ireland Ltd.
Zavedos Caps. 10 mg. 1 (A)	88221	Idarubicin	Pfizer Healthcare Ireland

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st July 2018

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST JULY 2018
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Amlodipine (Pinewood) Tabs. 5 mg. 30 (A)	S1B	2.31	38902
Amlodipine (Pinewood) Tabs. 10 mg. 30 (A)	S1B	3.47	38904
(Non-Proprietary Name Index: Amlodipine)			
Methofill Soln. for Inj. in Pre-filled Injector 12.5 mg./0.25 ml. 0.25 ml. 1 (A)	S1A	16.68	38909
Methofill Soln. for Inj. in Pre-filled Injector 17.5 mg./0.35 ml. 0.35 ml. 1 (A)	S1A	19.36	38910
Methofill Soln. for Inj. in Pre-filled Injector 22.5 mg./0.45 ml. 0.45 ml. 1 (A)	S1A	23.22	38912
Methofill Soln. for Inj. in Pre-filled Injector 27.5 mg./0.55 ml. 0.55 ml. 1 (A)	S1A	25.73	38913
Methofill Soln. for Inj. in Pre-filled Injector 30 mg./0.60 ml. 0.60 ml. 1 (A)	S1A	26.63	38916
Code the number of pre-filled injectors dispensed			
(Non-Proprietary Name Index: Methotrexate)			
Risedronate (Pinewood) Film Coated Tabs. 5 mg. 28 (A)	S1B	8.88	24736
Risedronate (Pinewood) Once a Week Film Coated Tabs. 35 mg. 4 (A)	S1B	5.03	24785
(Non-Proprietary Name Index: Risedronic Acid)			
Rosuvastatin (Pinewood) Film Coated Tabs. 5 mg. 28 (A)	S1B	5.88	26975
Rosuvastatin (Pinewood) Film Coated Tabs. 10 mg. 28 (A)	S1B	7.28	27285
Rosuvastatin (Pinewood) Film Coated Tabs. 20 mg. 28 (A)	S1B	11.76	27290
Rosuvastatin (Pinewood) Film Coated Tabs. 40 mg. 28 (A)	S1B	12.32	27498
(Non-Proprietary Name Index: Rosuvastatin)			
Steglatro Film Coated Tabs. 5 mg. 28 (A)	S1B	37.80	27573
Steglatro Film Coated Tabs. 15 mg. 28 (A)	S1B	37.80	27698
(Non-Proprietary Name Index: Ertugliflozin)			
Tramadol (KRKA Pharma) Hard Caps. 50 mg. 100 (A)	S1A	7.00	27725
(Non-Proprietary Name Index: Tramadol)			
Tyvense Hard Caps. 20 mg. 28 (A)	CD2	70.16	28631
Tyvense Hard Caps. 40 mg. 28 (A)	CD2	79.23	28755
Tyvense Hard Caps. 60 mg. 28 (A)	CD2	93.44	28820
(Non-Proprietary Name Index: Lisdexamfetamine)			

DELETIONS

Canesten Vag. Tabs. 100 mg. 6 (A)	58718
DiproSalic Scalp Application 100 ml. (B)	21474
Elocon Cream 100 G. (B)	23444
Elocon Oint. 100 G. (B)	23457
Fluanxol Film Coated Tabs. 0.5 mg. 60 (A)	25415
Fluanxol Film Coated Tabs. 1 mg. 60 (A)	25348
Kirnom XL Prolonged Release Caps. 400 mcg. 30 (A)	16278
Lariam Tabs. 250 mg. 8 (A)	31194
Lotanos Comp Tabs. 50 mg./12.5 mg. 28 (A)	31920
Lotanos Comp Tabs. 100 mg./25 mg. 28 (A)	31921
Modrasone Cream 0.05% 15 G. (B)	32794
Modrasone Cream 0.05% 50 G. (B)	32808
Modrasone Oint. 0.05% 15 G. (B)	32816
Modrasone Oint. 0.05% 50 G. (B)	32824
Neoclarityn Syr. 0.5 mg./ml. 100 ml. (B)	35712
Primolut N Dragees 5 mg. 30 (A)	42544
Rivotril Tabs. 0.5 mg. 100 (A)	64742
Rivotril Tabs. 2 mg. 100 (A)	64769

Scheriproct Oint. 10 G. (B)	45187
Serenace Inj. 10 mg./ml. 2 ml. 10 (A)	72850
Tegretol Tabs. 400 mg. 56 (A)	48143
Tonpular XL Prolonged Release Hard Caps. 75 mg. 28 (A)	36530
Tonpular XL Prolonged Release Hard Caps. 150 mg. 28 (A)	36537
Trandate Tabs. 100 mg. 50 (A)	69787

Trandate Tabs. 200 mg. 50 (A)	69809
Transtec Transdermal Patches 35 mcg./Hour 5 (A)	42719
Transtec Transdermal Patches 52.5 mcg./Hour 5 (A)	32134
Transtec Transdermal Patches 70 mcg./Hour 5 (A)	38436
Ucerax Tabs. 25 mg. 25 (A)	65407
Vascace Tabs. 0.5 mg. 28 (A)	51063
Vascace Tabs. 1 mg. 28 (A)	51071

CHANGE TO OSTOMY & URINARY ON JUNE 2018 UPDATE
CHANGES UNDERLINED

Change	93997	Renew Insert Irrigation Plug Appliance Regular & Large FG730 & 707 30 (A)
To Read	93997	Renew Insert Irrigation Plug Appliance FG730 Regular & FG731 Large 30 (A)

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST JULY 2018

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Tymbrineb Nebuliser Soln. Ampoules 300 mg./5 ml. 56 (A) *Code the number of ampoules dispensed*	88893	Tobramycin	955.80	TEVA Pharmaceuticals	United Drug

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Copegus Tabs. 200 mg. 42 (A)	88529	Ribavirin	Roche Products Ireland Ltd.
Copegus Tabs. 200 mg. 112 (A)	88536	Ribavirin	Roche Products Ireland Ltd.
Iclusig Film Coated Tabs. 15 mg. 60 (A)	88669	Ponatinib	Incyte UK.
Rebetol Caps. 200 mg. 84 (A)	88293	Ribavirin	Merck, Sharp & Dohme Ireland
Revatio (P.C.O. Mfg.) Tabs. 20 mg. 90 (A)	88244	Sildenafil	P.C.O. Manufacturing Ltd.
Vfend (P.C.O. Mfg.) Tabs. 50 mg. 28 (A)	88257	Voriconazole	P.C.O. Manufacturing Ltd.
ViraferonPeg Pdr. & Solv. for Inj. in Pre-filled Pen 120 mcg./0.5 ml. 1 (A)	88193	Peginterferon alfa-2b	Merck, Sharp & Dohme Ireland
Xeloda Tabs. 500 mg. 120 (A)	88321	Capecitabine	Roche Products Ireland Ltd.
Zytiga Tabs. 250 mg. 120 (A)	88034	Abiraterone	Janssen Ltd. Ireland

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st July 2018

ADDITIONS/CHANGES/DELETIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST JULY 2018.

Code the number of bottles, boxes, packs, pots, pouches, sachets, tins or tubs dispensed.

ADDITIONS

	Description	Reimbursement Price €	Code
Add	Foodlink Complete Sachet (Starter Pack with Shaker) 57 G. 5	3.70	83248
Add	Fresubin Powder Extra 62 G. Sachets 7	5.04	83236
Add	Nutrison Protein Plus Energy 1 L. Pack 1	10.00	83350
Add	Vital 1.5 KCal 200 ml. Pack 1	3.38	83325

Code the number of individual items supplied e.g. pieces, strips, needles etc.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

CHANGES TO THE LIST OF REIMBURSABLE NON DRUG ITEMS

DIAGNOSTICS

EFFECTIVE 1ST JULY 2018

Code the number of individual items supplied e.g. pieces, strips, needles etc.

Instruction	Code	Description	Supplier	Price €
Add	85128	Accu-Chek FlexLink I 6/30 06593844001 - 10 Pieces	Roche Diabetes Care Limited	88.38
Add	85130	Accu-Chek FlexLink I 6/60 06593909001 - 10 Pieces	Roche Diabetes Care Limited	88.38
Add	85126	Accu-Chek FlexLink Cannula 6 06593941001 - 10 Pieces	Roche Diabetes Care Limited	78.76
Add	85135	Element Blood Glucose Test Strips 8809115901743 Strips (2 X 25) 50	Neon Diagnostics	12.41
Add	85131	Finetest Lite Blood Glucose Test Strips 8809115901743 Strips (2 X 25) 50	Neon Diagnostics	7.46
Add	85140	GlucoMen Areo B Ketone Sensor 48106 10	Medicon Ireland Ltd.	11.24
Add	85149	Gluco RX Carepoint Insulin Pen Needles 31 G., 4 mm. 367-6582 100	Gluco RX Ltd.	4.47
Add	85123	Gluco RX Carepoint Insulin Pen Needles 32 G., 4 mm. 405-9143 100	Gluco RX Ltd.	4.47
Add	85150	Gluco RX Carepoint Insulin Pen Needles 31 G., 5 mm. 385-1979 100	Gluco Rx Ltd.	4.47
Add	85151	Gluco RX Carepoint Insulin Pen Needles 31 G., 6 mm. 319-0550 100	Gluco RX Ltd.	4.47
Add	85152	Gluco RX Carepoint Insulin Pen Needles 31 G., 8 mm. 319-0568 100	Gluco RX Ltd.	4.47
Add	85139	Gluco RX HCT Glucose Test Strip 394-8726 50	Gluco RX Ltd.	11.27
Add	85114	Gluco RX Go Test Strips 399-6899 50	Gluco RX Ltd.	11.27
Add	85137	Gluco RX Q Test Strips 349-1347 50	Gluco RX Ltd.	6.17
Add	85142	Medtronic MiniMed Mio Advance 60 cm. 6 mm. MMT-242 – 10 Pieces	Pharmed	107.00
Add	85143	Medtronic MiniMed Mio Advance 60 cm. 6 mm. MMT-247 – 10 Pieces	Pharmed	107.00
Add	85148	Medtronic MiniMed Mio 30 60 cm. 13 mm. MMT-905 – 10 Pieces	Pharmed	105.00
Add	85145	Medtronic MiniMed Mio 30 110 cm. 13 mm. MMT-906 – 10 Pieces	Pharmed	105.00
Add	85115	NeonVerifine Pen Needle 31 G., 4 mm. 6284511680584 100	Neon Diagnostics	5.11
Add	85116	NeonVerifine Insulin Pen Needle 31 G., 5 mm. 6284511680652 100	Neon Diagnostics	5.11
Add	85119	NeonVerifine Insulin Pen Needle 31 G., 6 mm. 6284511680720 100	Neon Diagnostics	5.11
Add	85121	NeonVerifine Insulin Pen Needle 31 G., 8 mm. 6284511680898 100	Neon Diagnostics	5.11
Add	85122	NeonVerifine Ultra insulin Pen Needle 32 G., 4 mm. 6284511680898 100	Neon Diagnostics	5.11

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ADDITIONS TO OSTOMY & URINARY

EFFECTIVE 1ST JULY 2018

Instruction	Code	Description	Price €
Add	94062	Alliance Pharmaceuticals Limited Lift Plus 360 50 ml. 5506/5507 1	7.34
Add	94089	Clinimed Welland Stoma Paste WSP100 100 G. Pack 1	9.37
Add	94050	ConvaTec Ltd. Esteem+ Closed STD Viewing Window Filter Opaque CTF 20-70mm 421686 30	91.22
Add	94051	ConvaTec Ltd. Esteem+ Closed STD Window WF Opaque 25mm/40mm/50mm/60mm 421687/822/823/824 30	91.22
Add	94052	ConvaTec Ltd. Esteem+ Closed STD Viewing Window Filter Opaque Pre-cut 30mm 421688 30	91.22
Add	94053	ConvaTec Ltd. Esteem+ Closed SML Viewing Window Filter Opaque CTF 20-70mm 421816 30	91.22
Add	94055	ConvaTec Ltd. Esteem+ Closed SML Window WF Opaque 25mm/30mm/35mm 421817/18/19 30	91.22
Add	94056	ConvaTec Ltd. Esteem+ Closed SML Viewing Window Filter Opaque Pre-cut 40mm 421820 30	91.22
Add	94057	ConvaTec Ltd. Esteem+ Closed LGE Viewing Window Filter Opaque CTF 20-70mm 421825 30	91.22
Add	94058	ConvaTec Ltd. Esteem+ Closed LGE Window WF Opaque 25mm/30mm/35mm/40mm/50mm 421826/27/28/29/30 30	91.22
Add	94059	ConvaTec Ltd. Esteem+ Closed LGE Window WF Clear CTF 20-70mm 421831 30	91.22
Add	94060	ConvaTec Ltd. Esteem+ Closed LGE Window WF Clear 25mm/30mm/35mm/40mm/50mm 421832/33/34/35/36 30	91.22
Add	94049	ConvaTec Ltd. Natura Accordion Durahesive Convex Baseplate with Hydrocolloid Collar CTF 13-22mm/13-35mm/13-48mm 421633/35/37 5	20.07
Add	94048	ConvaTec Ltd. Natura Accordion Flange Durahesive CTF 13-21mm/13-33mm/13-45mm 421453/57/61 5	17.30
Add	94083	Pat Coakley Medical Ltd. Stoma Stopper 100 mm (adj) with 1 Dressing ACE8/100, ACE10/100, ACE12/100, ACE14/100 1 Stopper (with 1 Dressing) Pack 1	17.30
Add	94063	Salts Healthcare Confidence Be Closed Colostomy Bag with Flexifit Wafer – Black Cover B13B/B25B/B28B/B32B/B35B/B38B/B41B/BL13B/BM13B 30	101.80
Add	94064	Salts Healthcare Confidence Be Closed Colostomy Bag with Flexifit Wafer – Stone Cover B13ST/B25ST/B28ST/B32ST/B35ST/B38ST/B41ST/BLT13ST/BL13ST/BT13ST/ BM13ST 30	101.80
Add	94065	Salts Healthcare Confidence Be Closed Colostomy Bag with Flexifit Wafer – White Cover B13W/B25W/B28W/B32W/B35W/B38W/B41W/BL13W/BM13W 30	101.80
Add	94067	Salts Healthcare Confidence Be Closed Convex Colostomy Bag with Flexifit Wafer – Black Cover XB21B/XB25B/XB28B/XB32B/XB35B/XB38B/XB41B 10	38.03
Add	94066	Salts Healthcare Confidence Be Closed Starter Convex Colostomy Bag with Flexifit Wafer – Black Cover XB1325B/XB1338B/XB1352B/XBL1325B/XBL1338B/ XBL1352B/XBM1325B/XBM1338B 10	38.03
Add	94068	Salts Healthcare Confidence Be Closed Convex Colostomy Bag with Flexifit Wafer – Stone Cover XB21ST/XB25ST/XB28ST/XB32ST/XB35ST/XB38ST/XB41ST 10	38.03
Add	94069	Salts Healthcare Confidence Be Closed Starter Convex Colostomy Bag with Flexifit Wafer – Stone Cover XB1325ST/XB1338ST/XB1352ST/XBL1325ST/ XBL1338ST/XBL1352ST/XBM1325ST/XBM1338ST 10	38.03
Add	94070	Salts Healthcare Confidence Be Closed Convex Colostomy Bag with Flexifit Wafer – White Cover XB21W/XB25W/XB28W/XB32W/XB35W/XB38W/XB41W 10	38.03
Add	94071	Salts Healthcare Confidence Be Closed Starter Convex Colostomy Bag with Flexifit Wafer- White Cover XB1325W/XB1338W/XB1352W/XBL1325W/ XBL1338W/XBL1352W/XBM1325W/ XBM1338W 10	38.03
Add	94073	Salts Healthcare Confidence Be Drainable Ileostomy Bag with Flexifit Wafer – Black Cover BD13B/BD25B/BD28B/BD32B/BD35B/BD38B/BD41B/BDL13B/BDM13B 30	114.28
Add	94074	Salts Healthcare Confidence Be Drainable Ileostomy Bag with Flexifit Wafer – Stone Cover BD13ST/BD25ST/BD28ST/BD32ST/BD35ST/BD38ST/BD41ST/ BDLT13ST/BDL13ST/BDT13ST/BDM13ST 30	114.28

Add	94075	Salts Healthcare Confidence Be Drainable Ileostomy Bag with Flexifit Wafer – White Cover BD13W/BD25W/BD28W/BD32W/BD35W/BD38W/BD41W/BDL13W/ BDM13W 30	114.28
Add	94076	Salts Healthcare Confidence Be Drainable Convex Ileostomy Bag with Flexifit Wafer – Black Cover XBD21B/XBD25B/XBD28B/XBD32B/XBD35B/XBD38B/XBD41B 10	59.24
Add	94077	Salts Healthcare Confidence Be Drainable Starter Convex Ileostomy Bag with Flexifit Wafer – Black Cover XBD1325B/XBD1338B/XBD1352B/XBDL1325B/XBDL1338B/ XBDL1352B/XBM1325B/XBM1338B 10	59.24
Add	94078	Salts Healthcare Confidence Be Drainable Convex Ileostomy Bag with Flexifit Wafer – Stone Cover XBD21ST/XBD25ST/XBD28ST/XBD32ST/XBD35ST/XBD38ST/ XBD41ST 10	59.24
Add	94079	Salts Healthcare Confidence Be Drainable Starter Convex Ileostomy Bag with Flexifit Wafer – Stone Cover XBD1325ST/XBD1338ST/XBD1352ST/XBDL1325ST/ XBDL1338ST/XBDL1352ST/XBDM1325ST/XBDM1338ST 10	59.24
Add	94081	Salts Healthcare Confidence Be Drainable Convex Ileostomy Bag with Flexifit Wafer – White Cover XBD21W/XBD25W/XBD28W/XBD32W/XBD35W/XBD38W/XBD41W 10	59.24
Add	94082	Salts Healthcare Confidence Be Drainable Starter Convex Ileostomy Bag with Flexifit Wafer – White Cover XBD1325W/XBD1338W/XBD1352W/XBDL1325W/XBDL1338W/ XBDL1352W/XBDM1325W/XBDM1338W 10	59.24
Add	94088	TG Eakin Ltd. Eakin Dot 2 Piece Baseplates 30	24.80
Add	94086	TG Eakin Ltd. Eakin Dot 2 Piece Closed Bag Standard & Maxi 839920/839921 30	58.50
Add	94087	TG Eakin Ltd. Eakin Dot 2 Piece Drainable Bag Standard & Maxi 839922/839923 30	61.58
Add	94084	TG Eakin Ltd. Eakin Surround Skin Protector Small 839012 20	56.00
Add	94085	TG Eakin Ltd. Eakin Surround Skin Protector Large 839011 10	37.80

Code the number of individual items supplied e.g. Bandages, Dressings, Plasters, Rolls, Sachets, Sheets, Tapes, etc.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

CHANGES TO THE LIST OF REIMBURSABLE NON DRUG ITEMS

EFFECTIVE 1ST JUNE 2018

CHANGES UNDERLINED

Dressings listed are for use in doctors' surgeries and requirements should only be ordered and supplied on the appropriate order form (pink).

Code the number of individual items supplied e.g. Bandages, Dressings, Plasters, Rolls, Sachets, Sheets, Tapes, etc.

Instruction	Code	Description	Supplier	Price €
Change	86293	HydroClean Plus Unique Hydro Responsive Dressing Round 4 cm 609590 1 (A)	Hartmann	€5.47
To Read	86293	HydroClean Plus Unique Hydro Responsive Dressing Round 4 cm 609602 1 (A)	Hartmann	€5.47
Change	86294	HydroClean Plus Unique Hydro Responsive Dressing Round 5.5 cm 609591 1 (A)	Hartmann	€6.27
To Read	86294	HydroClean Plus Unique Hydro Responsive Dressing Round 5.5 cm 609606 1 (A)	Hartmann	€6.27
Change	86295	HydroClean Plus Unique Hydro Responsive Dressing 7.5 cm x 7.5 cm 609593 1 (A)	Hartmann	€7.18
To Read	86295	HydroClean Plus Unique Hydro Responsive Dressing 7.5 cm x 7.5 cm 609608 1 (A)	Hartmann	€7.18
Change	86296	HydroClean Plus Unique Hydro Responsive Dressing 10 cm x 10 cm 609594 1 (A)	Hartmann	€8.14
To Read	86296	HydroClean Plus Unique Hydro Responsive Dressing 10 cm x 10 cm 609612 1 (A)	Hartmann	€8.14
Change	86297	HydroClean Plus Unique Hydro Responsive Dressing Cavity Round 609550 1 (A)	Hartmann	€5.21
To Read	86297	HydroClean Plus Unique Hydro Responsive Dressing Cavity Round 609622 1 (A)	Hartmann	€5.21
Change	86298	HydroClean Plus Unique Hydro Responsive Dressing Cavity 7.5 cm x 7.5 cm 609553 1 (A)	Hartmann	€6.95
To Read	86298	HydroClean Plus Unique Hydro Responsive Dressing Cavity 7.5 cm x 7.5 cm 609628 1 (A)	Hartmann	€6.95
DELETION EFFECTIVE 1ST JUNE 2018				
Delete	86158	Aquacel AG Non-Adhesive Foam Dressing 10 cm x 10 cm 420642 1 (A)	Convatec	8.01

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st June 2018

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST JUNE 2018
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Fiasp FlexTouch Soln. for Inj. Prefilled Pen 100 IU/ml. 3 ml. 5 (A)	S1B	38.39	43903
Fiasp Penfill Soln. for Inj. Cartridge 100 IU/ml. 3 ml. 5 (A)	S1B	34.79	43911
Code the number of pens/cartridges dispensed			
(Non-Proprietary Name Index: Insulin Aspart)			
Paracetamol (Accord Healthcare Ltd.) Tabs. 500 mg. 100 (A)	S1B	1.40	38921
(Non-Proprietary Name Index: Paracetamol)			
Propylthiouracil (Halewood Chemicals Ltd.) Tabs. 50 mg. 100 (A)	S1B	88.50	38900
(Non-Proprietary Name Index: Propylthiouracil)			
Reletrans Transdermal Patches 5 mcg./hour 4 (A)	CD2	8.38	42726
Reletrans Transdermal Patches 10 mcg./hour 4 (A)	CD2	13.51	42727
Reletrans Transdermal Patches 15 mcg./hour 4 (A)	CD2	22.41	42728
Reletrans Transdermal Patches 20 mcg./hour 4 (A)	CD2	24.40	42729
Code the number of patches dispensed			
(Non-Proprietary Name Index: Buprenorphine)			

DELETIONS

Cordarone X (P.C.O. Mfg.) Tabs. 100 mg. 28 (A)	37009

CHANGE TO OSTOMY & URINARY
CHANGES UNDERLINED

Change	93997	Renew Insert Irrigation Plug Appliance Regular & Large 706 & 707 30	€79.83
To Read	93997	Renew Insert Irrigation Plug Appliance Regular & Large FG730 & 707 30	€79.83

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST JUNE 2018

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Cresemba Hard Caps. 100 mg. 14 (A)	88899	Isavuconazole	756.00	Pfizer Healthcare Ireland	Pfizer Healthcare Ireland
Humira Soln. for Inj. in Pre-filled Syr. for Paed. Use 20 mg./0.2 ml. 0.2 ml. 2 (A) *Code the number of syringes dispensed*	88892	Adalimumab	535.83	Abbvie Limited	Uniphar
Ibrance Hard Caps. 75 mg. 21 (A)	88896	Palbociclib	2365.20	Pfizer Healthcare Ireland	Pfizer Healthcare Ireland
Ibrance Hard Caps. 100 mg. 21 (A)	88897	Palbociclib	2365.20	Pfizer Healthcare Ireland	Pfizer Healthcare Ireland
Ibrance Hard Caps. 125 mg. 21 (A)	88898	Palbociclib	2365.20	Pfizer Healthcare Ireland	Pfizer Healthcare Ireland

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st May 2018

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST MAY 2018
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Calcipotriol/Betamethasone (Rowex) Oint. 50 mcg./G. + 0.5 mg./G. 30 G. (B)	S1A	8.14	31599
(Non-Proprietary Name Index: Calcipotriol, Combinations)			
Dazonay Film Coated Tabs. 50 mg./12.5 mg./200 mg. 100 (A)	S1B	44.14	66905
Dazonay Film Coated Tabs. 75 mg./18.75 mg./200 mg. 100 (A)	S1B	44.50	66906
Dazonay Film Coated Tabs. 100 mg./25 mg./200 mg. 100 (A)	S1B	44.50	66907
Dazonay Film Coated Tabs. 125 mg./31.25 mg./200 mg. 100 (A)	S1B	44.50	66908
Dazonay Film Coated Tabs. 150 mg./37.5 mg./200 mg. 100 (A)	S1B	44.50	66909
Dazonay Film Coated Tabs. 175 mg./43.75 mg./200 mg. 100 (A)	S1B	44.50	66910
Dazonay Film Coated Tabs. 200 mg./50 mg./200 mg. 100 (A)	S1B	44.50	66911
(Non-Proprietary Name Index: Levodopa/Decarboxylase Inhibitor and Comt Inhibitor)			
Duloxetine (Rowa) Hard Gastro-Resistant Caps. 30 mg. 28 (A)	S1A	5.61	43003
Duloxetine (Rowa) Hard Gastro-Resistant Caps. 60 mg. 28 (A)	S1A	8.40	43004
(Non-Proprietary Name Index: Duloxetine)			
Ezetimibe (Accord Healthcare Ltd.) Tabs. 10 mg. 28 (A)	S1B	14.21	36760
(Non-Proprietary Name Index: Ezetimibe)			
Ezetimibe (Apotex) Tabs. 10 mg. 28 (A)	S1B	14.21	36766
(Non-Proprietary Name Index: Ezetimibe)			
Ezetimibe (KRKA Pharma) Tabs. 10 mg. 28 (A)	S1B	14.21	36773
(Non-Proprietary Name Index: Ezetimibe)			
Ezetimibe Teva Tabs. 10 mg. 28 (A)	S1B	14.21	36787
(Non-Proprietary Name Index: Ezetimibe)			
Methofill Soln. for Inj. in Pre-filled Injector 7.5 mg./0.15 ml. 0.15 ml. 1 (A)	S1A	13.25	35010
Methofill Soln. for Inj. in Pre-filled Injector 10 mg./0.20 ml. 0.20 ml. 1 (A)	S1A	14.30	35011
Methofill Soln. for Inj. in Pre-filled Injector 15 mg./0.30 ml. 0.30 ml. 1 (A)	S1A	16.75	35012
Methofill Soln. for Inj. in Pre-filled Injector 20 mg./0.40 ml. 0.40 ml. 1 (A)	S1A	19.74	35013
Methofill Soln. for Inj. in Pre-filled Injector 25 mg./0.50 ml. 0.50 ml. 1 (A)	S1A	23.25	35014
Code the number of pre-filled injectors dispensed			
(Non-Proprietary Name Index: Methotrexate)			
Rabeprazole Sodium (Accord Healthcare Ltd.) Gastro-Resistant Tabs. 10 mg. 28 (A)	S1B	4.76	73130
Rabeprazole Sodium (Accord Healthcare Ltd.) Gastro-Resistant Tabs. 20 mg. 28 (A)	S1B	6.44	73131
(Non-Proprietary Name Index: Rabeprazole)			
Rowalief Film Coated Tabs. 500 mg. 300 (A)	S1B	4.20	68501
(Non-Proprietary Name Index: Paracetamol)			
Trinomia Hard Caps. 100 mg./40 mg./2.5 mg. 28 (A)	S1B	8.10	43725
Trinomia Hard Caps. 100 mg./40 mg./5 mg. 28 (A)	S1B	8.93	43726
Trinomia Hard Caps. 100 mg./40 mg./10 mg. 28 (A)	S1B	10.05	43727
(Non-Proprietary Name Index: Atorvastatin, Acetylsalicylic Acid and Ramipril)			

DELETIONS

Clopidogrel (Accord Healthcare Ltd.) Film Coated Tabs. 75 mg. 28 (A)	65010
Dothep Caps. 25 mg. 100 (A)	22310
Dothep Tabs. 75 mg. 28 (A)	22365
Dothep Tabs. 75 mg. 100 (A)	22396
Feldene Caps. 20 mg. 30 (A)	17932
Fucithalmic (P.C.O. Mfg.) Viscous Eys Drops Susp. 10 mg./G. 5 G. (B)	41030
Inspra (P.C.O. Mfg. D.P.R.) Tabs. 25 mg. 28 (A)	30572
Mobicam Tabs. 7.5 mg. 30 (A)	33402
Orap Forte Tabs. 4 mg. 100 (A)	66559
Osteofos D3 (P.C.O. Mfg.) Sachets Pdr. for Oral Susp. 1200 mg./800 IU 30 (A)	43620
Percarnil Tabs. 4 mg. 30 (A)	39112
Percarnil Tabs. 8 mg. 30 (A)	39144
Pramipexole (Accord Healthcare Ltd.) Tabs. 0.088 mg. 30 (A)	36627
Pramipexole (Accord Healthcare Ltd.) Tabs. 0.35 mg. 100 (A)	36631
Pramipexole (Accord Healthcare Ltd.) Tabs. 0.7 mg. 100 (A)	36629
Prothiaden Caps. 25 mg. 500 (A)	65633
Ramipril (Accord Healthcare Ltd.) Hard Caps. 1.25 mg. 28 (A)	49306
Ramipril (Accord Healthcare Ltd.) Hard Caps. 2.5 mg. 28 (A)	49307
Risperdal Quicklet Tabs. 1 mg. 28 (A)	44144
Risperdal Quicklet Tabs. 2 mg. 28 (A)	44169
Risperdal Quicklet Tabs. 3 mg. 28 (A)	44176
Salofalk (P.C.O. Mfg.) Enema 7 (A)	44006
Serevent (P.C.O. Mfg.) Inhaler 25 mcg. 120 Dose Aerosol (A)	59937
Symbicort Turbohaler (P.C.O. Mfg.) 200/6 mcg. 120 Dose Inhaler 1 (A)	47915
Traxam Foam 100 G. Aerosol 1 (A)	50210
Xymel SR Prolonged Release Tabs. 100 mg. 60 (A)	52740

ADDITION TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST MAY 2018

ADDITION

		Reimbursement Price €	Drug Code
Add	Gluco RX Nexus Test Strips 50 (A)	11.27	85120

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST MAY 2018

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Capecitabine (Actavis) Film Coated Tabs. 500 mg. 120 (A)	88346	Capecitabine	Actavis Ireland Ltd.
Regranex Gel 0.01% 15 G. (B)	88310	Becaplermin	Janssen-Cilag Ltd.

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
ADDENDUM TO THE LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST APRIL 2018

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Rilutek (Doncaster Ltd.) Film Coated Tabs. 50 mg. 56 (A)	88891	Riluzole	175.47	Eurodrug Ltd/Doncaster Pharmaceuticals Group Ltd	Eurodrug

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st April 2018

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST APRIL 2018
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Bisoprolol Fumarate (Accord Healthcare Ltd.) Tabs. 5 mg. 28 (A)	S1B	1.95	27690
Bisoprolol Fumarate (Accord Healthcare Ltd.) Tabs. 10 mg. 28 (A)	S1B	2.52	27691
(Non-Proprietary Name Index: Bisoprolol)			
Clarithromycin (Accord Healthcare Ltd.) Film Coated Tabs. 250 mg. 14 (A)	S1A	2.97	30113
Clarithromycin (Accord Healthcare Ltd.) Film Coated Tabs. 500 mg. 14 (A)	S1A	5.94	30114
(Non-Proprietary Name Index: Clarithromycin)			
Enstilar Cutaneous Foam 50 mcg./G. + 0.5 mg./G. 60 G. Aerosol 2 (A)	S1A	86.40	43073
Code the number of aerosols dispensed			
(Non-Proprietary Name Index: Calcipotriol, combinations)			
Etoricoxib (Pinewood) Film Coated Tabs. 30 mg. 28 (A)	S1B	8.63	37017
Etoricoxib (Pinewood) Film Coated Tabs. 60 mg. 28 (A)	S1B	10.64	37018
Etoricoxib (Pinewood) Film Coated Tabs. 90 mg. 28 (A)	S1B	11.65	37019
Etoricoxib (Pinewood) Film Coated Tabs. 120 mg. 28 (A)	S1B	12.25	37020
(Non-Proprietary Name Index: Etoricoxib)			
Ezetimibe (Gerard Labs.) Tabs. 10 mg. 28 (A)	S1B	14.21	36871
(Non-Proprietary Name Index: Ezetimibe)			
Ezetimibe (Rowa) Tabs. 10 mg. 28 (A)	S1B	14.21	36888
(Non-Proprietary Name Index: Ezetimibe)			
Ezetimibe/Simvastatin (Clonmel) Tabs. 10 mg./10 mg. 28 (A)	S1B	15.08	37024
Ezetimibe/Simvastatin (Clonmel) Tabs. 10 mg./20 mg. 28 (A)	S1B	15.38	37025
Ezetimibe/Simvastatin (Clonmel) Tabs. 10 mg./40 mg. 28 (A)	S1B	15.71	37026
Ezetimibe/Simvastatin (Clonmel) Tabs. 10 mg./80 mg. 28 (A)	S1B	16.39	37027
(Non-Proprietary Name Index: Simvastatin and Ezetimibe)			
Gabapentin (Accord Healthcare Ltd.) Hard Caps. 100 mg. 100 (A)	S1B	10.75	58601
Gabapentin (Accord Healthcare Ltd.) Hard Caps. 300 mg. 100 (A)	S1B	24.90	58603
Gabapentin (Accord Healthcare Ltd.) Hard Caps. 400 mg. 100 (A)	S1B	28.81	58604
(Non-Proprietary Name Index: Gabapentin)			
Ivabradine (Accord Healthcare Ltd.) Film Coated Tabs. 5 mg. 56 (A)	S1B	18.46	42786
Ivabradine (Accord Healthcare Ltd.) Film Coated Tabs. 7.5 mg. 56 (A)	S1B	18.50	42787
(Non-Proprietary Name Index: Ivabradine)			
Ivabradine (KRKA Pharma) Film Coated Tabs. 5 mg. 56 (A)	S1B	18.46	42790
Ivabradine (KRKA Pharma) Film Coated Tabs. 7.5 mg. 56 (A)	S1B	18.50	42791
(Non-Proprietary Name Index: Ivabradine)			
Ivabradine (Rowex) Film Coated Tabs. 5 mg. 56 (A)	S1B	18.46	42795
Ivabradine (Rowex) Film Coated Tabs. 7.5 mg. 56 (A)	S1B	18.50	42796
(Non-Proprietary Name Index: Ivabradine)			

DELETIONS

Axid Pulvules 150 mg. 30 (A)	13512
Axid Pulvules 300 mg. 30 (A)	13528
Canesten HC (P.C.O. Mfg.) Cream 30 G. (B)	70205
Clexane (P.C.O. Mfg.) Soln. for Inj. 100 mg./ml. 0.4 ml. 10 (A)	17710
Coversyl Arginine Plus (P.C.O. Mfg.) Film Coated Tabs. 5 mg./1.25 mg. 30 (A)	19037

Coversyl Arginine Plus (P.C.O. Mfg.) Film Coated Tabs. 10 mg./2.5 mg. 30 (A)	68319
Elocon (P.C.O. Mfg.) Oint. 0.1% 30 G. (B)	23447
Geriflox Elixir 125 mg./5 ml. 100 ml. (B)	91054
Inegy (P.C.O. Mfg.) Tabs. 10/40 mg. 28 (A)	29886
Inegy (P.C.O. Mfg.) Tabs. 10/80 mg. 28 (A)	29887
Inspra (P.C.O. Mfg. D.P.R.) Tabs. 50 mg. 28 (A)	30573
Maalox Susp. 500 ml. (B)	32069
Memantine (Ranbaxy) Film Coated Tabs. 10 mg. 28 (A)	36902
Memantine (Ranbaxy) Film Coated Tabs. 10 mg. 56 (A)	36904
Metformin Mylan (Gerard Labs.) Tabs. 500 mg. 84 (A)	36806
Protium (P.C.O. Mfg.) Tabs. 20 mg. 28 (A)	43483
Protium (P.C.O. Mfg.) Tabs. 40 mg. 28 (A)	43501
Pulmicort (P.C.O. Mfg.) Turbohaler 100 mcg. 200 Dose Inhaler 1 (A)	42201
Sinemet CR (P.C.O. Mfg.) Prolonged Release Tabs. 50 mg./200 mg. 60 (A)	46101
Symbicort Turbohaler (P.C.O. Mfg.) 100 mcg./6 mcg. 120 Dose Inhaler 1 (A)	47912
Symbicort Turbohaler (P.C.O. Mfg.) 400/12 mcg. 60 Dose Inhaler 1 (A)	47916
Torvacol Film Coated Tabs. 40 mg. 28 (A)	42002
Vastarel (P.C.O. Mfg.) Tabs. 20 mg. 60 (A)	55836
Viridal 20 Inj. Pack 1 (A)	71378
Zantac (P.C.O. Mfg.) Tabs. 300 mg. 10 (A)	55257

ADDENDUM TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE 1ST MARCH 2018

ADDITIONS

		Reimbursement Price €	Drug Code
Add	Diclofenac Potassium (Accord Healthcare Ltd.) Film Coated Tabs. 50 mg. 56 (A)	3.29	41100

ADMINISTRATIVE CODES FOR USE BY PHARMACY FOR THE PROVISION OF COMPRESSION HOSIERY TO GMS PATIENTS ONLY EFFECTIVE 1ST APRIL 2018

ADDITIONS

Code	Description	Supplier	Price €
86311	Juxtalite Venous Ulcer Compression System (1 x Juxtalite, 2 x Liner Socks, 2 x Compression Anklets, Pressure Monitoring Card, Patient & Clinical Instructions) Long JU150, Short JU157 Kit 1 (A) * *Code the number of kits dispensed*	Royale Distributing Agency	75.00

Note: Circular 001/18 Refers.

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST APRIL 2018

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Cotellic Film Coated Tabs. 20 mg. 63 (A)	88885	Cobimetinib	5,804.78	Roche Products Ireland Ltd.	Allphar
Mekinist Film Coated Tabs. 0.5 mg. 30 (A)	88886	Trametinib	1,705.65	Novartis Ireland Limited	Allphar
Mekinist Film Coated Tabs. 2 mg. 30 (A)	88887	Trametinib	6,822.60	Novartis Ireland Limited	Allphar
Tremfya Soln. for Inj. in Pre-filled Syr. 100 mg. 1 (A) *Code the number of pre-filled syringes dispensed*	88890	Guselkumab	2,229.12	Janssen-Cilag	Uniphar

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st April 2018

ADDITIONS/CHANGES/DELETIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST APRIL 2018.

	Drug Description including coding instruction	Reimbursement Price €	Drug Code

Code the number of bottles, boxes, packs, pots, pouches, sachets, tins or tubs dispensed.

ADDITIONS

Add	Betaquik 225 ml. Bottle 1	3.98	85107
Add	Carbzero 225 ml. Bottle 1	2.41	85108
Add	Complan Shake 57 G. Sachet 4 *	2.96	85100
Add	Fortisip Compact Protein 125 ml. Pack 1 *	1.60	85097
Add	L-Tyrosine 100 G. Pack 1	26.09	85098
Add	ProSource TF 45 ml. Pouch 1	1.40	85099
Add	Taranis Low Protein Hazelnut Spread 230 G. Pack 1	8.00	85101
Add	Taranis Low Protein Risotto 300 G. Pack 1	5.80	85105
Add	Vitaflo Choices Mini Crackers 40 G. Pack 1	0.99	85112

Note: Circular 048/17 Refers.

CHANGES

CHANGES UNDERLINED

Change	Pepti Junior 450 G. Pack 1	13.05	82570
To Read	Aptamil Pepti Junior 450 G. Pack 1	13.05	82570

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ADDITIONS TO OSTOMY & URINARY

EFFECTIVE 1ST APRIL 2018

Instruction	Code	Description	Price €
Add	94043	Hollister Onli No Touch Intermittent Catheter Female 82081, 82101, 82121, 82141 CH8-CH14 30	€56.91
Add	94047	Linc Medical LINC-Flo Single Use Sterile Night Bag 3 Litre LM3LS 10	€5.40
Add	94045	Linc Medical Opti-Tip All Silicone Two Way Open Tip Foley Catheter with Unibal Integral Balloon with Extra Drainage Holes 1007UB12OT, 1007UB14OT, 1007UB16OT, 1007UB18OT, 1007UBF12OT, 1007UBF14OT, 1007UBF16OT, 1007UBF18OT, 1007UBS08OT, 1007UBS10OT 1	€11.68
Add	94044	Linc Medical Uni-Flo All Silicone Two Way Round Tip Foley Catheter with Unibal Integral Balloon 08500803G, 08501003G, 085012051G, 08501205G, 085014051G, 08501405G, 08501610G, 08501810G 1	€11.68
		Change to Read **Changes Underlined**	
Change	94041	Hollister VaPro Pocket Touch Free Intermittent Catheter Male 70124/70144 CH12-CH14 30	€63.49
To Read	94041	Hollister VaPro Pocket Touch Free Intermittent Catheter Male 70104/70124/70144/70164 CH10-CH16 30	€63.49
		Deletions	
Delete	93618	MacGregor Qufora Urine Drainage Bags 2 Litre Non-Sterile Night Bag with 90 cm. Inlet Tube 13803104 30	

Code the number of individual items supplied e.g. Bandages, Dressings, Plasters, Rolls, Sachets, Sheets, Tapes, etc.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ADDITIONS TO THE LIST OF NON DRUG ITEMS REIMBURSABLE

UNDER THE GMS SCHEME EFFECTIVE 1ST APRIL 2018

Dressings listed are for use in doctors' surgeries and requirements should only be ordered and supplied on the appropriate order form (pink).

Code the number of individual items supplied e.g. Bandages, Dressings, Plasters, Rolls, Sachets, Sheets, Tapes, etc.

Instruction	Code	Description	Supplier	Price €
Add	86280	Exufiber Gelling Fibre Dressing 10 cm x 10 cm 603301 1 (A)	Fannin Healthcare	€2.65
Add	86283	Exufiber Gelling Fibre Dressing 15 cm x 15 cm 603302 1 (A)	Fannin Healthcare	€5.07
Add	86284	Exufiber Gelling Fibre Dressing 2 cm x 45 cm 603308 1 (A)	Fannin Healthcare	€2.69
Add	86281	Exufiber Gelling Fibre Dressing 5 cm x 5 cm 603300 1 (A)	Fannin Healthcare	€1.16
Add	86297	HydroClean Plus Unique Hydro Responsive Dressing Cavity Round 609550 1 (A)	Hartmann	€5.21
Add	86296	HydroClean Plus Unique Hydro Responsive Dressing 10 cm x 10 cm 609594 1 (A)	Hartmann	€8.14
Add	86295	HydroClean Plus Unique Hydro Responsive Dressing 7.5 cm x 7.5 cm 609593 1 (A)	Hartmann	€7.18
Add	86298	HydroClean Plus Unique Hydro Responsive Dressing Cavity 7.5 cm x 7.5 cm 609553 1 (A)	Hartmann	€6.95
Add	86293	HydroClean Plus Unique Hydro Responsive Dressing Round 4 cm 609590 1 (A)	Hartmann	€5.47
Add	86294	HydroClean Plus Unique Hydro Responsive Dressing Round 5.5 cm 609591 1 (A)	Hartmann	€6.27
Add	86305	Lyofoam Max Highly Absorbent Dressing 10 cm x 20 cm 603203 1 (A)	Fannin Healthcare	€2.50
Add	86278	Mepilex Border Ag Antimicrobial Foam Dressing 10 cm x 12.5 cm 395360 1 (A)	Fannin Healthcare	€8.01
Add	86279	Mepilex Border Ag Antimicrobial Foam Dressing 15 cm x 17.5 cm 395460 1 (A)	Fannin Healthcare	€15.20
Add	86307	Mepilex Transfer Dressing with Safetac Technology 10 cm x 12 cm 294700 1 (A)	Fannin Healthcare	€4.80
Add	86309	Mepilex Transfer Dressing with Safetac Technology 15 cm x 20 cm 294800 1 (A)	Fannin Healthcare	€14.55
Add	86310	Mepilex Transfer Dressing with Safetac Technology 20 cm x 50 cm 294502 1 (A)	Fannin Healthcare	€37.20
Add	86306	Mepilex Transfer Dressing with Safetec Technology 7.5 cm x 8.5 cm 294600 1 (A)	Fannin Healthcare	€3.05
Add	86292	Peha-haft Latex Free Cohesive Conforming Bandage 10 cm x 20 m 932449 1 (A)	Hartmann	€5.20
Add	86289	Peha-haft Latex Free Cohesive Conforming Bandage 10 cm x 4 m 932444 1 (A)	Hartmann	€1.04
Add	86291	Peha-haft Latex Free Cohesive Conforming Bandage 12 cm x 4 m 932445 1 (A)	Hartmann	€1.23
Add	86285	Peha-haft Latex Free Cohesive Conforming Bandage 2.5 cm x 4 m 932452 1 (A)	Hartmann	€1.00
Add	86286	Peha-haft Latex Free Cohesive Conforming Bandage 4 cm x 4 m 932441 1 (A)	Hartmann	€0.62
Add	86287	Peha-haft Latex Free Cohesive Conforming Bandage 6 cm x 4 m 932442 1 (A)	Hartmann	€0.77
Add	86288	Peha-haft Latex Free Cohesive Conforming Bandage 8 cm x 4 m 932443 1 (A)	Hartmann	€0.90
Add	86299	Tubigrip Tubular Bandages 10 m Size C 1443 1 (A)	Fannin Healthcare	€4.59
Add	86300	Tubigrip Tubular Bandages 10 m Size D 1437 1 (A)	Fannin Healthcare	€5.16
Add	86301	Tubigrip Tubular Bandages 10 m Size E 1434 1 (A)	Fannin Healthcare	€6.25
Add	86302	Tubigrip Tubular Bandages 10 m Size F 1438 1 (A)	Fannin Healthcare	€6.98

Code the number of individual items supplied e.g. Bandages, Dressings, Plasters, Rolls, Sachets, Sheets, Tapes, etc.

Add	86303	Tubigrip Tubular Bandages 10 m Size L 1442 1 (A)	Fannin Healthcare	€34.20

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st March 2018

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST MARCH 2018

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
AirFluSal MDI Pressurised Inhalation, Susp. 25 mcg./125 mcg. 120 Dose Pack 1 (A)	S1B	19.31	16005
AirFluSal MDI Pressurised Inhalation, Susp. 25 mcg./250 mcg. 120 Dose Pack 1 (A)	S1B	28.81	16011
Code the number of packs dispensed			
(Non-Proprietary Name Index: Salmeterol and Fluticasone)			
Akineton (Lexon UK Ltd.) Tabs. 2 mg. 100 (A)	S1B	5.73	16032
(Non-Proprietary Name Index: Biperiden)			
Desogestrel (Rowex) Film Coated Tabs. 75 mcg. 28 (A)	S1B	2.49	17963
(Non-Proprietary Name Index: Desogestrel)			
Eplerenone (Bluefish) Film Coated Tabs. 25 mg. 28 (A)	S1B	24.19	24987
Eplerenone (Bluefish) Film Coated Tabs. 50 mg. 28 (A)	S1B	24.19	25130
(Non-Proprietary Name Index: Eplerenone)			
Memantine Hydrochloride (Niche Generics) Film Coated Tabs. 20 mg. 28 (A)	S1A	13.44	38561
(Non-Proprietary Name Index: Memantine Hydrochloride)			
Omeprazole (Bluefish) Gastro-Resistant Caps. 20 mg. 28 (A)	S1B	2.80	41142
(Non-Proprietary Name Index: Omeprazole)			
Prednisolone (Focus Pharma) Soluble Tabs. 5 mg. 30 (A)	S1A	9.88	51269
(Non-Proprietary Name Index: Prednisolone)			
Puri-Nethol (LTT Pharma Ltd.) Tabs. 50 mg. 25 (A)	S1A	62.62	52863
(Non-Proprietary Name Index: Mercaptopurine)			
Testogel Gel 16.2 mg./G. Pump Pack 1 (A)	S1A	40.06	62305
Code the number of packs dispensed			
(Non-Proprietary Name Index: Testosterone)			

DELETIONS

Adalat (P.C.O. Mfg.) Retard Tabs. 20 mg. 56 (A)	10752
Amaryl Tabs. 2 mg. 30 (A)	12711
Amoxil (P.C.O. Mfg.) Caps. 500 mg. 12 (A)	12088
Anafranil Caps. 10 mg. 84 (A)	14354
Anafranil Caps. 50 mg. 56 (A)	14370
Becotide (P.C.O. Mfg.) Inhaler 50 mcg. 200 Dose Aerosol 1 (A)	54873
Becotide (P.C.O. Mfg.) Inhaler 100 mcg. 200 Dose Aerosol 1 (A)	54885
Becotide (P.C.O. Mfg.) Inhaler 250 mcg. 200 Dose Aerosol 1 (A)	14693
Capoten (P.C.O. Mfg.) Tabs. 12.5 mg. 60 (A)	16686
Capozide (P.C.O. Mfg.) Tabs. 50/25 mg. 30 (A)	17283
Cardicor (P.C.O. Mfg.) Tabs. 5 mg. 28 (A)	17415
Cardura (P.C.O. Mfg.) Tabs. 2 mg. 14 (A)	16168
Cardura (P.C.O. Mfg.) Tabs. 4 mg. 14 (A)	16174
Cataflam (P.C.O. Mfg.) Tabs. 50 mg. 20 (A)	78312
Celluvisc (P.C.O. Mfg. D.P.R.) Eye Drop Soln. 0.5% 0.4 ml. Unit Dose 30 (A)	17082
Cipramil (P.C.O. Mfg.) Tabs. 10 mg. 28 (A)	18320
Ciproxin (P.C.O. Mfg.) Tabs. 250 mg. 20 (A)	18496
Coversyl (P.C.O. Mfg.) Tabs. 4 mg. 30 (A)	18451
Coversyl (P.C.O. Mfg.) Tabs. 8 mg. 30 (A)	18774
Diamicron (P.C.O. Mfg.) Tabs. 80 mg. 60 (A)	69523
Diamicron MR (P.C.O. Mfg.) Modified Release Tabs. 30 mg. 56 (A)	69530
Diflucan (P.C.O. Mfg.) Caps. 50 mg. 7 (A)	19956
Diflucan (P.C.O. Mfg.) Caps. 150 mg. 1 (A)	21303

DuoPlavin (P.C.O. Mfg.) Film Coated Tabs. 75 mg./75 mg. 30 (A)	41023
Dyazide (P.C.O. Mfg.) Tabs. 30 (A)	22524
Emcor (P.C.O. Mfg.) Tabs. 5 mg. 30 (A)	22536
Epanutin (P.C.O. Mfg. D.P.R.) Caps. 100 mg. 84 (A)	23526
Glycopyrronium Bromide (Anpharm Ltd.) Inj. 200 mcg./1 ml. 3 ml. 3 (A)	26754
Gyno-Daktarin (P.C.O. Mfg.) Vaginal Cream 20 mg./G. 78 G. Pack 1 (A)	59805

Imigran (P.C.O. Mfg.) Tabs. 50 mg. 4 (A)	30698
Imigran (P.C.O. Mfg.) Tabs. 100 mg. 4 (A)	32056
Lamictal (P.C.O. Mfg.) Dispersible/Chewable Tabs. 25 mg. 30 (A)	30736
Lamictal (P.C.O. Mfg.) Tabs. Disp. 50 mg. 90 (A)	30514
Lamictal (P.C.O. Mfg.) Tabs. Disp. 200 mg. 90 (A)	30592
Lescol (P.C.O. Mfg.) Caps. 20 mg. 28 (A)	77151
Lescol (P.C.O. Mfg.) Caps. 40 mg. 28 (A)	77007
Levocetirizine TEVA Film Coated Tabs. 5 mg. 30 (A)	53903
Lioresal (P.C.O. Mfg.) Tabs. 10 mg. 30 (A)	39570
Lipaprav Tabs. 10 mg. 28 (A)	31863
Lipaprav Tabs. 20 mg. 28 (A)	31660
Lipaprav Tabs. 40 mg. 28 (A)	31680
Lipitor (P.C.O. Mfg.) Tabs. 20 mg. 84 (A)	31318
Lustral (P.C.O. Mfg.) Tabs. 50 mg. 30 (A)	32312
Lyrinel XL (P.C.O. Mfg. D.P.R.) Tabs. 5 mg. 30 (A)	38073
Maxolon (P.C.O. Mfg.) Tabs. 10 mg. 84 (A)	32947
Naprosyn EC (P.C.O. Mfg.) 250 mg. 56 (A)	36652
Naprosyn EC (P.C.O. Mfg.) 500 mg. 56 (A)	36694
Natrilix SR (P.C.O. Mfg.) Tabs. 1.5 mg. 30 (A)	67375
Neurontin (P.C.O. Mfg.) Caps. 300 mg. 90 (A)	61463
Rabeprazole Sodium TEVA Gastro-Resistant Tabs. 20 mg. 30 (A)	54862
Reminyl (P.C.O. Mfg.) Tabs. 12 mg. 56 (A)	43418
Risperdal Quicklet Tabs. 4 mg. 28 (A)	44185
Risperdal Quicklet (P.C.O. Mfg.) Tabs. 1 mg. 28 (A)	44109
Risperdal Quicklet (P.C.O. Mfg.) Tabs. 2 mg. 28 (A)	44110
Serc (P.C.O. Mfg.) Tabs. 8 mg. 90 (A)	45677
Serc-16 (P.C.O. Mfg.) Tabs. 42 (A)	56741
Seroxat (P.C.O. Mfg.) Tabs. 10 mg. 28 (A)	45662
Sinemet-275 (P.C.O. Mfg.) Tabs. 30 (A)	61650
Singulair Paed. (P.C.O. Mfg D.P.R.) Grans. 4 mg. Sachets 28 (A)	73022
Tenoret (P.C.O. Mfg.) Tabs. 50 mg./12.5 mg. 28 (A)	75305
Tenoretic (P.C.O. Mfg.) Tabs. 28 (A)	48852
Tenormin (P.C.O. Mfg.) Tabs. 25 mg. 28 (A)	69350
Tenormin (P.C.O. Mfg.) Tabs. 50 mg. 28 (A)	56790
Tenormin (P.C.O. Mfg.) Tabs. 100 mg. 30 (A)	56878
Tritace (P.C.O. Mfg.) Tabs. 1.25 mg. 30 (A)	48113
Tritace (P.C.O. Mfg.) Tabs. 2.5 mg. 30 (A)	48138
Valtrex (P.C.O. Mfg.) Tabs. 500 mg. 42 (A)	58813
Ventolin Nebules (P.C.O. Mfg.) 2.5 mg. 20 (A)	52014
Vermox (P.C.O. Mfg.) Tabs. 100 mg. 6 (A)	73942
Voltarol (P.C.O. Mfg.) Emulgel 1% 50 G. (B)	77474
Voltarol Retard (P.C.O. Mfg.) Tabs. 75 mg. 20 (A)	52499
Voltarol Retard (P.C.O. Mfg.) Tabs. 100 mg. 10 (A)	52455
Xatral (P.C.O. Mfg.) Tabs. 2.5 mg. 30 (A)	52708
Zestril (P.C.O. Mfg.) Tabs. 5 mg. 28 (A)	58418
Zestril (P.C.O. Mfg.) Tabs. 10 mg. 28 (A)	58447
Zestril (P.C.O. Mfg.) Tabs. 20 mg. 28 (A)	58452
Zinnat (P.C.O. Mfg.) Tabs. 250 mg. 10 (A)	59832
Zinnat (P.C.O. Mfg.) Tabs. 500 mg. 10 (A)	59807
Zispin (P.C.O. Mfg.) SolTab. Orodispersible Tabs. 30 mg. 30 (A)	62617
Zispin (P.C.O. Mfg.) SolTab. Orodispersible Tabs. 45 mg. 30 (A)	62791
Zoton (P.C.O. Mfg.) Caps. 15 mg. 28 (A)	53784
Zyloric (P.C.O. Mfg.) Tabs. 100 mg. 25 (A)	56774

ADDITIONS/DELETIONS/CHANGES TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME

DIAGNOSTICS
ADDITIONS

		Reimbursement Price €	Drug Code
Add	mylife Unio Test Strip 700000532 50 (A)	10.50	97607
Add	Dexcom G4 Platinum/G5 Mobile Sensor STS-GF-001 1 (A)	58.82	97622

Add	Dexcom G4 Platinum/G5 Mobile Sensor STS-GF-004 4 (A) *Code the number of sensors dispensed*	235.26	97626
Add	mylife Orbitmicro Infusion Set 5.5 mm./45 cm. MYOYP1851 10 (A)	85.00	97609
Add	mylife Orbitmicro Infusion Set 5.5 mm./60 cm. MYOYP2451 10 (A)	85.00	97610
Add	mylife Orbitmicro Infusion Set 5.5 mm./80 cm. MYOYP3151 10 (A)	85.00	97611
Add	mylife Orbitmicro Infusion Set 5.5 mm./110 cm. MYOYP4351 10 (A)	85.00	97612
Add	mylife Orbitsoft Infusion Set 6 mm./45 cm. MYOYP1861 10 (A)	85.00	97613
Add	mylife Orbitsoft Infusion Set 6 mm./60 cm. MYOYP2461 10 (A)	85.00	97614
Add	mylife Orbitsoft Infusion Set 6 mm./80 cm. MYOYP3161 10 (A)	85.00	97615
Add	mylife Orbitsoft Infusion Set 6 mm./110 cm. MYOYP4361 10 (A)	85.00	97617
Add	mylife Orbitsoft Infusion Set 9 mm./45 cm. MYOYP1891 10 (A)	85.00	97618
Add	mylife Orbitsoft Infusion Set 9 mm./60 cm. MYOYP2491 10 (A)	85.00	97619
Add	mylife Orbitsoft Infusion Set 9 mm./80 cm. MYOYP3191 10 (A)	85.00	97620
Add	mylife Orbitsoft Infusion Set 9 mm./110 cm. MYOYP4391 10 (A) *Code the number of sets dispensed*	85.00	97621

DELETIONS

Delete	Accu-Chek Multiclix Lancet 200 (A)		85504

CHANGES

CHANGES UNDERLINED

Change	Medtronic Glucose Enlite Sensor Pack 10 (A)	495.00	83204
To Read	Medtronic Glucose Enlite Sensor BNENSENS 10 (A)	495.00	83204

CLINICAL NUTRITIONAL PRODUCTS

CHANGES

CHANGES UNDERLINED

Change	Phlexy-Vits Tabs. 180 Pack 1 (A)	83.52	81071
To Read	Phlexy-Vits Tabs. 180 (A)	83.52	81198

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST MARCH 2018

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Brabio Soln. for Inj., Pre-filled Syr. 40 mg./ml. 1 ml. 12 (A) *Code the number of pre-filled syringes dispensed*	88884	Glatiramer Acetate	641.50	Gerard Labs.	United Drug
Orkambi Film Coated Tabs. 100 mg./125 mg. 112 (A) *	88889	Ivacaftor and Lumacaftor	12,144.00	Vertex Pharmaceuticals Ltd.	Arvato

Note: Circular 019/17 Refers.

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Roferon-A Pre-filled Syr. 6 MIU/0.5 ml. 0.5 ml. 1 (A)	88154	Interferon alfa-2a	Roche Products Ireland Ltd.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st February 2018

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST FEBRUARY 2018
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Asacolon (Lexon UK) Gastro-Resistant Tabs. 400 mg. 100 (A)	S1B	25.27	14513
Asacolon (Lexon UK) Gastro-Resistant Tabs. 800 mg. 90 (A)	S1B	47.37	14514
(Non-Proprietary Name Index: Mesalazine)			
Half Beta-Prograne (Lexon UK) PR Caps. 80 mg. 28 (A)	S1B	4.65	67300
(Non-Proprietary Name Index: Propranolol)			
Noqturina Oral Lyophilisate 25 mcg. 30 (A)	S1B	25.14	36968
Noqturina Oral Lyophilisate 50 mcg. 30 (A)	S1B	26.81	36969
(Non-Proprietary Name Index: Desmopressin)			

REVISED CODES FOR SOME ACTAVIS AND ACCORD PRODUCTS

18322	Citalopram (Actavis) Tabs. 10 mg. 28
40741	Citalopram (Accord Healthcare) Film Coated Tabs. 10 mg. 28
18323	Citalopram (Actavis) Tabs. 20 mg. 28
40863	Citalopram (Accord Healthcare) Film Coated Tabs. 20 mg. 28
60256	Sertraline (Actavis) Film Coated Tabs. 100 mg. 28
60363	Sertraline (Accord Healthcare Ltd.) Film Coated Tabs. 100 mg. 28
60211	Sertraline (Actavis) Film Coated Tabs. 50 mg. 28
60362	Sertraline (Accord Healthcare Ltd.) Film Coated Tabs. 50 mg. 28
23940	Mirtazapine (Actavis) Film Coated Tabs. 15 mg. 30
24016	Mirtazapine (Accord Healthcare Ltd.) Film Coated Tabs. 15 mg. 30
24017	Mirtazapine (Accord Healthcare Ltd.) Film Coated Tabs. 30 mg. 30
24182	Mirtazapine (Actavis) Film Coated Tabs. 30 mg. 30
24018	Mirtazapine (Accord Healthcare Ltd.) Film Coated Tabs. 45 mg. 30
24496	Mirtazapine (Actavis) Film Coated Tabs. 45 mg. 30

ADDITIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS
EFFECTIVE 1ST FEBRUARY 2018
ADDITION

Code	Description	Supplier	Price €
86264	Aldanex Barrier Gel 85G. Tube 5274 1 (A) *Code the number of tubes dispensed*	Biofact Pharma Ltd.	9.57

CHANGES TO THE LIST OF REIMBURSABLE NON DRUG ITEMS
EFFECTIVE 1ST JANUARY 2018
CHANGES UNDERLINED

Change	Activa Leg Ulcer Hosiery Kit 287-0038, 287-0046, 287-0053, 287-0061 (British Standard) 1 (A)	Aquilant Medical Ltd.	86184
To Read	Activa Leg Ulcer Hosiery Kit <u>311-9021, 311-9047, 311-9054, 311-9070, 311-9088, 366-5593, 366-5601, 366-5619, 366-5627, 366-5635</u> (British Standard) 1 (A)	Aquilant Medical Ltd.	86184

DELETIONS

Rocaltrol Caps. 0.25 mcg. 100 (A)	79839

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST FEBRUARY 2018

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Brabio Soln. for Inj., Pre-filled Syr. 20 mg./ml. 1 ml. 28 (A) *Code the number of pre-filled syringes dispensed*	88774	Glatiramer Acetate	641.50	Gerard Laboratories	United Drug
Faslodex (P.C.O. Mfg.) for Inj. for Pre-filled Syr. 250 mg./5 ml. 5 ml. 2 (A) *Code the number of syringes dispensed*	88793	Fulvestrant	635.48	P.C.O. Manufacturing	P.C.O. Manufacturing
Humira Soln. for Inj. in Pre-filled Pen 80 mg./0.8 ml. 0.8 ml. 1(A) *Code the number of pre-filled pens dispensed*	88879	Adalimumab	1,079.95	AbbVie Ltd.	Uniphar
TOBI (P.C.O. Mfg.) Podhaler Inhalation Pdr., Hard Caps. 28 mg. 224 Caps. + 5 Inhalers Pack 1 (A) *Code the number of packs dispensed*	88882	Tobramycin	2,286.52	P.C.O. Manufacturing	P.C.O. Manufacturing

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Cetrotide Pdr. and Solv. for Soln. for Inj. 0.25 mg. 7 (A)	88453	Cetrorelix	Merck Serono (Ireland) Ltd

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ADMINISTRATIVE CODES FOR USE BY PHARMACY FOR THE PROVISION OF COMPRESSION HOSIERY TO GMS PATIENTS ONLY

(Circular 01/18 Refers)

EFFECTIVE 1ST FEBRUARY 2018

Instruction	Code	Description Code the number pairs/ packs/ kits dispensed	Supplier	Price €
Add	86277	Varimed Varicase Class 1 Stocking Knee Length Open Toe 91101200/201/300/301/400/401/500/501/600/601; 91102200/201/300/301/400/401/500/5 01/600/601 (European Standard) Pair 1 (A)	Fannin Ltd.	9.07
Add	86265	Varimed Varicase Class 1 Stocking Knee Length Closed Toe 91111200/201/300/301/400/401/500/501/600/601; 91112200/201/300/301/400/401/500/501/600/601 (European Standard) Pair 1 (A)	Fannin Ltd.	9.07
Add	86267	Varimed Varicase Class 2 Stocking Knee Length Open Toe 92101200/ 201/300/301/400/401/500/501/600/601; 92102200/201/300/301/400/401/500/501/600/601 (European Standard) Pair 1 (A)	Fannin Ltd.	10.15
Add	86268	Varimed Varicase Class 2 Stocking Knee Length Closed Toe 92111200/201/300/301/400/401/500/501/600/601; 92112200/201/300/301/400/401/500/501/600/601 (European Standard) Pair 1 (A)	Fannin Ltd.	10.15
Add	86269	Varimed Varicase Class 3 Stocking Knee Length Open Toe 93101200/201/300/301/400/401/500/501/600/601; 93102200/201/300/301/400/401/500/501/600/601 (European Standard) Pair 1 (A)	Fannin Ltd.	11.02
Add	86270	Varimed Varicase Class 2 Sock Closed Toe 92812201/301/401/501/ 601 (European Standard) Pair 1 (A)	Fannin Ltd.	10.15
Add	86271	Varimed Varicase Class 1 Stocking Thigh Length Open Toe 91301200/201/300/301/400/401/500/501/600/601; 91302200/201/300/301/400/401/500/501/600/ 601 (European Standard) Pair 1 (A)	Fannin Ltd.	17.06
Add	86272	Varimed Varicase Class 1 Stocking Thigh Length Closed Toe 91311200/201/300/301/400/401/500/501/600/ 601; 91312200/201/300/301/400/401/500/501/600/601 (European Standard) Pair 1 (A)	Fannin Ltd.	17.06
Add	86273	Varimed Varicase Class 2 Stocking Thigh Length Open Toe 92301200/201/300/301/400/401/500/501/600/601; 92302200/201/300/301/400/ 401/500/501/600/ 601 (European Standard) Pair 1 (A)	Fannin Ltd.	17.93
Add	86275	Varimed Varicase Class 2 Stocking Thigh Length Closed Toe 92311200/201/300/301/400/401/500/501/600/601; 92312200/201/300/301/400/401/500/501/600/601 (European Standard) Pair 1 (A)	Fannin Ltd.	17.93
Add	86276	Varimed Varicase Class 3 Stocking Thigh Length Open Toe 93301200/201/300/301/400/401/500/501/600/601; 93302200/201/300/301/400/401/500/501/600/601 (European Standard) Pair 1 (A)	Fannin Ltd.	18.79

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ADMINISTRATIVE CODES FOR USE BY PHARMACY FOR THE PROVISION OF COMPRESSION HOSIERY TO GMS PATIENTS ONLY

(Circular to follow)

EFFECTIVE 1ST JANUARY 2018

Instruction	Code	Description Code the number pairs, packs, kits dispensed	Supplier	Price €
Add	86235	Activa Class 1 Stocking Below Knee Open Toe Sand 268-1500, 268-1518, 268-1526, 268-1534, 317-2723 (British Standard) Pair 1 (A)	Aquilant Medical Ltd.	8.91
Add	86230	Activa Class 1 Stocking Below Knee Black 278-2373, 278-2381, 278-2399, 278-2407 (British Standard) Pair 1 (A)	Aquilant Medical Ltd.	8.91
Add	86233	Activa Class 1 Stocking Below Knee Honey 259-0438, 259-0453, 259-0479, 259-0495 (British Standard) Pair 1 (A)	Aquilant Medical Ltd.	8.91
Add	86234	Activa Class 1 Stocking Below Knee Sand 259-0420, 259-0446, 259-0461, 259-0487 (British Standard) Pair 1 (A)	Aquilant Medical Ltd.	8.91
Add	86232	Activa Class 1 Stocking Below Knee Black 278-2415, 278-2423, 278-2431, 278-2449 (British Standard) Pair 1 (A)	Aquilant Medical Ltd.	8.91
Add	86236	Activa Class 1 Stocking Thigh Length Black 259-0321, 259-0354, 259-0388, 259-0412 (British Standard) Pair 1 (A)	Aquilant Medical Ltd.	9.75
Add	86237	Activa Class 1 Stocking Thigh Length Honey 259-0313, 259-0347, 259-0370, 259-0404 (British Standard) Pair 1 (A)	Aquilant Medical Ltd.	9.75
Add	86238	Activa Class 1 Stocking Thigh Length Sand 259-0305, 259-0339, 259-0362, 259-0396 (British Standard) Pair 1 (A)	Aquilant Medical Ltd.	9.75
Add	86249	Activa Class 1 Tights Black 286-9998, 287-0004, 287-0012, 287-0020 (British Standard) Pair 1 (A)	Aquilant Medical Ltd.	15.37
Add	86242	Activa Class 2 Stocking Below Knee Open Toe Sand 259-0818, 259-0826, 259-0834, 259-0842, 317-2707 (British Standard) Pair 1 (A)	Aquilant Medical Ltd.	13.04
Add	86240	Activa Class 2 Stocking Below Knee Honey 259-0651, 259-0701, 259-0750, 259-0792 (British Standard) Pair 1 (A)	Aquilant Medical Ltd.	13.04
Add	86241	Activa Class 2 Stocking Below Knee Sand 259-0628, 259-0685, 259-0743, 259-0784 (British Standard) Pair 1 (A)	Aquilant Medical Ltd.	13.04
Add	86239	Activa Class 2 Stocking Below Knee Black 259-4463 259-0891, 259-0917, 259-0933 (British Standard) Pair 1 (A)	Aquilant Medical Ltd.	13.04
Add	86246	Activa Class 2 Stocking Thigh Length Open Toe Sand 259-0859, 259-0867, 259-0875, 259-0883 (British Standard) Pair 1 (A)	Aquilant Medical Ltd.	14.50
Add	86243	Activa Class 2 Stocking Thigh Length Black 259-0529, 259-0552, 259-0586, 259-0610 (British Standard) Pair 1 (A)	Aquilant Medical Ltd.	14.50
Add	86244	Activa Class 2 Stocking Thigh Length Honey 259-0511, 259-0545, 259-0578, 259-0602 (British Standard) Pair 1 (A)	Aquilant Medical Ltd.	14.50
Add	86245	Activa Class 2 Stocking Thigh Length Sand 259-0503, 259-0537, 259-0560, 259-0594 (British Standard) Pair 1 (A)	Aquilant Medical Ltd.	14.50
Add	86250	Activa Class 2 Tights Natural 287-0038, 287-0046, 287-0053, 287-0061 (British Standard) Pair 1 (A)	Aquilant Medical Ltd.	16.88
Add	86247	Activa Class 3 Stocking Below Knee Open Toe Sand 259-1246, 259-1253, 259-1261, 259-1279, 310-2977 (British Standard) Pair 1 (A)	Aquilant Medical Ltd.	14.77
Add	86248	Activa Class 3 Stocking Thigh Length Open Toe Sand 259-1287, 259-1295, 259-1303, 259-1311 (British Standard) Pair 1 (A)	Aquilant Medical Ltd.	16.90
Add	86184	Activa Leg Ulcer Hosiery Kit 287-0038, 287-0046, 287-0053, 287-0061 (British Standard) 1 (A) *Code the number of kits dispensed*	Aquilant Medical Ltd.	31.00
Add	86108	BSN Medical JOBST Bellavar RAL Class 2 Tights RTW Petite Open Toe 77577-00020/21/22/23-00 (European Standard) Pair 1 (A)	Healthcare 21	63.43
Add	86109	BSN Medical JOBST Bellavar RAL Class 2 Tights RTW Regular Open Toe 77576-00008/09/10/11/12/13-00 (European Standard) Pair 1 (A)	Healthcare 21	63.43
Add	86110	BSN Medical JOBST Bellavar RAL Class 3 Tights RTW Petite Open Toe 77588-00000/1/2/3/4/5-00 (European Standard) Pair 1 (A)	Healthcare 21	68.57
Add	86111	BSN Medical JOBST Bellavar RAL Class 3 Tights RTW Regular Open Toe 77587-00000/1/2/3/4/5-00 (European Standard) Pair 1 (A)	Healthcare 21	68.57
Add	86091	BSN Medical JOBST Opaque RAL Class 1 Tights RTW Petite Closed Toe 70622-00036/37/38/39/40/41/48/49/50/51/52/53-00 (European Standard) Pair 1 (A)	Healthcare 21	63.43
Add	86092	BSN Medical JOBST Opaque RAL Class 1 Tights RTW Petite Maxi Closed Toe 70622-00162/63/64/65/66/67/68/69/70/71/72/73-00 (European Standard) Pair 1 (A)	Healthcare 21	63.43
Add	86093	BSN Medical JOBST Opaque RAL Class 1 Tights RTW Petite Maxi Open Toe 70622-00132/33/34/35/36/37/38/39/40/41/42/43-00 (European Standard) Pair 1 (A)	Healthcare 21	63.43
Add	86094	BSN Medical JOBST Opaque RAL Class 1 Tights RTW Petite Open Toe 70622-00078/79/80/81/82/83/84/85/86/87/88/89-00 (European Standard) Pair 1 (A)	Healthcare 21	63.43

Instruction	Code	Description Code the number pairs, packs, kits dispensed	Supplier	Price €
Add	86095	BSN Medical JOBST Opaque RAL Class 1 Tights RTW Regular Closed Toe 70621-00036/37/38/39/40/41/48/49/50/51/52/53-00 (European Standard) Pair 1 (A)	Healthcare 21	63.43
Add	86097	BSN Medical JOBST Opaque RAL Class 1 Tights RTW Regular Maxi Closed Toe 70621-00162/63/64/65/66/67/68/69/70/71/72/73-00 (European Standard) Pair 1 (A)	Healthcare 21	63.43
Add	86098	BSN Medical JOBST Opaque RAL Class 1 Tights RTW Regular Maxi Open Toe 70621-00132/33/34/35/36/37/38/39/40/41/42/43-00 (European Standard) Pair 1 (A)	Healthcare 21	63.43
Add	86099	BSN Medical JOBST Opaque RAL Class 1 Tights RTW Regular Open Toe 70621-00078/79/80/81/82/83/84/85/86/87/88/89-00 (European Standard) Pair 1 (A)	Healthcare 21	63.43
Add	86100	BSN Medical JOBST Opaque RAL Class 2 Tights RTW Petite Closed Toe 70632-00054/55/56/57/58/59/72/73/74/75/76/77-00 (European Standard) Pair 1 (A)	Healthcare 21	63.43
Add	86101	BSN Medical JOBST Opaque RAL Class 2 Tights RTW Petite Maxi Closed Toe 70632-00180/81/82/83/84/85/86/87/88/89/90/91-00 (European Standard) Pair 1 (A)	Healthcare 21	63.43
Add	86102	BSN Medical JOBST Opaque RAL Class 2 Tights RTW Petite Maxi Open Toe 70632-00150/51/52/53/54/55/56/57/58/59/60/61-00 (European Standard) Pair 1 (A)	Healthcare 21	63.43
Add	86103	BSN Medical JOBST Opaque RAL Class 2 Tights RTW Petite Open Toe 70632-00048/49/50/51/52/53/108/109/110/111/112/113-00 (European Standard) Pair 1 (A)	Healthcare 21	63.43
Add	86104	BSN Medical JOBST Opaque RAL Class 2 Tights RTW Regular Closed Toe 70631-00054/55/56/57/58/59/72/73/74/75/76/77-00 (European Standard) Pair 1 (A)	Healthcare 21	63.43
Add	86105	BSN Medical JOBST Opaque RAL Class 2 Tights RTW Regular Maxi Closed Toe 70631-00138/39/40/41/42/43/44/45/46/47/48/49-00 (European Standard) Pair 1 (A)	Healthcare 21	63.43
Add	86106	BSN Medical JOBST Opaque RAL Class 2 Tights RTW Regular Maxi Open Toe 70631-00174/75/76/77/78/79/80/81/82/83/84/85-00 (European Standard) Pair 1 (A)	Healthcare 21	63.43
Add	86107	BSN Medical JOBST Opaque RAL Class 2 Tights RTW Regular Open Toe 70631-00048/49/50/51/52/53/108/109/110/111/112/113-00 (European Standard) Pair 1 (A)	Healthcare 21	63.43
Add	86084	BSN Medical JOBST Ulcercare Replacement Liners 7363221/22/23/24/25/26/27 (European Standard) 1 (A) *Code the number of packs dispensed*	Healthcare 21	25.79
Add	86089	BSN Medical JOBST Ultrasheer RAL Class 1 Tights RTW Petite Closed Toe 73582-00036/37/38/39/40/41/48/49/50/51/52/53-00 (European Standard) Pair 1 (A)	Healthcare 21	62.62
Add	86090	BSN Medical JOBST Ultrasheer RAL Class 1 Tights RTW Regular Closed Toe 73581-00036/37/38/39/40/41/48/49/50/51/52/53-00 (European Standard) Pair 1 (A)	Healthcare 21	62.62
Add	86086	BSN Medical JOBST Ultrasheer RAL Class 2 Tights RTW Petite Open Toe 73590-00048/49/50/51/52/53/96/97/98/99/100/101-00 (European Standard) Pair 1 (A)	Healthcare 21	62.62
Add	86087	BSN Medical JOBST Ultrasheer RAL Class 2 Tights RTW Regular Closed Toe 73589-00054/55/56/57/58/59/72/73/74/75/76/77-00 (European Standard) Pair 1 (A)	Healthcare 21	62.62
Add	86205	BSN Medical JOBST Ultrasheer RAL Class 2 Tights RTW Regular Open Toe 73589-00048/49/50/51/52/53/96/97/98/99/100/101-00 (European Standard) Pair 1 (A)	Healthcare 21	62.62
Add	86085	BSN Medical JOBST Ultrasheer RAL Class 2 Tights RTW Petite Closed Toe 73590-00054/55/56/57/58/59/72/73/74/75/76/77-00 (European Standard) Pair 1 (A)	Healthcare 21	62.62

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st January 2018

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST JANUARY 2018

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Brilique Orodispersible Tabs. 90 mg. 56 (A) *(Non-Proprietary Name Index: Ticagrelor)*	S1B	65.02	17964
Diclac Relief Gel 1% 100 G. (B) *(Non-Proprietary Name Index: Diclofenac)*		2.35	34890
Relpax (Lexon UK Ltd.) Film Coated Tabs. 40 mg. 6 (A) *(Non-Proprietary Name Index: Eletriptan)*	S1B	21.59	54287
Stalevo (Originalis B.V.) Film Coated Tabs. 50/12.5/200 mg. 100 (A)	S1B	75.54	70415
Stalevo (Originalis B.V.) Film Coated Tabs. 75/18.75/200 mg. 100 (A)	S1B	75.54	71596
Stalevo (Originalis B.V.) Film Coated Tabs. 100/25/200 mg. 100 (A)	S1B	75.54	72581
Stalevo (Originalis B.V.) Film Coated Tabs. 125/31.25/200 mg. 100 (A)	S1B	75.54	73147
Stalevo (Originalis B.V.) Film Coated Tabs. 150/37.5/200 mg. 100 (A) *(Non-Proprietary Name Index: Levodopa Decarboxylase and COMT Inhibitor)*	S1B	75.54	74802
Vedixal XL Prolonged Release Hard Caps. 75 mg. 28 (A) *(Non-Proprietary Name Index: Venlafaxine)*	S1A	3.36	74819

CHANGES

Changes Underlined

Change	Sertraline (Actavis) Film Coated Tabs. 50 mg. 28 (A)	60211
To Read	Sertraline (Accord Healthcare) Film Coated Tabs. 50 mg. 28 (A)	60211
Change	Sertraline (Actavis) Film Coated Tabs. 100 mg. 28 (A)	60256
To Read	Sertraline (Accord Healthcare) Film Coated Tabs. 100 mg. 28 (A)	60256

DELETIONS

Adalat LA (McDowell Pharmaceuticals) Tabs. 30 mg. 28 (A)	56040
Adalat LA (McDowell Pharmaceuticals) Tabs. 60 mg. 28 (A)	56041
Bricanyl (McDowell Pharmaceuticals) Turbohaler 500 mcg. 100 Dose Inhaler 1 (A)	65026
Cardura XL (McDowell Pharmaceuticals) Tabs. 8 mg. 28 (A)	16126
Creon 10,000 (McDowell Pharmaceuticals) Caps. 100 (A)	19191
Creon 25,000 (McDowell Pharmaceuticals) Caps. 100 (A)	19190
Dancex SR Prolonged Release Tabs. 40 mg. 56 (A)	28153
Dancex SR Prolonged Release Tabs. 80 mg. 56 (A)	28154
Detrusitol SR (McDowell Pharmaceuticals) Caps. 4 mg. 28 (A)	53663
Ikorel (McDowell Pharmaceuticals) Tabs. 10 mg. 60 (A)	28730
Ikorel (McDowell Pharmaceuticals) Tabs. 20 mg. 60 (A)	28731
Imuran (McDowell Pharmaceuticals) Film Coated Tabs. 50 mg. 100 (A)	84619
Istin (McDowell Pharmaceuticals) Tabs. 5 mg. 28 (A)	13260
Istin (McDowell Pharmaceuticals) Tabs. 10 mg. 28 (A)	13262
Lamictal (McDowell Pharmaceuticals) Tabs. 50 mg. 56 (A)	13264
Lamictal (McDowell Pharmaceuticals) Tabs. 100 mg. 56 (A)	13266
Lexapro (McDowell Pharmaceuticals) Tabs. 10 mg. 28 (A)	45945
Lexapro (McDowell Pharmaceuticals) Tabs. 20 mg. 28 (A)	45947
Livial (McDowell Pharmaceuticals) Tabs. 2.5 mg. 28 (A)	31965
Omnexel (McDowell Pharmaceuticals) Prolonged Release Tabs. 400 mcg. 30 (A)	37685
Sanomigran Tabs. 1.5 mg. 28 (A)	45047
Seretide (McDowell Pharmaceuticals) Diskus 50 mcg./500 mcg. 60 Blisters Complete Pack 1 (A)	72854
Sprivia Combopack (McDowell Pharmaceuticals) 18 mcg. i.e. 1 Handihaler/30 Caps. Pack 1 (A)	58427
Symbicort Turbohaler (McDowell Pharmaceuticals) 100 mcg./6 mcg. 120 Dose Inhaler 1 (A)	47905
Telfast (McDowell Pharmaceutical) Tabs. 180 mg. 30 (A)	13421
Tevax Tabs. 10 mg. 30 (A)	49548
Ventolin Evohaler (McDowell Pharmaceuticals) 100 mcg. 200 Dose Aerosol 1 (A)	74522
Vexol Ophthalmic Susp. 1% 5 ml. (B)	64068
Xatral (McDowell Pharmaceuticals) Prolonged Release Tabs. 10 mg. 30 (A)	53506
Xeplion (P.C.O. Mfg.) Susp. for Inj. in Pre-filled Syringe 100 mg. Pack 1 (A)	34220
Xyzal (McDowell Pharmaceuticals) Tabs. 5 mg. 30 (A)	74753
Zanidip (McDowell Pharmaceuticals) Film Coated Tabs. 10 mg. 28 (A)	63848
Zantac (McDowell Pharmaceuticals) Tabs. 150 mg. 60 (A)	55722
Zesger Tabs. 20 mg. 28 (A)	58249
Zoton (McDowell Pharmaceuticals) FasTab Orodispersible Tabs. 15 mg. 28 (A)	71075
Zoton (McDowell Pharmaceuticals) FasTab Orodispersible Tabs. 30 mg. 28 (A)	71076

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST JANUARY 2018

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Entecavir (Actavis) Film Coated 0.5 mg. 30 (A)	88877	Entecavir	180.37	Accord Healthcare Ltd.	Accord Healthcare Ltd.
Entacavir (Rowex) Film Coated Tabs. 0.5 mg. 30 (A)	88878	Entecavir	180.37	Rowex Ltd.	United Drug
Entacavir (Rowex) Film Coated Tabs. 1 mg. 30 (A)	88880	Entecavir	189.50	Rowex Ltd.	United Drug
Kyntheum Soln. for Inj. in Pre-filled Syringe 140 mg./ml. 1.5 ml. 2 (A) *Code the number of pre-filled syringes dispensed*	88881	Brodalumab	1242.00	LEO Pharma	United Drug
Tenofovir Disoproxil (Rowex) Film Coated Tabs. 245 mg. 30 (A)	88883	Tenofovir Disoproxil	147.90	Rowex Ltd.	United Drug

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Actonel Tabs. 30 mg. 28 (A)	88216	Risedronic acid	Actavis Ireland Ltd.
Casomide (Bicalutamide) Tabs. 50 mg. 28 (A)	88334	Bicalutamide	Clonmel Healthcare Ltd.
Copegus Tabs. 400 mg. 56 (A)	88554	Ribavirin	Roche Products Ireland Ltd.
Taltz Soln. for Inj. in Pre-filled Pen 80 mg./ml. 1 ml. 2 (A)	88668	Ixekizumab	Eli Lilly & Co. Ltd.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st December 2017

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST DECEMBER 2017
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
DuoResp Spiromax (Lexon UK) Inhalation Powder 160 mcg./4.5 mcg. 120 Dose Pack 1 (A)	S1B	36.45	53408
DuoResp Spiromax (Lexon UK) Inhalation Powder 320 mcg./9 mcg. 60 Dose Pack 1 (A)	S1B	35.74	53409
Code the number of packs dispensed			
(Non-Proprietary Name Index: Formoterol and Budesonide)			
Entresto Film Coated Tabs. 24 mg./26 mg. 28 (A)	S1B	69.50	32412
Entresto Film Coated Tabs. 49 mg./51 mg. 28 (A)	S1B	69.50	32413
Entresto Film Coated Tabs. 49 mg./51 mg. 56 (A)	S1B	139.01	32414
Entresto Film Coated Tabs. 97 mg./103 mg. 56 (A)	S1B	139.01	32415
(Non-Proprietary Name Index: Valsartan and Sacubitril)			
(Circ. 052/17 and 053/17 refers: patient specific basis for treatment of symptomatic chronic heart failure with reduced ejection fraction)			
Epiduo Gel 0.1%/2.5% 45 G. (B)	S1A	23.44	21002
(Non-Proprietary Name Index: Adapalene, combinations)			
Memantine Hydrochloride (Niche Generics) Film Coated Tabs. 10 mg. 28 (A)	S1A	6.72	38103
Memantine Hydrochloride (Niche Generics) Film Coated Tabs. 10 mg. 56 (A)	S1A	13.44	38104
(Non-Proprietary Name Index: Memantine)			
Omeprazole Rowa Gastro-Resistant Hard Caps. 10 mg. 28 (A)	S1B	3.36	36508
Omeprazole Rowa Gastro-Resistant Hard Caps. 40 mg. 14 (A)	S1B	2.80	36509
(Non-Proprietary Name Index: Omeprazole)			
Ranitidine (Accord Healthcare Ltd.) Film Coated Tabs. 150 mg. 60 (A)	S1B	4.80	43102
(Non-Proprietary Name Index: Ranitidine)			
Tadalafil (KRKA Pharma) Film Coated Tabs. 10 mg. 4 (A)	S1A	1.41	17591
Tadalafil (KRKA Pharma) Film Coated Tabs. 20 mg. 4 (A)	S1A	1.51	17592
(Non-Proprietary Name Index: Tadalafil)			
(Circ. 009/17 refers)			
Twynsta (Lexon UK) Tabs. 80 mg./10 mg. 28 (A)	S1B	18.49	42434
(Non-Proprietary Name Index: Telmisartan and Amlodipine)			
Vesomni (Lexon UK) Modified Release Tabs. 6 mg./0.4 mg. 30 (A)	S1B	38.24	34594
(Non-Proprietary Name Index: Tamsulosin and Solifenacin)			
Xyzal (LTT Pharma Ltd.) Oral Soln. 0.5 mg./ml. 200 ml. (B)	S1B	5.64	74785
(Non-Proprietary Name Index: Levocetirizine)			

DELETIONS

Cefodox Tabs. 100 mg. 10 (A)	16756
Lasix Tabs. 20 mg. 60 (A)	64467
Latanoprost TEVA Eye Drops Soln. 50 mcg./ml. 2.5 ml. 1 (A)	53440
Myzaar Film Coated Tabs. 50 mg. 28 (A)	32630
Seretide (P.C.O. Mfg.) Evohaler 125 mcg. 120 Dose Aerosol 1 (A)	13198
Ucerax Syr. 10 mg./5 ml. 200 ml. (B)	65480

ADDITIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN EFFECTIVE 1ST DECEMBER 2017

ADDITIONS

Add	Tricare Pen Needle 4 mm AN8004 100 (A)	6.23	85354
Add	Tricare Pen Needle 5 mm AN8005 100 (A)	6.23	85355
Add	Tricare Pen Needle 6 mm AN8006 100 (A)	6.23	85357
Add	Tricare Pen Needle 8 mm AN8008 100 (A)	6.23	85358
Add	Unifine Pentips Pen Needle 4 mm AN3540 100 (A)	6.23	85361
Add	Unifine Pentips Pen Needle 5 mm AN3550 100 (A)	6.23	85363
Add	Unilet Eco Lancet AT0935 100 (A)	3.00	86317

CHANGES TO THE LIST OF G.M.S. REIMBURSABLE ITEMS

CHANGES UNDERLINED

Change	Citalopram (Actavis) Tabs. 10 mg. 28 (A)	1.96	18322
To Read	Citalopram (Accord Healthcare Ltd.) Tabs. 10 mg. 28 (A)	1.96	18322
Change	Citalopram (Actavis) Tabs. 20 mg. 28 (A)	2.80	18323
To Read	Citalopram (Accord Healthcare Ltd.) Tabs. 20 mg. 28 (A)	2.80	18323
Change	Mirtazapine (Actavis) Film Coated Tabs. 15 mg. 30 (A)	3.60	23940
To Read	Mirtazapine (Accord Healthcare Ltd.) Film Coated Tabs. 15 mg. 30 (A)	3.60	23940
Change	Mirtazapine (Actavis) Film Coated Tabs. 30 mg. 30	4.80	24182
To Read	Mirtazapine (Accord Healthcare Ltd.) Film Coated Tabs. 30 mg. 30 (A)	4.80	24182
Change	Mirtazapine (Actavis) Film Coated Tabs. 45 mg. 30	7.80	24496
To Read	Mirtazapine (Accord Healthcare Ltd.) Film Coated Tabs. 45 mg. 30 (A)	7.80	24496

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST DECEMBER 2017

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Entecavir Mylan (Gerard Labs.) Film Coated Tabs. 0.5 mg. 30 (A)	88189	Entecavir	180.37	Gerard Laboratories	United Drug
Olumiant Film Coated Tabs. 2 mg. 28 (A)	88875	Baricitinib	1,082.59	Eli Lilly	United Drug
Olumiant Film Coated Tabs. 4 mg. 28 (A)	88876	Baricitinib	1,082.59	Eli Lilly	United Drug
Talmanco Generics Film Coated Tabs. 20 mg. 56 (A) *	88495	Tadalafil	223.78	Gerard Laboratories	United Drug

**** Note: PAH Protocol and Circular 026/06 refers***

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st November 2017

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST NOVEMBER 2017
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Brintellix Film Coated Tabs. 5 mg. 28 (A)	S1A	17.29	30110
Brintellix Film Coated Tabs. 10 mg. 28 (A)	S1A	29.14	30123
Brintellix Film Coated Tabs. 15 mg. 28 (A)	S1A	46.07	30258
Brintellix Film Coated Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Vortioxetine)*	S1A	49.13	30307
Burinex Tabs. 1 mg. 30 (A) *(Non-Proprietary Name Index: Bumetanide)*	S1B	2.28	31596
Carmellose Sodium (Alissa) Eye Drop Soln. 0.5% 0.4 ml. Unit Dose 30 (A) *Code the number of vials dispensed* *(Non-Proprietary Name Index: Carmellose Sodium)*		3.50	31632
Levonorgestrel (Rowex) Tabs. 1.5 mg. 1 (A) *(Non-Proprietary Name Index: Levonorgestrel)* *(Note: Circular 028/17 refers)*		6.81	31684
Notiabolfen XL (Accord Healthcare Ltd.) Prolonged Release Tabs. 150 mg. 60 (A) *(Non-Proprietary Name Index: Quetiapine)*	S1A	24.60	31787
Vitafen Film Coated Tabs. 100 mg. 60 (A) *(Non-Proprietary Name Index: Aceclofenac)*	S1B	6.96	35974

CHANGE TO THE LIST OF DELETIONS ON
GMS SCHEME EFFECTIVE 1ST SEPTEMBER 2017
ADD

Notiabolfen XL (Accord Healthcare Ltd.) Prolonged Release Tabs. 50 mg. 60 (A)	32604

DELETIONS

Nivadil Caps. 16 mg. 28 (A)	42496
Phenergan Inj. 25 mg./ml. 1 ml. 10 (A)	40576
Premique 5 Tabs. 28 (A)	42057
Prempak-C 0.625 mg. Tabs. Treatment Pack 1 (A)	42048
Renvela (P.C.O. Mfg.) Film Coated Tabs. 800 mg. 180 (A)	51698
Seebri Breezhaler (P.C.O. Mfg.) Inhalation Pdr. 44 mcg. Hard Caps. 30 Complete Pack 1 (A)	54385
Seretide (P.C.O. Mfg.) Evohaler 250 mcg. 120 Dose Aerosol 1 (A)	13199
Sotager Tabs. 160 mg. 28 (A)	62458

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST NOVEMBER 2017

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Alecensa Hard Caps. 150 mg. 224 (A)	88867	Alectinib	6144.43	Roche Product (Ire.) Ltd.	Allphar
Erivedge Hard Caps. 150 mg. 28 (A)	88868	Vismodegib	4710.96	Roche Product (Ire.) Ltd.	Allphar
Esbriet Film Coated Tabs. 267 mg. Initiation Pack 1 (A) *Code the number of packs dispensed*	88869	Pirfenidone	632.88	Roche Product (Ire.) Ltd.	Allphar
Galafold Hard Caps. 123 mg. 14 (A)	88870	Migalastat	18532.39	Amicus Therapeutics UK Ltd.	United Drug
Lynparza Caps. 50 mg. 448 (A)	88871	Olaparib	5432.40	Astra Zeneca	United Drug
Otezla Film Coated Tabs. 30 mg. 56 (A)	88872	Apremilast	799.65	Celgene Ltd.	United Drug
Otezla 14 Day Initiation (10 mg. X 4; 20 mg. x 4 and 30 mg. x 19) Film Coated Tabs. Pack 1 (A) *Code the number of packs dispensed*	88873	Apremilast	381.69	Celgene Ltd.	United Drug
Xeljanz Film Coated Tabs. 5 mg. 56 (A)	88874	Tofacitinib	840.00	Pfizer Healthcare Ltd.	Pfizer DTP

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Synagis IM Inj. 50 mg. 1 (A)	88227	Palivizumab	Abbvie Ltd.
Synagis IM Inj. 100 mg. 1 (A)	88228	Palivizumab	Abbvie Ltd.
ViraferonPeg Pdr. & Solv. for Inj. in Pre-filled Pen 80 mcg./0.5 ml. 1 (A)	88481	Peginterferon Alfa-2b	Merck Sharp & Dohme Ireland

Code the number of individual items supplied e.g. Bandages, Dressings, Plasters, Rolls, Sachets, Sheets, Tapes, etc.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ADDITIONS TO THE LIST OF NON DRUG ITEMS REIMBURSABLE

UNDER THE GMS SCHEME EFFECTIVE 1ST NOVEMBER 2017

Dressings listed are for use in doctors' surgeries and requirements should only be ordered and supplied on the appropriate order form (pink).

Code the number of individual items supplied e.g. Bandages, Dressings, Plasters, Rolls, Sachets, Sheets, Tapes, etc.

Instruction	Code	Description	Supplier	Price €
Add	86187	3M Tegaderm Absorbent Clear Acrylic Dressing 7.6 cm x 9.5 cm 90800 1 (A)	3M Ireland	0.87
Add	86188	3M Tegaderm Absorbent Clear Acrylic Dressing 11.1 cm x 12.7 cm 90801 1 (A)	3M Ireland	1.12
Add	86189	3M Tegaderm Absorbent Clear Acrylic Dressing 14.2 cm x 15.8 cm 90803 1 (A)	3M Ireland	1.58
Add	86225	Actico Compression Bandage 4 cm x 6 m 314-0860 1 (A)	Aquilant Medical Ltd	3.21
Add	86226	Actico Compression Bandage 6 cm x 6 m 314-0878 1 (A)	Aquilant Medical Ltd	3.75
Add	86227	Actico Compression Bandage 8 cm x 6 m 314-0886 1 (A)	Aquilant Medical Ltd	4.17
Add	86228	Actico Compression Bandage 10 cm x 6 m 271-5431 1 (A)	Aquilant Medical Ltd	4.30
Add	86004	Acticoat 7 Antimicrobial Dressing 5 cm x 5 cm 66000809 1 (A)	Smith & Nephew	7.66
Add	86006	Acticoat 7 Antimicrobial Dressing 10 cm x 12.5 cm 66000796 1 (A)	Smith & Nephew	22.82
Add	86005	Acticoat Flex 7 Antimicrobial Conformable Dressing 5 cm x 5 cm 66800395 1 (A)	Smith & Nephew	7.99
Add	86252	Acticoat Flex 7 Antimicrobial Conformable Dressing 10 cm x 12.5 cm 66800397 1 (A)	Smith & Nephew	22.82
Add	86180	Actilite Manuka Honey Non-Adhesive Net Dressing 5 cm x 5 cm CR4281 1 (A)	Biofact Pharma Ltd	1.30
Add	86181	Actilite Manuka Honey Non-Adhesive Net Dressing 10 cm x 10 cm CR3849 1 (A)	Biofact Pharma Ltd	1.70
Add	86178	Actilite Manuka Honey Non-Adhesive Net Dressing 10 cm x 20 cm CR3852 1 (A)	Biofact Pharma Ltd	2.60
Add	86012	Actisorb Activated Charcoal Dressing with Silver 9.5 cm x 6.5 cm MAS065 1 (A)	KCI Medical Ltd	2.24
Add	86070	Actisorb Activated Charcoal Dressing with Silver 10.5 cm x 10.5 cm MAS105 1 (A)	KCI Medical Ltd	3.85
Add	86013	Actisorb Activated Charcoal Dressing with Silver 19 cm x 10.5 cm MAS190 1 (A)	KCI Medical Ltd	6.43
Add	86182	ActiWrap Cohesive Bandage Latex Free 6 cm x 4 m 290-3458 1 (A)	Aquilant Medical Ltd	0.63
Add	86183	ActiWrap Cohesive Bandage Latex Free 8 cm x 4 m 290-3441 1 (A)	Aquilant Medical Ltd	0.93
Add	86186	ActiWrap Cohesive Bandage Latex Free 10 cm x 4 m 290-3433 1 (A)	Aquilant Medical Ltd	1.10
Add	86067	Adaptic Digit (Toe) Non-Adhering Dressing 2.8 cm MAD062 1 (A)	KCI Medical Ltd	2.75
Add	86021	Adaptic Digit Non-Adhering Dressing 2 cm MAD003 1 (A)	KCI Medical Ltd	2.75
Add	86253	Adaptic Digit Non-Adhering Dressing 2.4 cm MAD013 1 (A)	KCI Medical Ltd	2.75
Add	86254	Adaptic Digit Non-Adhering Dressing 2.8 cm MAD023 1 (A)	KCI Medical Ltd	2.75
Add	86255	Adaptic Digit Non-Adhering Dressing 3 cm MAD042 1 (A)	KCI Medical Ltd	2.75
Add	86018	Adaptic Dressing 7.6 cm x 40.6 cm 2014 1 (A)	KCI Medical Ltd	1.70
Add	86019	Adaptic Dressing 7.6 cm x 152.4 cm 2018 1 (A)	KCI Medical Ltd	12.00
Add	86020	Adaptic Dressing 12.7 cm x 22.9 cm 2019 1 (A)	KCI Medical Ltd	4.70

Code the number of individual items supplied e.g. Bandages, Dressings, Plasters, Rolls, Sachets, Sheets, Tapes, etc.

Instruction	Code	Description	Supplier	Price €
Add	86007	Allevyn Gentle Border Foam Dressing 15 cm x 15 cm 66800272 1 (A)	Smith & Nephew	3.45
Add	86161	Aquacel Adhesive Foam Dressing 12.5 cm x 12.5 cm 420619 1 (A)	ConvaTec Limited	2.68
Add	86158	Aquacel Ag Non-Adhesive Foam Dressing 10 cm x 10 cm 420642 1 (A)	ConvaTec Limited	8.01
Add	86159	Aquacel Ag Non-Adhesive Foam Dressing 15 cm x 15 cm 420645 1 (A)	ConvaTec Limited	15.20
Add	86160	Aquacel Ag Surgical Cover Dressing 9 cm x 25 cm 412011 1 (A)	ConvaTec Limited	21.77
Add	86164	Aquacel Extra Hydrofibre Dressing 5 cm x 5 cm Squared 420671 1 (A)	ConvaTec Limited	1.17
Add	86163	Aquacel Extra Hydrofibre Dressing 10 cm x 10 cm Squared 420672 1 (A)	ConvaTec Limited	2.65
Add	86165	Aquacel Extra Hydrofibre Dressing 15 cm x 15 cm Squared 420673 1 (A)	ConvaTec Limited	5.07
Add	86167	Aquacel Ribbon Hydrofiber Dressing 1 cm x 45 cm 420127 1 (A)	ConvaTec Limited	2.23
Add	86166	Aquacel Ribbon Hydrofiber Dressing 2 cm x 45 cm S7503 1 (A)	ConvaTec Limited	2.69
Add	86047	Atrauman AG Non-Adherent Primary Contact Wound Dressing with Silver 10 cm x 10 cm 499573 1 (A)	Hartmann	1.30
Add	86260	Atrauman Non-Adherent Primary Contact Wound Dressing 20 cm x 30 cm 499515 1 (A)	Hartmann	2.35
Add	86170	Biatain Alginate Dressing Filler 3 cm x 44 cm 33740 1 (A)	Coloplast	3.07
Add	86168	Biatain Alginate Dressing 10 cm x 10 cm 33710 1 (A)	Coloplast	1.10
Add	86135	Clinigrip Tubular Bandage Size A – 4.5 cm x 0.5 m BA0873/B 1 (A)	Fannin Healthcare	0.83
Add	86257	Clinigrip Tubular Bandage Size B – 6.25 cm x 0.5 m BA0877/B 1 (A)	Fannin Healthcare	0.83
Add	86136	Clinigrip Tubular Bandage Size C - 6.75 cm x 0.5 m BA0881/B 1 (A)	Fannin Healthcare	0.89
Add	86137	Clinigrip Tubular Bandage Size D – 7.5 cm x 0.5 m BA0885/B 1 (A)	Fannin Healthcare	0.90
Add	86138	Clinigrip Tubular Bandage Size E – 8.75 cm x 0.5 m BA0889/B 1 (A)	Fannin Healthcare	1.01
Add	86139	Clinigrip Tubular Bandage Size F – 10 cm x 0.5 m BA0893/B 1 (A)	Fannin Healthcare	1.01
Add	86140	Clinigrip Tubular Bandage Size G – 12 cm x 0.5 m BA0897/B 1 (A)	Fannin Healthcare	1.05
Add	86141	Clinigrip Tubular Bandage Size J – 17.5 cm x 0.5 m BA0901/B 1 (A)	Fannin Healthcare	1.26
Add	86259	Clinigrip Tubular Bandage Size A – 4.5 cm x 1 m BA0841/B 1 (A)	Fannin Healthcare	1.50
Add	86143	Clinigrip Tubular Bandage Size B – 6.25 cm x 1 m BA0845/B 1 (A)	Fannin Healthcare	1.50
Add	86144	Clinigrip Tubular Bandage Size C – 6.75 cm x 1 m BA0849/B 1 (A)	Fannin Healthcare	1.60
Add	86145	Clinigrip Tubular Bandage Size D – 7.5 cm x 1 m BA0853/B 1 (A)	Fannin Healthcare	1.63
Add	86146	Clinigrip Tubular Bandage Size E – 8.75 cm x 1 m BA0857/B 1 (A)	Fannin Healthcare	1.71
Add	86147	Clinigrip Tubular Bandage Size F – 10 cm x 1 m BA0861/B 1 (A)	Fannin Healthcare	1.72

Code the number of individual items supplied e.g. Bandages, Dressings, Plasters, Rolls, Sachets, Sheets, Tapes, etc.

Instruction	Code	Description	Supplier	Price €
Add	86148	Clinigrip Tubular Bandage Size G – 12 cm x 1 m BA0865/B 1 (A)	Fannin Healthcare	2.01
Add	86149	Clinigrip Tubular Bandage Size J – 17.5 cm x 1 m BA0869/B 1 (A)	Fannin Healthcare	2.17
Add	86171	Comfeel Plus Hydrocolloid Contour Dressing 6 cm x 8 cm 33280 1 (A)	Coloplast	1.32
Add	86172	Comfeel Plus Hydrocolloid Dressing 10 cm x 10 cm 33110 1 (A)	Coloplast	1.32
Add	86173	Comfeel Plus Hydrocolloid Transparent Dressing 5 cm x 7 cm 33530 1 (A)	Coloplast	0.62
Add	86174	Comfeel Plus Hydrocolloid Transparent Dressing 9 cm x 25 cm 33537 1 (A)	Coloplast	2.38
Add	86175	Comfeel Plus Hydrocolloid Transparent Dressing 10 cm x 10 cm 33533 1 (A)	Coloplast	1.16
Add	86176	Comfeel Plus Hydrocolloid Transparent Dressing 15 cm x 15 cm 33539 1 (A)	Coloplast	2.42
Add	86122	Cutimed Siltec B Foam Dressing 15 cm x 15 cm 72631-02 1 (A)	Healthcare 21	3.45
Add	86123	Cutimed Siltec Foam Dressing 10 cm x 10 cm 72632-01 1 (A)	Healthcare 21	1.46
Add	86206	Cutimed Siltec Foam Dressing 10 cm x 20 cm 72632-02 1 (A)	Healthcare 21	2.74
Add	86127	Cutimed Siltec Foam Dressing 15 cm x 15 cm 72632-03 1 (A)	Healthcare 21	2.99
Add	86124	Cutimed Siltec Plus Foam Dressing 10 cm x 10 cm 72683-01 1 (A)	Healthcare 21	1.46
Add	86125	Cutimed Siltec Plus Foam Dressing 10 cm x 20 cm 72683-02 1 (A)	Healthcare 21	2.74
Add	86128	Cutimed Siltec Plus Foam Dressing 15 cm x 15 cm 72683-03 1 (A)	Healthcare 21	2.99
Add	86082	Cutimed Siltec Sorbact Dressing 7.5 cm x 7.5 cm 79929-00 1 (A)	Healthcare 21	3.41
Add	86083	Cutimed Siltec Sorbact Dressing 12.5 cm x 12.5 cm 79929-01 1 (A)	Healthcare 21	4.59
Add	86198	Cutimed Siltec Sorbact Dressing 15 cm x 15 cm 79929-02 1 (A)	Healthcare 21	6.35
Add	86112	Cutimed Siltec Sorbact Dressing 22.5 cm x 22.5 cm 79929-04 1 (A)	Healthcare 21	14.90
Add	86116	Cutimed Sorbact Dressing Pad 10 cm x 10 cm 72162-01 1 (A)	Healthcare 21	3.55
Add	86117	Cutimed Sorbact Dressing Pad 10 cm x 20 cm 72163-00 1 (A)	Healthcare 21	5.08
Add	86113	Cutimed Sorbact Gel Dressing 7.5 cm x 15 cm 72611-01 1 (A)	Healthcare 21	3.73
Add	86114	Cutimed Sorbact Ribbon Gauze 2 cm x 50 cm 72166-00 1 (A)	Healthcare 21	3.84
Add	86115	Cutimed Sorbact Ribbon Gauze 5 cm x 200 cm 72167-00 1 (A)	Healthcare 21	6.91
Add	86222	Debrisoft Debridement Pad 10 cm x 10 cm 358-1287 1 (A)	Aquilant Medical Ltd	8.74
Add	86162	DuoDERM Extra Thin Dressing 7.5 cm x 7.5 cm square S160 1 (A)	ConvaTec Limited	0.96
Add	86256	Easifix K Open Knit Retention Bandage 2.5 cm x 4 m 72617-00 1 (A)	Healthcare 21	0.13
Add	86251	Flexiban Padding Layer 10 cm x 3.5 m 271-5423 1 (A)	Aquilant Medical Ltd	0.60

Code the number of individual items supplied e.g. Bandages, Dressings, Plasters, Rolls, Sachets, Sheets, Tapes, etc.

Instruction	Code	Description	Supplier	Price €
Add	86208	Flivasorb Super Absorbent Dressing 10 cm x 10 cm 343-4370 1 (A)	Aquilant Medical Ltd	1.04
Add	86209	Flivasorb Super Absorbent Dressing 10 cm x 20 cm 343-4388 1 (A)	Aquilant Medical Ltd	1.24
Add	86210	Flivasorb Super Absorbent Dressing 20 cm x 20 cm 343-4396 1 (A)	Aquilant Medical Ltd	2.20
Add	86211	Flivasorb Super Absorbent Dressing 20 cm x 30 cm 345-0590 1 (A)	Aquilant Medical Ltd	2.78
Add	86052	Hospiform Elastic Conforming Bandage 6 cm x 4 m 303401 1 (A)	Hartmann	0.13
Add	86054	Hospiform Elastic Conforming Bandage 8 cm x 4 m 303402 1 (A)	Hartmann	0.17
Add	86055	Hospiform Elastic Conforming Bandage 10 cm x 4 m 303403 1 (A)	Hartmann	0.19
Add	86056	Hospiform Elastic Conforming Bandage 12 cm x 4 m 303404 1 (A)	Hartmann	0.23
Add	86048	Hydrocoll Thin Dressing 7.5 cm x 7.5 cm 900757 1 (A)	Hartmann	0.96
Add	86049	Hydrocoll Thin Dressing 10 cm x 10 cm 900758 1 (A)	Hartmann	1.16
Add	86050	Hydrocoll Thin Dressing 15 cm x 15 cm 900760 1 (A)	Hartmann	2.42
Add	86051	Hydrosorb Hydrogel Dressing Sheet 900854 1 (A)	Hartmann	2.78
Add	86023	Hypafix Tape 5 cm x 5 cm 71442-03 1 (A)	Healthcare 21	1.30
Add	86068	Inadine Dressing 5 cm x 5 cm PO1481 1 (A)	KCI/Acelity	0.49
Add	86069	Inadine Dressing 9.5 cm X 9.5 cm PO1512 1 (A)	KCI/Acelity	0.79
Add	86008	Intrasite Conformable Hydrogel Dressing 10 cm x 10 cm 66000324 1 (A)	Smith & Nephew	2.29
Add	86001	Iodoflex Cadexomer Dressing with Iodine Paste 5 G. (6 cm x 4 cm) 66001301 1 (A)	Smith & Nephew	4.40
Add	86201	Iodoflex Cadexomer Dressing with Iodine Paste 10 G. (8 cm x 6 cm) 66001302 1 (A)	Smith & Nephew	9.33
Add	86003	Iodoflex Cadexomer Dressing with Iodine Paste 17 G. (8 cm x 10 cm) 66001303 1 (A)	Smith & Nephew	16.50
Add	86000	Iodosorb Cadexomer Dressing with Iodine Oint. 10 G. 66001298 1 (A)	Smith & Nephew	6.08
Add	86119	Kendall AMD Antimicrobial Foam Dressing 55511AMDX 1 (A)	Healthcare 21	4.30
Add	86120	Kendall AMD Antimicrobial Foam Dressing 55512AMDX 1 (A)	Healthcare 21	4.30
Add	86078	Kendall Calcium Alginate Dressing 10 cm x 10 cm 9233 1 (A)	Healthcare 21	1.10
Add	86046	Kendall Calcium Alginate Dressing 2 G. 9231 1 (A)	Healthcare 21	3.07
Add	86121	Kendall Hydrophilic Foam Dressing 5 cm x 5 cm 55522 1 (A)	Healthcare 21	0.68
Add	86199	Kendall Hydrophilic Foam Dressing 10 cm x 10 cm 55544 1 (A)	Healthcare 21	0.93
Add	86200	Kendall Hydrophilic Foam Dressing 10 cm x 20 cm 55548 1 (A)	Healthcare 21	1.72
Add	86066	K-Lite Light Support Bandage 5 cm x 4.5 m 770545 1 (A)	Fannin Healthcare	0.55

Code the number of individual items supplied e.g. Bandages, Dressings, Plasters, Rolls, Sachets, Sheets, Tapes, etc.

Instruction	Code	Description	Supplier	Price €
Add	86130	K-Lite Light Support Bandage 7 cm x 4.5 m 770745 1 (A)	Fannin Healthcare	0.76
Add	86131	K-Lite Light Support Bandage 10 cm x 4.5 m 771045 1 (A)	Fannin Healthcare	1.37
Add	86132	K-Lite Light Support Bandage 15 cm x 4.5 m 771545 1 (A)	Fannin Healthcare	1.98
Add	86133	K-Lite Long Light Support Bandage 10 cm x 5.25 m 771052 1 (A)	Fannin Healthcare	1.56
Add	86197	Leukofix Transparent Adhesive Tape 1.25 cm x 5 m 02121-00 1 (A)	Healthcare 21	0.54
Add	86024	Leukofix Transparent Adhesive Tape 2.5 cm x 5 m 02122-00 1 (A)	Healthcare 21	0.91
Add	86025	Leukofix Transparent Adhesive Tape 5 cm x 5 m 02124-00 1 (A)	Healthcare 21	1.62
Add	86079	Leukomed Sorbact DACC Antimicrobial Dressing 8 cm x 10 cm BSN76199-08 1 (A)	Healthcare 21	1.93
Add	86080	Leukomed Sorbact DACC Antimicrobial Dressing 10 cm x 20 cm BSN76199-03 1 (A)	Healthcare 21	4.05
Add	86081	Leukomed Sorbact DACC Antimicrobial Dressing 10 cm X 30 cm BSN76199-05 1 (A)	Healthcare 21	10.92
Add	86033	Leukoplast Sleek Waterproof Tape Latex Free 7.5 cm x 5 m 72359-04 1 (A)	Healthcare 21	4.13
Add	86026	Leukoplast Sleek Waterproof Tape 2.5 cm x 3 m 72379-01 1 (A)	Healthcare 21	1.25
Add	86027	Leukoplast Sleek Waterproof Tape 7.5 cm x 5 m 72379-04 1 (A)	Healthcare 21	1.40
Add	86028	Leukoplast Sleek Waterproof Tape 10 cm x 5 m 72379-05 1 (A)	Healthcare 21	3.23
Add	86030	Leukoplast Sleek Waterproof Tape Latex Free 1.25 cm x 5 m 72359-01 1 (A)	Healthcare 21	4.55
Add	86031	Leukoplast Sleek Waterproof Tape Latex Free 2.5 cm x 5 m 72359-02 1 (A)	Healthcare 21	3.14
Add	86032	Leukoplast Sleek Waterproof Tape Latex Free 5 cm x 5 cm 72359-03 1 (A)	Healthcare 21	2.62
Add	86216	Medihoney Antibacterial Gel Sheet 5 cm x 5 cm 798 1 (A)	Derma Sciences Europe Ltd	2.39
Add	86220	Medihoney Antibacterial Gel Sheet 10 cm x 10 cm 799 1 (A)	Derma Sciences Europe Ltd	5.74
Add	86221	Medihoney Antibacterial HCS Hydrogel Sheet 4.5 cm x 16.5 cm (outer 7.5 cm x 20 cm) 787 1 (A)	Derma Sciences Europe Ltd	4.17
Add	86214	Medihoney Antibacterial HCS Hydrogel Sheet 6 cm x 6 cm 780 1 (A)	Derma Sciences Europe Ltd	3.06
Add	86218	Medihoney Antibacterial HCS Hydrogel Sheet 11 cm x 11 cm 781 1 (A)	Derma Sciences Europe Ltd	6.11
Add	86212	Medihoney Antibacterial Tulle 5 cm x 5 cm Trifold 797 1 (A)	Derma Sciences Europe Ltd	2.32
Add	86213	Medihoney Antibacterial Tulle 10 cm x 10 cm Trifold 796 1 (A)	Derma Sciences Europe Ltd	4.06
Add	86217	Medihoney Apinate Antibacterial Dressing 5 cm x 5 cm 794 1 (A)	Derma Sciences Europe Ltd	2.58
Add	86219	Medihoney Apinate Antibacterial Dressing 10 cm x 10 cm 795 1 (A)	Derma Sciences Europe Ltd	4.65
Add	86057	Medilite Non Allergic Paper Tape 1.25 cm x 9 m MD754-1 1 (A)	Fleming Medical Ltd	0.65
Add	86058	Medilite Non Allergic Paper Tape 2.5 cm x 9 m MD755-1 1 (A)	Fleming Medical Ltd	1.05

Code the number of individual items supplied e.g. Bandages, Dressings, Plasters, Rolls, Sachets, Sheets, Tapes, etc.

Instruction	Code	Description	Supplier	Price €
Add	86060	Mepilex Border Flex Foam Dressing 13 cm x 16 cm 283300 1 (A)	Fannin Healthcare	4.57
Add	86063	Mepilex Border Flex Foam Dressing 15 cm x 19 cm 283400 1 (A)	Fannin Healthcare	5.53
Add	86062	Mepilex Border Sacrum Dressing 15 cm x 15 cm 282500 1 (A)	Fannin Healthcare	4.57
Add	86064	Mepilex Border Sacrum Dressing 18 cm x 18 cm 282000 1 (A)	Fannin Healthcare	6.63
Add	86065	Mepilex Border Sacrum Dressing 23 cm x 23 cm 282400 1 (A)	Fannin Healthcare	10.82
Add	86059	Mepilex Heel Ag Foam Dressing 13 cm x 20 cm 388100 1 (A)	Fannin Healthcare	17.48
Add	86262	Non-Woven Regal Filmated Swab Sterile (Systagenix) 5 cm x 5 cm P55140 1 (A)	KCI/Acelity	0.05
Add	86261	Non-Woven Regal Filmated Swab Sterile (Systagenix) 7.5 cm x 7.5 cm P55141 1 (A)	KCI/Acelity	0.05
Add	86263	Non-Woven Regal Filmated Swab Sterile (Systagenix) 10 cm x 10 cm P55142 1 (A)	KCI/Acelity	0.07
Add	86014	Promogran Matrix Wound Dressing 28 cm Squared M772028 1 (A)	KCI Medical Ltd	7.10
Add	86015	Promogran Matrix Wound Dressing 123 cm Squared M772123 1 (A)	KCI Medical Ltd	21.36
Add	86016	Promogran Prisma Matrix Wound Dressing 28 cm Squared PS2028 1 (A)	KCI Medical Ltd	8.63
Add	86017	Promogran Prisma Matrix Wound Dressing 123 cm Squared PS2123 1 (A)	KCI Medical Ltd	24.59
Add	86204	Silk Tape (Steroplast Healthcare) 2.5 cm x 10 m SILK25 1 (A)	Lynch Medical	1.04
Add	86011	Silk Tape (Steroplast Healthcare) 5 cm x 10 m SILK5 1 (A)	Lynch Medical	2.03
Add	86229	Siltape Soft Silicone Adhesive Tape 2 cm x 2 m CR3938 1 (A)	Biofact Pharma Ltd	7.66
Add	86179	Siltape Soft Silicone Adhesive Tape 4 cm x 1.5 m CR3939 1 (A)	Biofact Pharma Ltd	7.66
Add	86041	Soffban Natural Viscose Padding 5 cm x 2.7 m 71472-00 1 (A)	Healthcare 21	0.25
Add	86042	Soffban Natural Viscose Padding 7.5 cm x 2.7 m 71473-00 1 (A)	Healthcare 21	0.38
Add	86043	Soffban Natural Viscose Padding 15 cm x 2.7 m 71470-00 1 (A)	Healthcare 21	0.79
Add	86044	Soffban Natural Viscose Padding 20 cm x 2.7 m 71471-00 1 (A)	Healthcare 21	0.96
Add	86036	Soffban Plus Synthetic Padding 5 cm x 2.7 m 71482-05 1 (A)	Healthcare 21	0.20
Add	86038	Soffban Plus Synthetic Padding 7.5 cm x 2.7 m 71482-04 1 (A)	Healthcare 21	0.30
Add	86035	Soffban Plus Synthetic Padding 10 cm x 2.7 m 71482-01 1 (A)	Healthcare 21	0.39
Add	86039	Soffban Plus Synthetic Padding 15 cm x 2.7 m 71482-02 1 (A)	Healthcare 21	0.59
Add	86040	Soffban Plus Synthetic Padding 20 cm x 2.7 m 71842-03 1 (A)	Healthcare 21	0.73
Add	86074	Telfa Non-Adherent Absorbent Dressing 5 cm x 7.5 cm 1055 1 (A)	Healthcare 21	0.08
Add	86075	Telfa Non-Adherent Absorbent Dressing 10 cm x 7.5 cm 1065 1 (A)	Healthcare 21	0.09

Code the number of individual items supplied e.g. Bandages, Dressings, Plasters, Rolls, Sachets, Sheets, Tapes, etc.

Instruction	Code	Description	Supplier	Price €
Add	86076	Telfa Non-Adherent Absorbent Dressing 15 cm x 7.5 cm 1075 1 (A)	Healthcare 21	0.10
Add	86077	Telfa Non-Adherent Absorbent Dressing 20 cm x 7.5 cm 1085 1 (A)	Healthcare 21	0.11
Add	86022	Tensogrip L Tubular Bandage 32.5 cm x 10 m 71522-00 1 (A)	Healthcare 21	34.20
Add	86151	Tubigrip Tubular Bandage Size M X-Lge 10 m 1444 1 (A)	Fannin Healthcare	82.84
Add	86154	Tubinette Plain Viscose Stockinette Bandage (Adult Limb Size 56) 2419 1 (A)	Fannin Healthcare	5.88
Add	86153	Tubinette Plain Viscose Stockinette Bandage (Bulky Finger Dressing Size 12) 2417 1 (A)	Fannin Healthcare	4.46
Add	86152	Tubinette Plain Viscose Stockinette Bandage (Fingers & Toes Size 01) 2416 1 (A)	Fannin Healthcare	3.72
Add	86155	Tubinette Plain Viscose Stockinette Bandage (Large Adult Limbs Size 78) 2420 1 (A)	Fannin Healthcare	10.95
Add	86157	Tubinette Plain Viscose Stockinette Bandage (Large Bodies Size T2) 2422 1 (A)	Fannin Healthcare	22.03
Add	86156	Tubinette Plain Viscose Stockinette Bandage (Small Bodies, Adult Heads Size T1) 2421 1 (A)	Fannin Healthcare	19.05
Add	86192	UrgoClean Hydrofibre Dressing Pad 6 cm x 6 cm 506444 1 (A)	Urgo Ltd	1.17
Add	86191	UrgoClean Pad 10 cm x 10 cm 506446 1 (A)	Urgo Ltd	2.65
Add	86194	UrgoClean Pad 15 cm x 20 cm 506447 1 (A)	Urgo Ltd	5.07
Add	86196	UrgoClean Rope 2.5 cm 550181 1 (A)	Urgo Ltd	2.69
Add	86195	UrgoClean Rope 5 cm 506443 1 (A)	Urgo Ltd	4.31
Add	86190	UrgoTul SSD Antibacterial Wound Dressing 10 cm x 12 cm 550919 1 (A)	Urgo Ltd	4.29
Add	86202	Zinc Oxide Tape (Steroplast Healthcare) 1.25 cm x 5 m QT125 1 (A)	Lynch Medical	0.36
Add	86203	Zinc Oxide Tape (Steroplast Healthcare) 5 cm x 5 m QT5 1 (A)	Lynch Medical	1.00
Add	86009	Zinc Oxide Tape (Steroplast Healthcare) 7.5 cm x 5 m QT75 1 (A)	Lynch Medical	2.85

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st October 2017

ADDITIONS/CHANGES/DELETIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST OCTOBER 2017.

	Drug Description including coding instruction	Reimbursement Price €	Drug Code
	Code the number of bottles, boxes, packs, pots, pouches, sachets, tins or tubs dispensed.		
	ADDITIONS		
Add	Ensure Plus Advance 220 ml. Pack 1	1.76	81482
Add	Fortini Compact Multi Fibre 125 ml. Pack 1	3.00	81483
Add	GA1 Anamix Junior 18 G. Sachet 30	140.42	81494
Add	HCU Anamix Junior 36 G. Sachet 30	280.49	81492
Add	IVA Anamix Junior 400 G. Pack 1	100.58	81498
Add	MMA/PA Anamix Junior 18 G. Sachet 30	140.42	81496
Add	Nutramigen 1 with LGG Powder 400 G. Pack 1	11.21	81486
Add	Nutramigen 2 with LGG Powder 400 G. Pack 1	11.21	81489
Add	Nutrini Peptisiorb Energy 500 ml. Pack 1	13.18	81490
Add	Osmolite HP 500 ml. Pack 1	5.00	81481
Add	Promin Low Protein Fresh Baked Sliced Bread 4 x 800 G. Pack 1	26.30	81504
Add	SMA PRO High Energy 200 ml. Pack 1	2.00	81480
Add	Taranis Dalia Milk Substitute 200 ml Pack 1	0.78	81484
Add	Thick & Easy Clear 126 G. Pack 1	10.75	81500

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st October 2017

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE 1ST OCTOBER 2017
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Altavita D3 Soft Gel Caps. 1000 IU 28 (A) *(Non-Proprietary Name Index: Colecalciferol)*	S1B	3.28	30106
Amoxicillin/Clavulanic Acid (KRKA Pharma) Film Coated Tabs. 500 mg./125 mg. 21 (A) *(Non-Proprietary Name Index: Amoxicillin and Enzyme Inhibitor)*	S1A	3.79	30108
Cadelius Orodispersible Tabs. 600 mg./1000 iu 60 (2 x 30) (A) *(Non-Proprietary Name Index: Calcium Carbonate and Cholecalciferol)*	S1B	10.97	38632
Citalopram (Accord Healthcare) Film Coated Tabs. 10 mg. 28 (A)	S1A	1.95	40741
Citalopram (Accord Healthcare) Film Coated Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Citalopram)*	S1A	2.80	40863
Fiasp FlexTouch Soln. for Inj. Prefilled Pen 100 IU/ml. 3 ml. 5 (A)	S1B	38.39	43698
Fiasp Penfill Soln. for Inj. Cartridge 100 IU/ml. 3 ml. 5 (A)	S1B	34.79	43741
Fiasp Soln. for Inj. 100 IU/ml. 10 ml. Vial 10 ml. 1 (A) *Code the number of pens/cartridges/injections dispensed* *(Non-Proprietary Name Index: Insulin Aspart)*	S1B	19.48	43810
Zineryt (LTT Pharma Ltd.) Powder & Solvent for Soln. 40 mg./12 mg./ml. 30 ml. (B) *(Non-Proprietary Name Index: Erythromycin)*	S1A	9.01	51236
Zonegran (Lexon UK) Hard Caps. 100 mg. 56 (A) *(Non-Proprietary Name Index: Zonisamide)*	S1B	68.28	57891

ADDITION TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST OCTOBER 2017.

Add	Accu-Chek Mobile Test Cassette 50 (A)	19.99	85543

CHANGE TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST OCTOBER 2017.

Change	Microdot Droplet Insulin Pen Needles 31 G., 4 mm. 100 (A)	85377
To Read	Microdot Droplet Insulin Pen Needles <u>32 G.,</u> 4 mm. 100 (A)	85377

CHANGE TO THE LIST OF OSTOMY URINARY PRODUCTS IN THE GMS SCHEME CHANGES UNDERLINED

Change	Fannin Prosys Sterile 500 ml Leg Bag with Short Tubing and Lever Tap P500S-LT 10 (A)	93323
To Read	<u>Clinisupplies Ltd.</u> Prosys Sterile 500 ml Leg Bag with Short Tubing and Lever Tap P500S-LT 10 (A)	93323
Change	Fannin Prosys Sterile 500 ml Leg Bag with Long Tubing and Lever Tap P500L-LT 10 (A)	93325
To Read	<u>Clinisupplies Ltd.</u> Prosys Sterile 500 ml Leg Bag with Long Tubing and Lever Tap P500L-LT 10 (A)	93325
Change	Fannin Prosys Sterile 2 Litre Night Bag with Slide Tap P2000 2 10 (A)	93861
To Read	<u>Clinisupplies Ltd.</u> Prosys Sterile 2 Litre Night Bag with Slide Tap P2000 2 10 (A)	93861
Change	Fannin Prosys Non-Sterile 2 Ltire Night Bag (Tear Strip) P2ND 10 (A)	93864
To Read	<u>Clinisupplies Ltd.</u> Prosys Non-Sterile 2 Ltire Night Bag (Tear Strip) P2ND 10 (A)	93864
Change	Fannin Prosys Sterile 350 ml Leg Bag with Short Tubing and Slide Tap P350S 10 (A)	93865
To Read	<u>Clinisupplies Ltd.</u> Prosys Sterile 350 ml Leg Bag with Short Tubing and Slide Tap P350S 10 (A)	93865
Change	Fannin Prosys Sterile 350 ml Leg Bag with Long Tubing and Slide Tap P350L 10 (A)	93867
To Read	<u>Clinisupplies Ltd.</u> Prosys Sterile 350 ml Leg Bag with Long Tubing and Slide Tap P350L 10 (A)	93867
Change	Fannin Prosys Sterile 500 ml. Leg Bag with Short Tubing and Slide Tap P500S 10 (A)	93868
To Read	<u>Clinisupplies Ltd.</u> Prosys Sterile 500 ml. Leg Bag with Short Tubing and Slide Tap P500S 10 (A)	93868
Change	Fannin Prosys Sterile 500 ml Leg Bag with Long Tubing and Slide Tap P500L 10 (A)	93869
To Read	<u>Clinisupplies Ltd.</u> Prosys Sterile 500 ml Leg Bag with Long Tubing and Slide Tap P500L 10 (A)	93869

Change	Fannin Prosys Sterile 750 ml Leg Bag with Short Tubing and Slide Tap P750S 10 (A)	93870
To Read	Clinisupplies Ltd. Prosys Sterile 750 ml Leg Bag with Short Tubing and Slide Tap P750S 10 (A)	93870
Change	Fannin Prosys Sterile 750 ml Leg Bag with Long Tubing and Slide Tap P750L 10 (A)	93872
To Read	Clinisupplies Ltd. Prosys Sterile 750 ml Leg Bag with Long Tubing and Slide Tap P750L 10 (A)	93872
Change	Renew Insert Irrigation Plug Appliance Regular & Large 706 & 707 30 (A)	93997
To Read	Renew Insert Irrigation Plug Appliance 706 Regular & FG731 Large 30 (A)	93997

CHANGE TO THE LIST OF DELETIONS ON
GMS SCHEME EFFECTIVE 1ST SEPTEMBER 2017

ADD

Clopixol Inj. Conc. 500 mg./ml. 1 ml. 5 (A)	18139
Methotrexate (Mercury Pharma) Tabs. 2.5 mg. 28 (A)	35050
Naudicelle Plain Caps. 336 (A)	75531
Naudicelle Plus Caps. 336 (A)	35483

DELETIONS

Caverject Inj. 5 mcg. Pack 1 (A)	16873
Gyno-Daktarin Vag. Caps. 1200 mg. 1 (A)	26948
Primolut N Dragees 5 mg. 100 (A)	42536
Tildiem LA Caps 200 mg. 28 (A)	49019
Vascace Tabs. 0.5 mg. 30 (A)	51150
Voltarol Suppos. Paed. 12.5 mg. 10 (A)	55743
Zotrole Gastro-Resistant Caps. 30 mg. 28 (A)	53781

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST OCTOBER 2017

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Benepali Soln. for Inj. in Pre-filled Syringe 25 mg. 4 (A) *Code the number of pre-filled syringes dispensed*	88862	Etanercept	354.53	Biogen Idec Ltd.	United Drug
Enbrel (MYCLIC) Soln. for Inj. in Pre-filled Pen 25 mg. 4 (A) *Code the number of pre-filled pens dispensed*	88863	Etanercept	495.20	Pfizer Healthcare Ire.	Pfizer Healthcare Ire.
Esbriet® Film Coated Tabs. 801 mg. 84 (A)	88864	Pirfenidone	2471.22	Roche Product (Ire.) Ltd.	Allphar
Iclusig Film Coated Tabs. 15 mg. 30 (A)	88865	Ponatinib	3213.00	Incyte Biosciences UK Ltd.	TCP Homecare
Iclusig Film Coated Tabs. 30 mg. 30 (A)	88866	Ponatinib	6426.00	Incyte Biosciences UK Ltd.	TCP Homecare

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Humira Pre-Filled Syr. 40 mg./0.8 ml. 0.8 ml. 2 (A)	88514	Adalimumab	Abbvie Limited
Humira Soln. for Inj. Pre-filled Pen 40 mg. 2 (A)	88515	Adalimumab	Abbvie Limited
Roferon-A Pre-filled Syr. 9 MIU/0.5 ml. 0.5 ml. 1 (A)	88164	Interferon Alfa-2a	Roche Products Ireland Ltd.
ViraferonPeg Pdr. & Solv. for Inj. in Pre-filled Pen 100 mcg./0.5 ml. 1 (A)	88428	Peginterferon Alfa-2b	Merck, Sharp & Dohme Ire.
ViraferonPeg Pdr. & Solv. for Inj. in Pre-filled Pen 150 mcg./0.5 ml. 1 (A)	88547	Peginterferon Alfa-2b	Merck, Sharp & Dohme Ire.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st September 2017

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST SEPTEMBER 2017
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Actiq (P.C.O. Mfg.) Compressed Lozenge 200 mcg. c Integral Oromucosal Applicator 15 (A)	CD2	127.41	30105
Actiq (P.C.O. Mfg.) Compressed Lozenge 400 mcg. c Integral Oromucosal Applicator 15 (A)	CD2	127.41	30107
(Non-Proprietary Name Index: Fentanyl)			
Competact (P.C.O. Mfg.) Film Coated Tabs. 15 mg./850 mg. 56 (A)	S1B	36.90	30456
(Non-Proprietary Name Index: Metformin and Pioglitazone)			
Dalacin (P.C.O. Mfg.) Cream 2% c. Applicator 40 G. Pack 1 (A)	S1A	11.75	30587
Code the number of packs dispensed			
(Non-Proprietary Name Index: Clindamycin)			
Dostinex (P.C.O. Mfg.) Tabs. 0.5 mg. 8 (A)	S1A	26.14	31854
(Non-Proprietary Name Index: Cabergoline)			
Fastum (P.C.O. Mfg.) Gel 2.5% 100 G. (B)	S1B	6.48	41074
(Non-Proprietary Name Index: Ketoprofen)			
Invokana (P.C.O. Mfg.) Film Coated Tabs. 100 mg. 30 (A)	S1B	43.69	47851
Invokana (P.C.O. Mfg.) Film Coated Tabs. 300 mg. 30 (A)	S1B	60.34	47858
(Non-Proprietary Name Index: Canagliflozin)			
Januvia (P.C.O. Mfg.) Film Coated Tabs. 25 mg. 28 (A)	S1B	27.93	48043
Januvia (P.C.O. Mfg.) Film Coated Tabs. 50 mg. 28 (A)	S1B	27.81	48057
(Non-Proprietary Name Index: Sitagliptin)			
Lyrica (P.C.O. Mfg.) Hard Caps. 75 mg. 56 (A)	S1A	42.80	49741
(Non-Proprietary Name Index: Pregabalin)			
Mirapexin (P.C.O. Mfg.) PR Tabs. 3.15 mg. 30 (A)	S1B	177.79	60741
(Non-Proprietary Name Index: Pramipexole)			
Omeprazole (Rowa) Gastro Resistant Hard Caps. 20 mg. 28 (A)	S1B	2.80	61853
(Non-Proprietary Name Index: Omeprazole)			
Sereflo Per Actuation Pressurised Inhalation, Susp. 25 mcg./125 mcg. 120 Dose 1 (A)	S1B	19.29	36905
Sereflo Per Actuation Pressurised Inhalation, Susp. 25 mcg./250 mcg. 120 Dose 1 (A)	S1B	28.78	36906
Code the number of inhalers dispensed			
(Non-Proprietary Name Index: Salmeterol and Fluticasone)			
Solian (P.C.O. Mfg.) Tabs. 200 mg. 60 (A)	S1B	38.42	62895
(Non-Proprietary Name Index: Amisulpride)			
Spironolactone (Accord Healthcare Ltd.) Film Coated Tabs. 100 mg. 28 (A)	S1A	3.16	70174
(Non-Proprietary Name Index: Spironolactone)			
Triapin (P.C.O. Mfg.) Prolonged Release Tabs. 2.5 mg./2.5 mg. 30 (A)	S1B	18.48	72085
(Non-Proprietary Name Index: Ramipril and Felodipine)			
Trileptal (P.C.O. Mfg.) Film Coated Tabs. 600 mg. 50 (A)	S1B	26.76	74951
(Non-Proprietary Name Index: Oxcarbazepine)			

DELETIONS

Aludrox Gel 500 ml. (B)	11312
Augmentin-Duo (P.C.O. Mfg.) Susp. 400 mg./57 mg./5 ml. 70 ml. (B)	91130
Beta-Adalat Caps. 28 (A)	14788
Brevinor Tabs. 21 (A)	69604
Canesten Pdr. 30 G. (B)	75310
Canesten Vag. Cream 10% 5 G. (B)	16411
CanOral Caps. 150 mg. 1 (A)	70232
Cardox SR 20 Caps. 28 (A)	17210
Cardox SR 40 Caps. 28 (A)	17231
Chenofalk Caps. 250 mg. 100 (A)	76678
Clopixol Inj. Conc. 500 mg./ml. 1 ml. 5 (A)	18139
Deca-Durabolin Inj. 100 mg./ml. 1 ml. 3 (A)	78689
DiproSalic Oint. 30 G. (B)	21423
DiproSalic Oint. 100 G. (B)	21431
Diprosone Cream 0.05% 30 G. (B)	21598
Diprosone Cream 0.05% 100 G. (B)	21601
Diprosone Oint. 0.05% 30 G. (B)	21628
Diprosone Oint. 0.05% 100 G. (B)	21636
Diprosone Scalp Applic. 0.05% 30 ml. (B)	21660
Donepezil (Niche) Film Coated Tabs. 5 mg. 28 (A)	69080
Donepezil (Niche) Film Coated Tabs. 10 mg. 28 (A)	69081
Durabolin Inj. 25 mg./ml. 1 ml. 3 (A)	22624
Dynese Susp. 500 ml. (B)	21334
Dyspamet Susp. 600 ml. (B)	22691
Efaxil XL Prolonged Release Caps. 75 mg. 28 (A)	22603
Efaxil XL Prolonged Release Caps. 150 mg. 28 (A)	22618
Foznol Tabs. 250 mg. 90 (A)	39201
Gyno-Travogen Ovule c. Applicator Pack 1 (A)	27995
Heplok Amp. 10 iu/ml. 5 ml. 10 (A)	31267
Isogel 200 G. (B)	29513
Isopto Carpine Eye Drops 2% 10 ml. (B)	29602
Isopto Carpine Eye Drops 3% 10 ml. (B)	29610
Isopto Carpine Eye Drops 4% 10 ml. (B)	29645
Isopto Plain Eye Drops 0.5% 10 ml. (B)	29491
Isordil Tabs. 10 mg. 100 (A)	67652
Isordil Tabs. 10 mg. 500 (A)	39594
Isordil Tabs. 30 mg. 100 (A)	75221
Lanafine Cream 1% 15 G. (B)	30548
Lanafine Cream 1% 30 G. (B)	30563
Lanafine Tabs. 250 mg. 28 (A)	30527
Lozitar Comp Film Coated Tabs. 50 mg./12.5 mg. 28 (A)	23880
Lozitar Comp Film Coated Tabs. 100 mg./25 mg. 28 (A)	23881
Menophase Tabs. 28 (A)	69566
Menorest TTS 37.5 Patches 8 (A)	33133
Methotrexate (Lederle) Tabs. 2.5 mg. 28 (A)	35050
Myzaar Comp Tabs. 50 mg./12.5 mg. 28 (A)	31025
Myzaar Comp Tabs. 100 mg./25 mg. 28 (A)	32589
Naprosyn Gel 10% 60 G. (B)	36633
Naudicelle Plain Caps. 336 (A)	75531
Naudicelle Plus Caps. 336 (A)	35483
Nivadil Caps. 8 mg. 28 (A)	42488
Noctamid Tabs. 0.5 mg. 30 (A)	36811
Noctamid Tabs. 1 mg. 100 (A)	36854
Norinyl-1 Tabs. 21 (A)	36978
Notiabolfen XL (Accord Healthcare Ltd.) Prolonged Release Tabs. 50 mg. 60 (A)	32604
Nyogel Eye Gel 0.1 % 5 ml. (B)	37391
Omsil Modified Release Caps. 400 mcg. 30 (A)	37520
Paroven Caps. 250 mg. 120 (A)	40142
Pinamet Tabs. 400 mg. 60 (A)	40185
Proctosedyl Suppos. 12 (A)	42803
Prolosin modified Release Caps. 400 mcg. 30 (A)	41157

DELETIONS

Ramipril (Niche Generics) Tabs. 1.25 mg. 28 (A)	50026
Ramipril (Niche Generics) Tabs. 2.5 mg. 28 (A)	50027
Ramipril (Niche Generics) Tabs. 5 mg. 28 (A)	50028
Ramipril (Niche Generics) Tabs. 10 mg. 28 (A)	50029
Rehidrat Plain/Flavour Sachets 24 (A)	44490
Roaccutane Caps. 5 mg. 60 (A)	36248
Sanomigran Tabs. 0.5 mg. 60 (A)	44928
Setinin XL Prolonged Release Tabs. 300 mg. 60 (A)	13418
Teoptic Eye Drops 1% 5 ml. (B)	48836
Teoptic Eye Drops 2% 5 ml. (B)	48860
Tevaryl Tabs. 4 mg. 30 (A)	49544
Tevaryl Tabs. 8 mg. 30 (A)	49583
Tolectin Caps. 200 mg. 90 (A)	49670
Tolectin Caps. 400 mg. 90 (A)	49794
Travogen Cream 20 G. (B)	78778
Tylex Tabs. Eff. 90 (A)	55330
Valsartan (Niche Generics) Tabs. 40 mg. 28 (A)	73717
Valsartan (Niche Generics) Tabs. 80 mg. 28 (A)	73718
Valsartan (Niche Generics) Tabs. 160 mg. 28 (A)	73719
Viridal 5 Inj. Pack 1 (A)	71352

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST SEPTEMBER 2017

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Wakix Film Coated Tabs. 4.5 mg. 30 (A)	88183	Pitolisant	345.60	Lincoln Medical Ltd.	United Drug
Wakix Film Coated Tabs. 18 mg. 30 (A)	88861	Pitolisant	345.60	Lincoln Medical Ltd.	United Drug

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Avonex Bio-Set Inj. 6 miu/3 ml. 4 (A)	88250	Interferon Beta-1a	Biogen Idec Ltd.
Roferon-A Pre-filled Syr. 3 miu/0.5 ml. 0.5 ml. 1 (A)	88152	Interferon Alfa-2a	Roche
Roferon-A Pre-filled Syr. 4.5 miu/0.5 ml. 0.5 ml. 1 (A)	88153	Interferon Alfa-2a	Roche

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ADDITIONS TO OSTOMY & URINARY

EFFECTIVE 1ST SEPTEMBER 2017

Instruction	Code	Description	Price €
Add	94029	Coloplast SpeediCath Flex Catheters Non Silicone ISC (lubricated) 28920, 28922, 28924, 28916 CH10, CH12-CH16 30	67.11
Add	94030	Laker Dansac NovaLife 2 Closed Pouch Two Piece Mini Opaque 1303-36/43/55 30	58.87
Add	94031	Pat Coakley Cath-Secure for Kids Multip Purpose Tube Holder 7334-2 1	3.68
Add	94032	B. Braun Softima 3S Urostomy Two Piece Pouch Beige & Transparent 934145E/055E/155E/045E/165E/065E 30	100.65
Add	94033	B. Braun Softima 3S Two Piece Drainable Pouch 932045E/055E/065E/445E/455E/465E/480E & 932255E 30	57.42
Add	94034	B. Braun Softima 3S Two Piece Closed Pouch 931045E/055E/065E/445E/455E/465E/480E & 931255E 30	52.10
Add	94036	B. Braun Softima 3S High Flow Closed Drainable Urostomy Pouch Beige & Transparent 933055E/155E/065E/165E/080E/180E 30	122.42
Add	94038	B. Braun Base Plate Flat 2 Piece Ostomy System 936415E/515E/615E/815E 10	36.66
Add	94039	B. Braun Convex Base Plate 2 Piece Ostomy System 937415E/515E/615E 5	20.02
Add	94040	Hollister VaPro Plus Pocket Touch Free Intermittent Catheter Female CH08-CH16 71082/084/102/104/122/124/142/144/164 30	111.55
Add	94041	Hollister VaPro Pocket Touch Free Intermittent Catheter Male 70124/144 CH12–CH14 30	63.49
Add	94042	Hollister Moderma Flex Soft Convex Drainable Pouch with FlexWear Skin Barrier and Adhesive Border Transparent 5691025/038/055/120/125/130/135/140 10	52.41
Change to Read **Changes <u>Underlined</u>**			
Change	93611	Qufora Silicone Balloon Catheter Male 42 cm 34220512/14/16/18/20/22/24/26 & Female 25 cm 34240512/14/16/18/20/22/24/26 1	5.24
To Read	93611	Qufora Silicone Balloon Catheter Male 42 cm <u>34220512/14/16/18</u> & <u>Female 25 cm 34240512/14</u> 1	5.24
Change	93612	Qufora Silicone Balloon Catheter Unisex 42 cm 34230212/14/16/18/20/22/24 1	6.71
To Read	93612	Qufora Silicone Balloon Catheter Unisex 42 cm <u>34230212/14/16/18/20</u> 1	6.71

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st August 2017

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST AUGUST 2017
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Clarithromycin (KRKA Pharma) Film Coated Tabs. 250 mg. 14 (A)	S1A	2.97	30102
Clarithromycin (KRKA Pharma) Film Coated Tabs. 500 mg. 14 (A)	S1A	5.94	30103
(Non-Proprietary Name Index: Clarithromycin)			
Dutasteride (KRKA Pharma) Soft Caps. 0.5 mg. 30 (A)	S1A	9.46	54302
(Non-Proprietary Name Index: Dutasteride)			
Dutasteride Teva Soft Caps. 0.5 mg. 30 (A)	S1A	9.46	54320
(Non-Proprietary Name Index: Dutasteride)			
Etoricoxib (Generics UK) Mylan Film Coated Tabs. 30 mg. 28 (A)	S1B	8.63	36842
Etoricoxib (Generics UK) Mylan Film Coated Tabs. 60 mg. 28 (A)	S1B	10.64	36843
Etoricoxib (Generics UK) Mylan Film Coated Tabs. 90 mg. 28 (A)	S1B	11.65	36855
Etoricoxib (Generics UK) Mylan Film Coated Tabs. 120 mg. 28 (A)	S1B	12.25	36864
(Non-Proprietary Name Index: Etoricoxib)			
Quedute Soft Caps. 0.5 mg. 30 (A)	S1A	9.46	54343
(Non-Proprietary Name Index: Dutasteride)			
Sialanar Oral Soln. 320 mcg./ml. 250 ml. (B)	S1A	406.16	30800
(Non-Proprietary Name Index: Glycopyrronium Bromide)			
Zebinix Tabs. 200 mg. 60 (A)	S1B	69.22	50554
(Non-Proprietary Name Index: Eslicarbazepine)			
Zonegran (iMED Healthcare Ltd.) Hard Caps. 100 mg. 56 (A)	S1B	68.28	74865
(Non-Proprietary Name Index: Zonisamide)			

DELETIONS

Adrenaline 1 in 1000 (Antigen) Inj. 1 ml. 10 (A)	56251
Phenobarbital Tabs. 60 mg. 250 (A)	59153
Protizole Gastro-Resistant Tabs. 20 mg. 28 (A)	43322
Setinin XL Prolonged Release Tabs. 50 mg. 60 (A)	13416
Tritace (P.C.O. Mfg.) Tabs. 5 mg. 30 (A)	48152
Tritace (P.C.O. Mfg.) Tabs. 10 mg. 28 (A)	48146
Tylex Effervescent Tabs. 30 mg./500 mg. 100 (A)	55345

CHANGE TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST JULY 2017
CLINICAL NUTRITIONAL PRODUCTS

Add	Pro-Cal 15 G. Sachet 25 (A)	15.91	81539
Delete	Pro-Cal 15 G. Sachet 30 (A)	19.09	85091

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST AUGUST 2017

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Tenofovir Disoproxil Teva Film Coated Tabs. 245 mg. 30 (A) *	88149	Tenofovir Disoproxil	147.90	Teva Pharmaceuticals Ireland	United Drug

**** For Treatment of Hepatitis B Infection Only***

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st July 2017

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST JULY 2017
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Etoricoxib (KRKA Pharma) Film Coated Tabs. 30 mg. 28 (A)	S1B	8.63	36796
Etoricoxib (KRKA Pharma) Film Coated Tabs. 60 mg. 28 (A)	S1B	10.64	36797
Etoricoxib (KRKA Pharma) Film Coated Tabs. 90 mg. 28 (A)	S1B	11.65	36798
Etoricoxib (KRKA Pharma) Film Coated Tabs. 120 mg. 28 (A)	S1B	12.25	36799
(Non-Proprietary Name Index: Etoricoxib)			
Etoricoxib (Rowex) Film Coated Tabs. 30 mg. 28 (A)	S1B	8.63	36874
Etoricoxib (Rowex) Film Coated Tabs. 60 mg. 28 (A)	S1B	10.64	36875
Etoricoxib (Rowex) Film Coated Tabs. 90 mg. 28 (A)	S1B	11.65	36876
Etoricoxib (Rowex) Film Coated Tabs. 120 mg. 28 (A)	S1B	12.25	36877
(Non-Proprietary Name Index: Etoricoxib)			
Etoricoxib Teva Film Coated Tabs. 30 mg. 28 (A)	S1B	8.63	36884
Etoricoxib Teva Film Coated Tabs. 60 mg. 28 (A)	S1B	10.64	36885
Etoricoxib Teva Film Coated Tabs. 90 mg. 28 (A)	S1B	11.65	36886
Etoricoxib Teva Film Coated Tabs. 120 mg. 28 (A)	S1B	12.25	36887
(Non-Proprietary Name Index: Etoricoxib)			
Metformin (AuroBindo Pharma) Film Coated Tabs. 500 mg. 90 (A)	S1B	2.14	36823
Metformin (AuroBindo Pharma) Film Coated Tabs. 850 mg. 60 (A)	S1B	2.26	36824
(Non-Proprietary Name Index: Metformin)			
Xymel Comp Film Coated Tabs. 37.5 mg./325 mg. 60 (A)	S1A	4.01	52750
(Non-Proprietary Name Index: Tramadol and Paracetamol)			

DELETIONS

Brieka Hard Caps. 75 mg. 100 (A)	53582
Brieka Hard Caps. 100 mg. 100 (A)	53585
Brieka Hard Caps. 150 mg. 100 (A)	53587
Isotrexin Gel 30 G. (A)	29537

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST JULY 2017

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Mycophenolate Mofetil (Accord Healthcare Ltd.) Caps. 250 mg. 100 (A)	88858	Mycophenolic Acid	55.47	Accord Healthcare Ltd.	Accord Healthcare Ltd.
Tenofovir Disoproxil (Accord Healthcare Ltd.) Film Coated Tabs. 245 mg. 30 (A) *	88859	Tenofovir Disoproxil	147.90	Accord Healthcare Ltd.	Accord Healthcare Ltd.
Tenofovir Disoproxil Mylan (Gerard Labs.) Film Coated Tabs. 245 mg. 30 (A) *	88860	Tenofovir Disoproxil	147.90	Gerard Laboratories Ltd.	Allphar

**** For Treatment of Hepatitis B Infection Only***

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st July 2017

ADDITIONS/CHANGES/DELETIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST JULY 2017.

	Drug Description including coding instruction	Reimbursement Price €	Drug Code
	Code the number of bottles, boxes, packs, pots, pouches, sachets, tins or tubs dispensed.		
	ADDITIONS		
Add	Altrashot Shot 120 ml. Bottle 1	2.33	85071
Add	Foodlink Complete Sachet 57 G. 7	5.18	85067
Add	Foodlink Complete with Fibre Sachet 63 G. 7	5.74	85068
Add	Fortisip 2Kcal 200 ml. Bottle 1	2.20	85070
Add	Fortisip Extra 200 ml. Bottle 1	1.60	85092
Add	Fresubin 2 KCal Mini Drink 125 ml. Bottle 1	1.38	85069
Add	Fresubin Fibre 2 KCal Mini Drink 125 ml. Bottle 1	1.38	85093
Add	HCU Cooler 10 Red 87 ml. Foil Pouch 30	226.13	85076
Add	HCU Cooler 20 Red 174 ml. Foil Pouch 30	452.27	85077
Add	Keyo Pot 100 G. Pack 1	5.50	85066
Add	MSUD Cooler 10 Red 87 ml. Foil Pouch 30	226.13	85079
Add	MSUD Cooler 20 Red 174 ml. Foil Pouch 30	452.27	85080
Add	Neocate Junior 400 G. Tin 1	35.05	85074
Add	PKU Air 15 130 ml. Foil Pouch 30	204.83	85094
Add	PKU Air 20 174 ml. Foil Pouch 30	275.02	85095
Add	Pro-Cal 15 G. Sachet 30	19.09	85091
Add	Similac Alimentum Powder 400 G. Pack 1	11.11	85072
Add	Swalloweze Clear 125 G. Tub (with scoop) 1	5.55	85090
Add	Taranis Dalia Powder 400 G. Tin 1	10.67	85073
Add	Taranis Low Protein Cake All Flavours (6 Cakes x 40 G.) 240 G. Box 1	6.50	85087
Add	Taranis Low Protein Cake Mix 300 G. Pack 1	4.50	85088
Add	Taranis Low Protein French Toast (4 Pack of 4 French Toasts) 250 G. Box 1	5.98	85089
Add	Taranis Low Protein Pancake & Waffle Mix 300 G. Pack 1	4.50	85096
Add	Taranis Low Protein Shard Biscuits All Flavours (4 Pack of 4 Biscuits) 130 G. Pack 1	4.68	85085
Add	Taranis Low Protein Shortbread Biscuits All Flavours (4 Pack of 5 Biscuits) 120 G. Pack 1	4.32	85084
Add	Taranis Nophenyl Children (1 – 8 yrs) 34 G. Powder Sachet 15	66.58	85081
Add	TYR Cooler 10 Red 87 ml. Foil Pouch 30	226.13	85082
Add	TYR Cooler 20 Red 174 ml. Foil Pouch 30	452.27	85083
Add	Vital 1.5 Kcal 1000 ml. Pack 1	17.75	85075
	CHANGES		
	CHANGES <u>UNDERLINED</u>		
Change	HCU Cooler 130 ml. Foil Pouch 30	337.90	83015
To Read	HCU Cooler <u>15</u> 130 ml. Foil Pouch 30	337.90	83015
Change	Modjul Flavour System 5 G. Sachet 20	12.51	81189
To Read	<u>Nutricia</u> Flavour Sachet 5 G. 20	12.51	81189
Change	Modjul Flavour System 100 G. Pack 1	12.51	81183
To Read	<u>Nutricia</u> Flavour <u>Modjul</u> 100 G. Pack 1	12.51	81183
Change	MSUD Cooler 130 ml. Foil Pouch 30	337.90	81045
To Read	MSUD Cooler <u>15</u> 130 ml. Foil Pouch 30	337.90	81045
Change	TYR Cooler 130 ml. Foil Pouch 30	337.90	83048
To Read	TYR Cooler <u>15</u> 130 ml. Foil Pouch 30	337.90	83048
Change	XLYS, Low TRY Maxamum 500 G. Pack 1	161.75	81077
To Read	<u>GA1</u> Maxamum 500 G. Pack 1	161.75	81077
Change	XMET Maxamum 500 G. Pack 1	161.75	82186
To Read	<u>HCU</u> Maxamum 500 G. Pack 1	161.75	82186
Change	XMTVI Maxamum 500 G. Pack 1	161.75	81014
To Read	<u>MMA/PA</u> Maxamum 500 G. Pack 1	161.75	81014

CHANGES

CHANGES UNDERLINED

Change	XP Maxamum Plain/Flavour 50 G. Sachet 30	277.30	81159
To Read	PKU Maxamum Plain/Flavour 50 G. Sachet 30	277.30	81159
Change	XP Maxamum Plain/Flavour 500 G. Pack 1	92.45	85030
To Read	PKU Maxamum Plain/Flavour 500 G. Pack 1	92.45	85030

DELETIONS

Delete	Pro-Cal 15 G. Sachet 25	15.91	81539

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st June 2017

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE 1ST JUNE 2017.

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Aerivio Spiromax Teva Inhalation Powder 50 mcg./500 mcg. 60 Dose Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Salmeterol and Fluticasone Propionate)*	S1B	33.85	72808
Aspirin (KRKA Pharma) Gastro-Resistant Tabs. 75 mg. 28 (A) *(Non-Proprietary Name Index: Acetylsalicylic Acid)*	S1B	1.03	77170
Rivastigmine (Actavis) Hard Caps. 1.5 mg. 56 (A)	S1A	31.37	24415
Rivastigmine (Actavis) Hard Caps. 3 mg. 56 (A) *(Non-Proprietary Name Index: Rivastigmine)*	S1A	32.26	24416
Sevelamer Carbonate Rowex Film Coated Tabs. 800 mg. 180 (A) *(Non-Proprietary Name Index: Sevelamer)*	S1A	77.37	43901
Targin Prolonged Release Tabs. 60 mg./30 mg. 56 (A)	CD2	217.73	62885
Targin Prolonged Release Tabs. 80 mg./40 mg. 56 (A) *(Non-Proprietary Name Index: Oxycodone and Naloxone)*	CD2	290.30	62886

DELETIONS

Amlotan Tabs. 10 mg. 28 (A)	10273
Anugesic HC Cream 30 G. (B)	12653
Brieka Hard Caps. 25 mg. 100 (A)	53578
Brieka Hard Caps. 50 mg. 100 (A)	53580
Laxose Soln. 300 ml. (B)	31021
Lumigan Eye Drops Soln. 0.3 mg./ml. 3 ml. (B)	46357
Lumigan Eye Drops Soln. 0.3 mg./ml. (3 ml. x 3) 9 ml. (B)	32723
Paramol Tabs. 500 (A)	38881

ADDITION TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST JUNE 2017
OSTOMY & URINARY PRODUCTS
ADD

Coloplast Conveen Optima 28mm Self Adhering Sheath 22028 30 (A)	58.71	94027

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST JUNE 2017

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Granpidam Film Coated Tabs. 20 mg. 90 (A) *Note: PAH Protocol and Circular 026/06 refers*	88759	Sildenafil	203.41	Accord Healthcare Ltd.	Allphar
Ofev Soft. Caps. 100 mg. 60 (A)	88795	Nintedanib	2,733.17	Boehringer Ingelheim	Allphar
Ofev Soft. Caps. 150 mg. 60 (A)	88796	Nintedanib	2,733.17	Boehringer Ingelheim	Allphar

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ADDITIONS TO OSTOMY & URINARY

EFFECTIVE 1ST MAY 2017

Instruction	Code	Description	Price €
Add	94016	Coloplast SenSura Mio 1 Piece Closed Colostomy Bag Maxi Soft Convex Pre Cut 16510/16511/16512/16513 10	€38.48
Add	94015	Coloplast SenSura Mio 1 Piece Closed Colostomy Bag Midi/Maxi Soft Convex Starter Hole 16501/16505/16506 10	€38.48
Add	94018	Coloplast SenSura Mio 1 Piece Ileostomy Bag Maxi Deep Convex Pre Cut 16651/16652 10	€53.15
Add	94025	Coloplast SenSura Mio 1 Piece Ileostomy Bag Maxi Light/Soft Convex Pre Cut 16610/16611/16612/16613/16631/16632 10	€53.15
Add	94017	Coloplast SenSura Mio 1 Piece Ileostomy Bag Midi/Maxi Deep Convex Starter Hole 16641/16645/16646/16647 10	€53.15
Add	94024	Coloplast SenSura Mio 1 Piece Ileostomy Bag Midi/Maxi Light Convex Starter Hole 16621/16622/16623/16625/16626/16627 10	€53.15
Add	94026	Coloplast SenSura Mio 1 Piece Ileostomy Bag Midi/Maxi Soft Convex Starter Hole 16601/16605/16606 10	€53.15
Add	94020	Coloplast SenSura Mio 2 Piece Ileostomy Bag Midi Deep Convex Starter Hole 16642 10	€53.15
Add	94021	Coloplast SenSura Mio 3 Piece Ileostomy Bag Midi Deep Convex Starter Hole 16643 10	€53.15
Add	94004	Hollister Adapt No Sting Medical Adhesive Remover Spray 7737 50 ml. 1	€8.63
Add	94006	Hollister Adapt Slim Barrier Rings 48 mm. 7815 10	€22.70
Add	94011	Hollister Moderma Flex CeraPlus Drainable Pouch Flat, Midi/Maxi CTF and Pre-Sized Beige 54200/54225/54230/54235/54300/54325/54330/54335 30	€129.41
Add	94010	Hollister Moderma Flex CeraPlus Drainable Pouch Flat, Midi/Maxi CTF and Pre-Sized Clear 53400/53425/53430/53435/53500/53525/53530/53535 30	€129.41
Add	94009	Hollister Moderma Flex FlexWear Drainable Pouch Midi with Lock n Roll Microseal Closure 5681025/5681038/5681055/5681120/5681125/5681130/5681135/5681140 10	€54.26
Add	94008	Hollister Moderma Flex SoftFlex Closed Pouch Maxi Convex 2281025/2281038/2281055/2281120/2281125/2281130/2281135/2281140 30	€115.44
Add	94007	Hollister Moderma Flex SoftFlex Closed Pouch Midi Convex 2261025/2261038/2261055/2261120/2261125/2261130/2261135/2261140 30	€115.44
Add	94014	Qufora IrriSedo Mini System Trans Anal Irrigation 53601-030 1	€130.71

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st May 2017

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST MAY 2017.

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Clopidogrel (Clonmel) Film Coated Tabs. 75 mg. 28 (A) *(Non-Proprietary Name Index: Clopidogrel)*	S1B	5.04	65045
Kyleena Intrauterine Delivery System 19.5 mg. Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Levonorgestrel)*	S1A	116.51	33483
Metformin (Bluefish) Film Coated Tabs. 1000 mg. 60 (A) *(Non-Proprietary Name Index: Metformin)*	S1B	3.00	36832
Sirdupla Pre Metered Pressurised Inhalation, Susp. 25 mcg./125 mcg. 120 Dose 1 (A)	S1B	19.31	45304
Sirdupla Pre Metered Pressurised Inhalation, Susp. 25 mcg./250 mcg. 120 Dose 1 (A) *Code the number of inhalers dispensed* *(Non-Proprietary Name Index: Salmeterol and Fluticasone)*	S1B	28.81	45305
Tramadol/Paracetamol (KRKA Pharma) Film Coated Tabs. 37.5 mg./325 mg. 60 (A) *(Non-Proprietary Name Index: Tramadol and Parcetamol)*	S1A	4.00	48591

CHANGES TO LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST MAY 2017
OSTOMY & URINARY PRODUCTS
CHANGES UNDERLINED

Change	Coloplast Brava Adhesive Remover Spray 12010 6	€58.50	93458
To Read	Coloplast Brava Adhesive Remover Spray 12010 1	€9.75	94012

DELETIONS

Amoclav Tabs. 500 mg./125 mg. 14 (A)	13892
Captor Tabs. 50 mg. 100 (A)	68689
Cedine Tabs. 400 mg. 60 (A)	16373
Co-Amoxiclav (Rowex) Tabs. 500 mg./125 mg. 21 (A)	15582
Daonil Tabs. 5 mg. 100 (A)	19623
DF-118 Tabs. 30 mg. 100 (A)	20621
Eplerenone Mylan (Gerard Labs.) Film Coated 50 mg. 28 (A)	36898
Geroquel Film Coated Tabs. 300 mg. 60 (A)	46083
Lescol Caps. 40 mg. 56 (A)	77071
Mefac Caps. 250 mg. 500 (A)	32913
Nifed Caps. 5 mg. 100 (A)	36293
Nifed Caps. 10 mg. 100 (A)	36307
Nifed Retard Tabs. 10 mg. 60 (A)	36348
Nifed Retard Tabs. 20 mg. 100 (A)	36323
NuvaRing Vaginal Rings 3 (A)	36201
Pioglitazone (Rowex) Tabs. 15 mg. 28 (A)	34805
Pioglitazone (Rowex) Tabs. 30 mg. 28 (A)	34806
Pioglitazone (Rowex) Tabs. 45 mg. 28 (A)	34807
Romep Caps. 20 mg. 7 (A)	36215
Sildenafil TEVA Film Coated Tabs. 100 mg. 4 (A)	33564
Sumatran Tabs. 100 mg. 2 (A)	68361
Tradol Eff. Tabs. 50 mg. 50 (A)	69993
Tradol Inj. 50 mg./ml. 1 ml. 5 (A)	69988
Voltarol Tabs. 25 mg. 100 (A)	55283

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST MAY 2017

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Flolan Pdr. & Solv. for Soln. for Inf. 0.5 mg. 1 (A) *Code the number of packs dispensed*	88748	Epoprostenol	67.72	GlaxoSmithKline (Ireland) Limited	GlaxoSmithKline (Ireland) Limited
Flolan Pdr. & Solv. for Soln. for Inf. 1.5 mg. 1 (A) *Code the number of packs dispensed*	88751	Epoprostenol	149.69	GlaxoSmithKline (Ireland) Limited	GlaxoSmithKline (Ireland) Limited
Valganciclovir (Generics UK) Mylan Film Coated Tabs. 450 mg. 60 (A)	88753	Valganciclovir	572.36	Gerard Laboratories	Allphar
Veletri Pdr. for Soln. for Inf. 0.5 mg. Vial 1 (A) *Code the number of vials dispensed*	88772	Epoprostenol	53.90	Actelion Pharmaceuticals UK Ltd.	Uniphar
Veletri Pdr. for Soln. for Inf. 1.5 mg. Vial 1 (A) *Code the number of vials dispensed*	88773	Epoprostenol	94.32	Actelion Pharmaceuticals UK Ltd.	Uniphar

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Bravelle Pdr. and Solv. for Soln. for Inj. 75 iu 10 (A)	88794	Urofollitropin	Ferring Pharmaceuticals Ireland

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st April 2017

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE 1ST APRIL 2017
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Avelox (LTT Pharma Ltd.) Film Coated Tabs. 400 mg. 5 (A)	S1A	12.79	53525
(Non-Proprietary Name Index: Moxifloxacin)			
Briviact Film Coated Tabs. 10 mg. 14 (A)	S1A	42.26	44021
Briviact Film Coated Tabs. 25 mg. 56 (A)	S1A	158.00	44022
Briviact Film Coated Tabs. 50 mg. 56 (A)	S1A	158.00	44023
Briviact Film Coated Tabs. 75 mg. 56 (A)	S1A	158.00	44024
Briviact Film Coated Tabs. 100 mg. 56 (A)	S1A	158.00	44026
(Non-Proprietary Name Index: Brivaracetam)			
Briviact Oral Soln. 10 mg./ml. 300 ml. (B)	S1A	178.60	44027
(Non-Proprietary Name Index: Brivaracetam)			
Briviact Soln. for Inj./Inf. 10 mg./ml. 5 ml. Vial 10 (A)	S1A	352.32	44029
Code the number of injections dispensed			
(Non-Proprietary Name Index: Brivaracetam)			
Flucloxacillin (Clonmel) Caps. 250 mg. 28 (A)	S1A	4.54	39120
Flucloxacillin (Clonmel) Caps. 500 mg. 28 (A)	S1A	9.07	39121
(Non-Proprietary Name Index: Flucloxacillin)			
Grepid Film Coated Tabs. 75 mg. 28 (A)	S1B	5.04	27519
(Non-Proprietary Name Index: Clopidogrel)			
Losartan Potassium (Pinewood) Film Coated Tabs. 12.5 mg. 28 (A)	S1B	3.11	32664
Losartan Potassium (Pinewood) Film Coated Tabs. 50 mg. 28 (A)	S1B	2.80	32665
Losartan Potassium (Pinewood) Film Coated Tabs. 100 mg. 28 (A)	S1B	3.92	32666
(Non-Proprietary Name Index: Losartan)			
Multaq (Lexon UK) Film Coated Tabs. 400 mg. 60 (A)	S1B	76.15	32653
(Non-Proprietary Name Index: Dronedarone)			
Nordimet Soln. for Inj. in Pre-filled Pen 7.5 mg./0.3 ml. 0.3 ml. 1 (A)	S1A	13.25	35000
Nordimet Soln. for Inj. in Pre-filled Pen 10 mg./0.4 ml. 0.4 ml. 1 (A)	S1A	14.30	35001
Nordimet Soln. for Inj. in Pre-filled Pen 12.5 mg./0.5 ml. 0.5 ml. 1 (A)	S1A	16.68	35002
Nordimet Soln. for Inj. in Pre-filled Pen 15 mg./0.6 ml. 0.6 ml. 1 (A)	S1A	16.75	35003
Nordimet Soln. for Inj. in Pre-filled Pen 17.5 mg./0.7 ml. 0.7 ml. 1 (A)	S1A	19.36	35004
Nordimet Soln. for Inj. in Pre-filled Pen 20 mg./0.8 ml. 0.8 ml. 1 (A)	S1A	19.74	35005
Nordimet Soln. for Inj. in Pre-filled Pen 22.5 mg./0.9 ml. 0.9 ml. 1 (A)	S1A	23.22	35006
Nordimet Soln. for Inj. in Pre-filled Pen 25 mg./1 ml. 1 ml. 1 (A)	S1A	23.25	35007
Code the number of pre-filled pens dispensed			
(Non-Proprietary Name Index: Methotrexate)			
Novonorm (Lexon UK) Tabs. 1 mg. 90 (A)	S1B	12.98	76407
(Non-Proprietary Name Index: Repaglinide)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Olmesartan Medoxomil (Accord Healthcare Ltd.) Film Coated Tabs. 10 mg. 28 (A)	S1B	5.04	37623
Olmesartan Medoxomil (Accord Healthcare Ltd.) Film Coated Tabs. 20 mg. 28 (A)	S1B	6.52	37624
Olmesartan Medoxomil (Accord Healthcare Ltd.) Film Coated Tabs. 40 mg. 28 (A)	S1B	7.96	37625
(Non-Proprietary Name Index: Olmesartan Medoxomil)			
Olmesartan Medoxomil (Generics UK) Mylan Film Coated Tabs. 10 mg. 28 (A)	S1B	5.04	37637
Olmesartan Medoxomil (Generics UK) Mylan Film Coated Tabs. 20 mg. 28 (A)	S1B	6.52	37638
Olmesartan Medoxomil (Generics UK) Mylan Film Coated Tabs. 40 mg. 28 (A)	S1B	7.96	37639
(Non-Proprietary Name Index: Olmesartan Medoxomil)			
Perindopril Tosilate/Indapamide Teva Film Coated Tabs. 10 mg./2.5 mg. 30 (A)	S1B	4.88	39122
(Non-Proprietary Name Index: Perindopril and Diuretics)			
Rosuvastatin (Clonmel) Film Coated Tabs. 5 mg. 28 (A)	S1B	5.88	62869
Rosuvastatin (Clonmel) Film Coated Tabs. 10 mg. 28 (A)	S1B	7.28	62870
Rosuvastatin (Clonmel) Film Coated Tabs. 20 mg. 28 (A)	S1B	11.76	62872
Rosuvastatin (Clonmel) Film Coated Tabs. 40 mg. 28 (A)	S1B	12.32	62873
(Non-Proprietary Name Index: Rosuvastatin)			
Suprecur Nasal Spray 150 mcg. 10 G.Vial 1 (A)	S1A	49.02	47875
Code the number of vials dispensed			
(Non-Proprietary Name Index: Buserelin)			
Tramadol/Paracetamol Teva Film Coated Tabs. 37.5 mg./325 mg. 60 (A)	S1A	4.01	48594
(Non-Proprietary Name Index: Tramadol and Paracetamol)			
Violite Film Coated Tabs. 100 mcg./20 mcg. 3 x 21 (A)	S1B	6.07	31886
(Non-Proprietary Name Index: Levonorgestrel and Ethinylestradiol)			

CHANGES TO LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST APRIL 2017

CHANGES UNDERLINED

Change	Smiths Medical Deltec Cozmo 3 ml. Insulin Cartridge Unfilled 21-1750-24 - 25 Pieces	85520
To Read	Smiths Medical Deltec Cozmo 3 ml. Insulin Cartridge Unfilled 21-7450-24 - 25 Pieces	85520

CHANGES TO LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST MARCH 2017

OSTOMY & URINARY PRODUCTS

CHANGES UNDERLINED

Change	Eakin Contour Flange Extenders 849040 30	93999
To Read	Eakin Contour Flange Extenders 839040 30	93999

DELETIONS

*Cialis Tabs. 10 mg. 4 (A)	17510
*Cialis (Doncaster Ltd.) Tabs. 10 mg. 4 (A)	17580
*Cialis (Pharmaram Ltd.) Tabs. 10 mg. 4 (A)	17568
*Cialis Tabs. 20 mg. 4 (A)	17545

*Cialis (Pharmaram Ltd.) Tabs. 20 mg. 4 (A)	17569
*Levitra Tabs. 5 mg. 4 (A)	77010
*Levitra Tabs. 10 mg. 4 (A)	77025
*Levitra (Doncaster Ltd.) Tabs. 10 mg. 4 (A)	77057
*Levitra (Pharmaram Ltd.) Tabs. 10 mg. 4 (A)	77045
*Levitra Tabs. 20 mg. 4 (A)	77089
*Levitra (P.C.O. Mfg.) Tabs. 20 mg. 4 (A)	77065
*Levitra (Pharmaram Ltd.) Tabs. 20 mg. 4 (A)	77046
Locoid C Cream 30 G. (B)	73032
Locoid C Oint. 30 G. (B)	73024
Mysoline Tabs. 250 mg. 1000 (A)	35297
Vedixal XL Prolonged Release Caps. 37.5 mg. 7 (A)	55214
Zineryt Lot. 90 ml. (B)	92142

Please note:- Withdrawn as per Circular 009/17

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST APRIL 2017

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Silcarfil Film Coated Tabs. 20 mg. 90 (A) *Note: PAH Protocol and Circular 026/06 refers*	88455	Sildenafil	203.41	Rowex Ltd.	Rowex Ltd.
Sildenafil (Clonmel) Film Coated Tabs. 20 mg. 90 (A) *Note: PAH Protocol and Circular 026/06 refers*	88138	Sildenafil	203.41	Clonmel Healthcare Ltd.	Clonmel Healthcare Ltd.
Somavert Pdr. & Solv. for Soln. for Inj. in Pre-filled Syringe 10 mg. 30 (A) *Code the number of syringes dispensed*	88854	Pegvisomant	2,257.76	Pfizer Healthcare Ireland	Pfizer Healthcare Ireland
Somavert Pdr. & Solv. for Soln. for Inj. in Pre-filled Syringe 15 mg. 30 (A) *Code the number of syringes dispensed*	88855	Pegvisomant	3,381.87	Pfizer Healthcare Ireland	Pfizer Healthcare Ireland
Somavert Pdr. & Solv. for Soln. for Inj. in Pre-filled Syringe 20 mg. 30 (A) *Code the number of syringes dispensed*	88856	Pegvisomant	4,500.89	Pfizer Healthcare Ireland	Pfizer Healthcare Ireland
Somavert Pdr. & Solv. for Soln. for Inj. in Pre-filled Syringe 30 mg. 30 (A) *Code the number of syringes dispensed*	88857	Pegvisomant	6,728.50	Pfizer Healthcare Ireland	Pfizer Healthcare Ireland
Valganciclovir (Rowex) Film Coated Tabs. 450 mg. 60 (A)	88740	Valganciclovir	616.00	Rowex Ltd.	Rowex Ltd.
Zinbryta Soln. for Inj. in Pre-filled Syringe 150 mg. 1 (A) *Code the number of syringes dispensed*	88746	Daclizumab	1,529.99	Biogen Idec (Ireland) Ltd.	United Drug

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ADDITIONS TO OSTOMY & URINARY

EFFECTIVE 1ST MARCH 2017

Instruction	Code	Description	Price €
Add	94002	B Braun Uro-Tainer Twin Solutio R Catheter Maintenance Solution 9746625 10	€58.17
Add	93993	Convatec Esteem+ One Piece Mouldable Ostomy System 413511 30	€92.63
Add	93994	Convatec Esteem+ One Piece Mouldable Ostomy System 413517/413523 10	€35.90
Add	93999	Eakin Contour Flange Extenders 849040 30	€23.12
Add	94001	Eakin Pelican Closed Pouch, Flat 839400-438 30	€89.96
Add	93995	Qufora IrriSedo Cone System Accessory Set 52601-015 15	€65.35
Add	93996	Qufora IrriSedo Extension Tube 52715-015 15	€49.85
Add	93997	Renew Insert Irrigation Plug Appliance Regular & Large 706 & 707 30	€79.83

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st March 2017

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE 1ST MARCH 2017
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Alprazolam (Rowex) Tabs. 0.25 mg. 100 (A)	S1A	2.22	15916
Alprazolam (Rowex) Tabs. 0.5 mg. 100 (A)	S1A	4.30	15917
Alprazolam (Rowex) Tabs. 1 mg. Tabs. 100 (A)	S1A	8.97	15919
(Non-Proprietary Name Index: Alprazolam)			
Altavita D3 Soft Gel Caps. 7,000 IU 4 (A)	S1B	3.28	11414
Altavita D3 Soft Gel Caps. 25,000 IU 3 (A)	S1B	6.00	11416
(Non-Proprietary Name Index: Colecalciferol)			
Entacapone (Niche Generics) Film Coated Tabs. 200 mg. 100 (A)	S1B	32.81	18241
(Non-Proprietary Name Index: Entacapone)			
Mylite Coated Tabs. 100 mcg./20 mcg. 63 (A)	S1B	9.47	31821
(Non-Proprietary Name Index: Levonorgestrel and Ethinylestradiol)			
Olmesartan (KRKA Pharma) Film Coated Tabs. 10 mg. 28 (A)	S1B	5.04	34853
Olmesartan (KRKA Pharma) Film Coated Tabs. 20 mg. 28 (A)	S1B	6.52	34854
Olmesartan (KRKA Pharma) Film Coated Tabs. 40 mg. 28 (A)	S1B	7.96	34855
(Non-Proprietary Name Index: Olmesartan Medoxamil)			
Olmesartan (Rowex) Film Coated Tabs. 10 mg. 28 (A)	S1B	5.57	34856
Olmesartan (Rowex) Film Coated Tabs. 20 mg. 28 (A)	S1B	6.98	34857
Olmesartan (Rowex) Film Coated Tabs. 40 mg. 28 (A)	S1B	8.48	34860
(Non-Proprietary Name Index: Olmesartan Medoxamil)			
Olmesartan Hydrochlorothiazide (KRKA Pharma) Film Coated Tabs. 20 mg./12.5 mg. 28 (A)	S1B	6.57	34862
Olmesartan Hydrochlorothiazide (KRKA Pharma) Film Coated Tabs. 20 mg./25 mg. 28 (A)	S1B	6.85	34863
Olmesartan Hydrochlorothiazide (KRKA Pharma) Film Coated Tabs. 40 mg./12.5 mg. 28 (A)	S1B	7.96	34864
Olmesartan Hydrochlorothiazide (KRKA Pharma) Film Coated Tabs. 40 mg./25 mg. 28 (A)	S1B	8.06	34865
(Non-Proprietary Name Index: Olmesartan Medoxomil and Hydrochlorothiazide)			
Olmesartan Hydrochlorothiazide (Rowex) Film Coated Tabs. 20 mg./12.5 mg. 28 (A)	S1B	7.05	34866
Olmesartan Hydrochlorothiazide (Rowex) Film Coated Tabs. 20 mg./25 mg. 28 (A)	S1B	7.28	34867
Olmesartan Hydrochlorothiazide (Rowex) Film Coated Tabs. 40 mg./12.5 mg. 28 (A)	S1B	8.49	34868
Olmesartan Hydrochlorothiazide (Rowex) Film Coated Tabs. 40 mg./25 mg. 28 (A)	S1B	8.74	34870
(Non-Proprietary Name Index: Olmesartan Medoxomil and Hydrochlorothiazide)			
Olmesartan Medoxomil Teva Film Coated Tabs. 10 mg. 28 (A)	S1B	5.04	37601
Olmesartan Medoxomil Teva Film Coated Tabs. 20 mg. 28 (A)	S1B	6.52	37603
Olmesartan Medoxomil Teva Film Coated Tabs. 40 mg. 28 (A)	S1B	7.96	37604
(Non-Proprietary Name Index: Olmesartan Medoxomil)			
Prapexin Prolonged Release 1.05 mg. 30 (A)	S1B	42.80	79107
Prapexin Prolonged Release 2.1 mg. 30 (A)	S1B	75.52	79108
(Non-Proprietary Name Index: Pramipexole)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Rosuvastatin (Accord Healthcare Ltd.) Film Coated Tabs. 5 mg. 98 (A)	S1B	20.56	22632
Rosuvastatin (Accord Healthcare Ltd.) Film Coated Tabs. 5 mg. 500 (A)	S1B	104.91	22633
Rosuvastatin (Accord Healthcare Ltd.) Film Coated Tabs. 10 mg. 500 (A)	S1B	129.99	22634
Rosuvastatin (Accord Healthcare Ltd.) Film Coated Tabs. 20 mg. 500 (A)	S1B	210.00	22635

(Non-Proprietary Name Index: Rosuvastatin)

CHANGE TO THE LIST OF DELETIONS ON
GMS SCHEME EFFECTIVE 1ST FEBRUARY 2017
ADD

Tostran Gel 2% 60 G. (B)	73020

CHANGES TO LIST OF REIMBURSABLE NON DRUG ITEMS IN THE
GMS SCHEME EFFECTIVE 1ST FEBRUARY 2017
OSTOMY & URINARY PRODUCTS
CHANGES UNDERLINED

Change	Clinimed Curan Lady, Ready to Use, Self Intermittent Catheter, Sterile Single Use CH08-CH14 CL08/CL10/CL12/CL14 30		93961
To Read	Curan Lady, Ready to Use, Self Intermittent Catheter, Sterile Single Use CH08-CH14 CL08/CL10/CL12/CL14 30		93961
Change	Bard Bed Bag 2 L. Drainable Sterile 8422 10	€17.10	93928
To Read	Bard Bed Bag 2 L. Drainable Sterile 8422 1	€1.71	94003

DELETIONS

Abasaglar KwikPen Soln. for Inj., Pre-Filled Pen 100 units/ml. 3 ml. 5 (1 - 60 Units) (A)	69239
Actonel (P.C.O. Mfg.) Tabs. 5 mg. 28 (A)	10672
Codalax Caps. 60 (A)	17705
Codalax Forte Caps. 60 (A)	17713
Deterodine SR Caps. 4 mg. 28 (A)	46973
Emcolol Tabs. 5 mg. 28 (A)	22415
Parlodel Tabs. 2.5 mg. 100 (A)	38873
Prapexin Tabs. 0.088 mg. 30 (A)	79105
Prapexin Tabs. 0.18 mg. 100 (A)	79106
Sinemet-275 Tabs. 90 (A)	46175

DELISTING ALERT
Notice of a Decision under Section 18 – 19 and Section 21 of the Health (Pricing and Supply of Medical Goods) Act 2013

With effect from 1st April 2017 and in accordance with Section 18 – 19 and Section 21 of The Health (Pricing and Supply of Medical Goods) Act 2013 the HSE will remove from the list of reimbursable items the following PDE5 inhibitors (used to treat erectile dysfunction). The decision applies to be both branded and parallel imported products. The decision does NOT apply to formulations reimbursed under the High Tech arrangements for other indications.

Reimbursement of PDE5 inhibitors for treatment of erectile dysfunction will be restricted to low cost Reference Priced Sildenafil.

PDE5 products that will not be reimbursed under GMS and Community Drug Schemes from 1st April 2017 are:

ATC	GENERIC	PRODUCT AND PACK SIZE
G04BE08	Tadalafil	Cialis Tabs. 10 mg. 4
G04BE08	Tadalafil	Cialis Tabs. 20 mg. 4
G04BE09	Vardenafil	Levitra Tabs. 10 mg. 4
G04BE09	Vardenafil	Levitra Tabs. 20 mg. 4
G04BE09	Vardenafil	Levitra Tabs. 5 mg. 4

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST MARCH 2017

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Imatinib (Accord Healthcare Ltd.) Film Coated Tabs. 100 mg. 60 (A)	88017	Imatinib	507.03	Accord Healthcare Ltd.	United Drug
Imatinib (Accord Healthcare Ltd.) Film Coated Tabs. 400 mg. 30 (A)	88018	Imatinib	1,013.48	Accord Healthcare Ltd.	United Drug
Sildenafil Teva Film Coated Tabs. 20 mg. 90 (A) *Note: PAH Protocol and Circular 026/06 refers*	88451	Sildenafil	203.41	Teva	United Drug
Zytiga Film Coated Tabs. 500 mg. 56 (A)	88019	Abiraterone	3,302.21	Janssen-Cilag Ltd.	Uniphar

CHANGES
CHANGES UNDERLINED

Change	Genotropin Miniquick Syr. 0.6 IU 7 (A)	88068
To Read	Genotropin Miniquick Syr. 0.2 mg. 7 (A)	88068
Change	Genotropin Miniquick Syr. 1.2 IU 7 (A)	88069
To Read	Genotropin Miniquick Syr. 0.4 mg. 7 (A)	88069
Change	Genotropin Miniquick Syr. 1.8 IU 7 (A)	88070
To Read	Genotropin Miniquick Syr. 0.6 mg. 7 (A)	88070
Change	Genotropin Miniquick Syr. 2.4 IU 7 (A)	88071
To Read	Genotropin Miniquick Syr. 0.8 mg. 7 (A)	88071
Change	Genotropin Miniquick Syr. 3.0 IU 7 (A)	88072
To Read	Genotropin Miniquick Syr. 1.0 mg. 7 (A)	88072
Change	Genotropin Miniquick Syr. 3.6 IU 7 (A)	88073
To Read	Genotropin Miniquick Syr. 1.2 mg. 7 (A)	88073
Change	Genotropin Miniquick Syr. 4.2 IU 7 (A)	88074
To Read	Genotropin Miniquick Syr. 1.4 mg. 7 (A)	88074
Change	Genotropin Miniquick Syr. 4.8 IU 7 (A)	88301
To Read	Genotropin Miniquick Syr. 1.6 mg. 7 (A)	88301
Change	Genotropin Miniquick Syr. 5.4 IU 7 (A)	88302
To Read	Genotropin Miniquick Syr. 1.8 mg. 7 (A)	88302
Change	Genotropin Miniquick Syr. 6.0 IU 7 (A)	88303
To Read	Genotropin Miniquick Syr. 2.0 mg. 7 (A)	88303

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Capecitabine (Actavis) Film Coated Tabs. 150 mg. 60 (A)	88326	Capecitabine	Actavis Ireland Ltd.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

OSTOMY & URINARY

UPDATE TO EXISTING PRODUCTS

EFFECTIVE 1ST FEBRUARY 2017

Changes Underlined

Instruction	Code	Description	Price €
Change	93456	Coloplast Brava Elastic Tape 12070 20	15.41
To Read	93456	Coloplast Brava Elastic Tape Original/Belt/Straight 12070/72/74 20	15.41
Change	93146	Coloplast Conveen Optima Self Sealing Urisheath Short & Standard 22121/25/30/35 & 22025/30/35/40 30	58.71
To Read	93146	Coloplast Conveen Optima Self Sealing Urisheath Standard 22121/25/30/35 & 22025/30/35/40 30	58.71
Change	93664	Coloplast SpeediCath Compact Plus Silicone Catheter Female 28810/12/14 CH10/12/14 30	57.33
To Read	93664	Coloplast SpeediCath Compact Plus Catheter Female 28810/12/14 CH10/12/14 30	57.33
Change	93609	MacGregor Qufora Catheter Valve (Q-Flow) Sterile Catheter Valves 21104204 5	10.38
To Read	93609	Qufora Catheter Valve (Q-Flow) Sterile Catheter Valves 21104204 5	10.38
Change	93611	MacGregor Qufora Silicone Balloon Catheter Male 42cm 34220512/14/16/18/20/22/24/26 & Female 25cm 34240512/14/16/18/20/22/24/26 5-10ml 1	5.24
To Read	93611	Qufora Silicone Balloon Catheter Male 42cm 34220512/14/16/18/20/22/24/26 & Female 25cm 34240512/14/16/18/20/22/24/26 5-10ml 1	5.24
Change	93612	MacGregor Qufora Silicone Balloon Catheter Unisex Size 5-10 ml./Length 42 cm 34230212/14/16/18/20/22/24 1	6.71
To Read	93612	Qufora Silicone Balloon Catheter Unisex Size 5-10 ml./Length 42 cm 34230212/14/16/18/20/22/24 1	6.71
Change	93616	MacGregor Qufora Onestep ISC Catheter Male 351406/08/10/12/14/16/18 & Female 351206/08/10/12/14/16 30	50.90
To Read	93616	Qufora Onestep ISC Catheter Male 351406/08/10/12/14/16/18 & Female 351206/08/10/12/14/16 30	50.90
Change	93617	MacGregor Qufora Urine Drainage Bags Night Bags 14853204 - Q4 2 Litre, 14823204 - U4 2 Litre 10	11.68
To Read	93617	Qufora Urine Drainage Bags Night Bags 14853204 - Q4 2 Litre, 14823204 - U4 2 Litre 10	11.68
Change	93619	MacGregor Qufora Urine Drainage Bags Leg Bags 12161704/1804/1504 500 ml. Direct Inlet, Short & Long Tube Q Flow Lever Tap & 12151704 500 ml. Direct Inlet, Short & Long Tube T-Tap 10	27.34
To Read	93619	Qufora Urine Drainage Bags Leg Bags 12161704/1804/1504 500 ml. Direct Inlet, Short & Long Tube Q Flow Lever Tap & 12151704 500 ml. Direct Inlet, Short & Long Tube T-Tap 10	27.34
Change	93622	MacGregor Qufora Self Adhering Silicone Urisheath Standard 20111101/201/301/401/501 & Short 20111103/203/303/403/503 30	46.85
To Read	93622	Qufora Self Adhering Silicone Urisheath Standard 20111101/201/301/401/501 & Short 20111103/203/303/403/503 30	46.85
Change	93623	MacGregor Qufora Leg Straps - 60 cm. Leg Bag Holder 21100301 10	24.30
To Read	93623	Qufora Leg Straps - 60 cm. Leg Bag Holder 21100301 10	24.30
Change	93624	MacGregor Qufora Mini System Trans Anal Irrigation 53601-015 1	72.02
To Read	93624	Qufora IrriSedo Mini System Trans Anal Irrigation 53601-015 1	72.02
Change	93626	MacGregor Qufora Bed System Trans Anal Irrigation 53001-055 21 mm, 53101-055 30 mm, 53201-055 12 mm 1	60.91
To Read	93626	Qufora IrriSedo Bed System Trans Anal Irrigation 53001-055 21 mm, 53101-055 30 mm, 53201-055 12 mm 1	60.91
Change	93627	MacGregor Qufora Cone Toilet System Trans Anal Irrigation QTS - Starter Set 1	94.96
To Read	93627	Qufora IrriSedo Cone System QTS - Starter Set 1	94.96

Instruction	Code	Description	Price €
Change	93628	MacGregor Qufora Balloon Catheter System Base Set 58101-002 (Reg) 58102-002 (Sml) 1	85.44
To Read	93628	Qufora IrriSedo Balloon System Base Set 58101-002 (Reg) 58102-002 (Sml) 1	85.44
Change	93924	MacGregor QTM Monthly Set Qufora Cone Toilet System 1	124.09
To Read	93924	Qufora IrriSedo Cone System QTM - 15 Irrigations 1	124.09
Change	93925	MacGregor Qufora Balloon System 58201-015 (Reg) 58202-015 (Small) Accessory Set Catheter System 1	140.37
To Read	93925	Qufora IrriSedo Balloon System 58201-015 (Reg) 58202-015 (Small) Accessory Set Catheter System 1	140.37
Change	93926	MacGregor Qufora Balloon System 58301-010 (Reg) 58302-010 (Small) Catheters 1	96.43
To Read	93926	Qufora IrriSedo Balloon System 58301-010 (Reg) 58302-010 (Small) Catheters 1	96.43

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ADDITIONS TO OSTOMY & URINARY

EFFECTIVE 1ST FEBRUARY 2017

Instruction	Code	Description	Price €
Add	93961	Clinimed Curan Lady, Ready to Use, Self Intermittent Catheter, Sterile Single Use CH08-CH14 CL08/CL10/CL12/CL14 30	€52.73
Add	93944	Coloplast Sensura Mio 1 Piece Closed Colostomy Bag Maxi Deep Convex Starter Hole 16545/16546/16547 10	€38.48
Add	93942	Coloplast Sensura Mio 1 Piece Closed Colostomy Bag Maxi Light Convex Starter Hole 16525/16526/16527/16530/16531 10	€38.48
Add	93943	Coloplast Sensura Mio 1 Piece Closed Colostomy Bag Midi Deep Convex Starter Hole 16541/16542/16543 10	€38.48
Add	93941	Coloplast Sensura Mio 1 Piece Closed Colostomy Bag Midi Light Convex Starter Hole 16521/16522/16523 10	€38.48
Add	93956	Coloplast SenSura Mio 1 Piece Urostomy Bag Maxi Deep Convex Pre Cut 16862/16863 10	€81.25
Add	93954	Coloplast SenSura Mio 1 Piece Urostomy Bag Maxi Deep Convex Starter Hole 16855/16856/16857/16865/16867 10	€81.25
Add	93959	Coloplast SenSura Mio 1 Piece Urostomy Bag Maxi Light Convex Pre Cut 16830/16831/16832 10	€81.25
Add	93958	Coloplast SenSura Mio 1 Piece Urostomy Bag Maxi Light/Soft Convex Starter Hole 16805/16810/16825/16826/16827/16835/16836/16837 10	€81.25
Add	93953	Coloplast SenSura Mio 1 Piece Urostomy Bag Midi Deep Convex Starter Hole 16851/16852/16853 10	€81.25
Add	93957	Coloplast SenSura Mio 1 Piece Urostomy Bag Midi Light/Soft Convex Starter Hole 16801/16821/16822/16823 10	€81.25
Add	93950	Coloplast SenSura Mio 2 Piece Click Baseplate Deep Convex Pre Cut 16942/16953/16954/16955/16963/16964 5	€27.20
Add	93948	Coloplast SenSura Mio 2 Piece Click Baseplate Deep Convex Starter Hole 16941/16951/16961/16971 5	€27.20
Add	93945	Coloplast Sensura Mio 2 Piece Click Baseplate Light Convex Pre Cut 16901/16903/16913/16914/16915/16923/16924 5	€27.20
Add	93946	Coloplast Sensura Mio 2 piece Click Baseplate Light Convex Starter Hole 16911/16921/16931 5	€27.20
Add	93952	Coloplast SenSura Mio 2 Piece Flex Baseplate Light Convex Pre Cut 16472/16481/16484/16485/16486/16487/16488 5	€27.36
Add	93951	Coloplast SenSura Mio 2 Piece Flex Baseplate Light Convex Starter Hole 16471/16483/16491 5	€27.36
Add	93949	Coloplast Speedicath Compact Eve CH10, CH12, CH14, 28110, 28112, 28114 30	€57.33
Add	93974	Eakin Dot - 2 Piece Baseplate CTF/Pre Cut 839800/839801/839802/839803/839804/839805/839806/839807/839808/839809 5	€24.80
Add	93976	Eakin Dot - 2 Piece Closed Bag Mini/Standard/Maxi 839900/839901/839902 30	€58.50
Add	93975	Eakin Dot - 2 Piece Drainable Bag Mini/Standard/Maxi 839903/839904/839905 30	€61.58
Add	93960	Hollister Conform2 Urostomy Pouch Beige/Trans with Soft Tap 23790, 24790, 25790, 27790, 23890, 24890, 25890, 27890 10	€35.79
Add	93929	Just a Drop Deodorant 155859/155863 30 ml. Pack 1	€3.35
Add	93940	Just a Drop Deodorant 155862/155864 240 ml. Pack 1	€10.88
Add	93992	Laker Dansac Novalife 1 Closed Pouch Midi/Maxi Clear 902-10/902-25/902-30/902-35/902-40/902-45/902-50 30	€86.17
Add	93991	Laker Dansac Novalife 1 Closed Pouch Midi/Maxi Opaque 901-10/901-25/901-30/901-35/901-40/901-45/901-50/905-10/905-25/905-30/905-35/906-10 30	€86.17
Add	93962	Laker Dansac Novalife 1 Open Pouch Maxi Opaque/Clear 915-10, 915-25, 915-30, 915-35, 916-10 10	€38.60
Add	93964	Laker Dansac Novalife 1 Open Pouch Midi Opaque/Clear 923-10/25/30/35/40/45, 924-10/25/30/35/40/45 30	€115.80

Instruction	Code	Description	Price €
Add	93965	Laker Dansac Novalife 2 Closed Pouch Midi Opaque/Clear 1301-36/1301-43/1301-55/1301-70: 1302-36/1302-43/1302-55/1302-70 30	€58.87
Add	93970	Pat Coakley Aquaflush Actif Starter Pack Water Bag & Pump Kit OMOstM 1	€135.30
Add	93969	Pat Coakley Aquaflush Extension Tube 50 cm. for Compact & Stoma Products AFExtn 1	€7.99
Add	93966	Pat Coakley Aquaflush Monthly Compact Kit AFCM 1	€72.02
Add	93967	Pat Coakley Aquaflush Monthly Compact Starter Kit AFCS 1	€44.32
Add	93968	Pat Coakley Aquaflush Quick Monthly Kit AFQM 1	€135.30
Add	93972	Pat Coakley Aquaflush Quick Starter Water Bag with Pump Kit AFQS 1	€103.41
Add	93973	Salts Wipe Away Plus Wipes 3 ml. Wipe WAP2 30	€10.69
Add	93989	Trio Healthcare Elisse Sting Free Silicone Skin Barrier Spray TR204 50 ml. 1	€11.50
Add	93990	Trio Healthcare Elisse Sting Free Silicone Skin Barrier Wipes TR203 30	€24.69
Add	93980	Trio Healthcare Elite Sting Free Silicone Adhesive Remover Spray TR201 50 ml. 1	€8.63
Add	93978	Trio Healthcare Pearls Silicone Gelling & Odour Control Sachets TR205 100	€36.10
Add	93977	Trio Healthcare Silex Silicone Flange Extenders TR1060 20	€14.38
Add	93988	Trio Healthcre Silken Silicone Ostomy Gel TR1070 60 G. Pack 1	€9.23

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st February 2017

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE 1ST FEBRUARY 2017

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Freedo Film Coated Tabs. 0.03 mg./3 mg. 63 (A) *(Non-Proprietary Name Index: Drospirenone and Ethinylestradiol)*	S1B	7.29	34216
Freedonel Film Coated Tabs. 0.02 mg./3 mg. 63 (A) *(Non-Proprietary Name Index: Drospirenone and Ethinylestradiol)*	S1B	8.42	34222

DELETIONS

Emcolol Tabs. 10 mg. 28 (A)	22421
Epilim Chronosphere PR Grans. 1000 mg. Sachet 30 (A)	23562
Epilim Chronosphere PR Grans. 750 mg. Sachet 30 (A)	23547
Fortum Monovial Inj. 2 G. 1 (A)	25953
Metidate XL Prolonged Release Tabs. 18 mg. 30 (A)	13491
Mirtazapine TEVA Orodispersible Tabs. 15 mg. 30 (A)	33411
NovoNorm (Polyfarma) Tabs. 2 mg. 90 (A)	79582
Rivotril Inj. 1 mg. c. 1 ml. diluent 5 (A)	43813
Rivotril Inj. 1 mg. c. 1 ml. diluent 10 (A)	64785
Setinin XL Prolonged Release Tabs. 200 mg. 60 (A)	13417
Setinin XL Prolonged Release Tabs. 400 mg. 60 (A)	13419
Sonata Caps. 10 mg. 14 (A)	79667
Tostran Gel 2% 60 G. (B)	73020
Zolmitriptan TEVA Orodispersible Tabs. 2.5 mg. 6 (A)	76843

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST FEBRUARY 2017

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Cimzia Soln. for Inj. (Autoclick) Pre-filled Pen 200 mg./ml. 1 ml. x 2 (A) *Code the number of pre-filled pens dispensed*	88677	Certolizumab Pegol	981.64	UCB (Pharma) Ireland Limited	United Drug
Exjade Film Coated Tabs. 90 mg. 30 (A)	88687	Deferasirox	194.40	Novartis Ireland Limited	Uniphar/Allphar
Exjade Film Coated Tabs. 180 mg. 30 (A)	88688	Deferasirox	388.80	Novartis Ireland Limited	Uniphar/Allphar
Exjade Film Coated Tabs. 360 mg. 30 (A)	88689	Deferasirox	775.66	Novartis Ireland Limited	Uniphar/Allphar
Imatinib (Wockhardt) Film Coated Tabs. 100 mg. 60 (A)	88788	Imatinib	508.53	Pinewood Healthcare	Pinewood Healthcare
Imatinib (Wockhardt) Film Coated Tabs. 400 mg. 30 (A)	88789	Imatinib	1017.05	Pinewood Healthcare	Pinewood Healthcare
Lonsurf Film Coated Tabs. 15 mg./6.14 mg. 20 (A)	88850	Trifluridine, combinations	1013.80	Servier Laboratories (Ireland) Ltd	United Drug
Lonsurf Film Coated Tabs. 15 mg./6.14 mg. 60 (A)	88851	Trifluridine, combinations	3041.39	Servier Laboratories (Ireland) Ltd.	United Drug
Lonsurf Film Coated Tabs. 20 mg./8.19 mg. 20 (A)	88852	Trifluridine, combinations	1351.73	Servier Laboratories (Ireland) Ltd.	United Drug
Lonsurf Film Coated Tabs. 20 mg./8.19 mg. 60 (A)	88853	Trifluridine, combinations	4055.40	Servier Laboratories (Ireland) Ltd.	United Drug
Lutrate 1 month Depot Pdr. & Solv. For Prolonged Release Susp. For Inj. 3.75 mg. 1 (A) *Code the number of packs dispensed*	88643	Leuprorelin	77.78	Concordia International Rx (Ireland) Limited	Allphar
Lutrate 3 month Depot Pdr. & Solv. For Prolonged Release Susp. For Inj. 22.5 mg. 1 (A) *Code the number of packs dispensed*	88644	Leuprorelin	233.37	Concordia International Rx (Ireland) Ltd.	Allphar
Vargatef Soft Caps. 100 mg. 120 (A)	88458	Nintedanib	2733.17	Boehringer Ingelheim	Allphar
Vargatef Soft Caps. 150 mg. 60 (A)	88459	Nintedanib	2733.17	Boehringer Ingelheim	Allphar

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st January 2017

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE 1ST JANUARY 2017
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Azalia Film Coated Tabs. 75 mcg. 84 (A) *(Non-Proprietary Name Index: Desogestrel)*	S1B	7.47	27006
Beta-Prograne (LTT Pharma Ltd.) Caps. 160 mg. 28 (A) *(Non-Proprietary Name Index: Propranolol)*	S1B	4.89	67321
Betmiga (Lexon UK) Prolonged Release Tabs. 50 mg. 30 (A) *(Non-Proprietary Name Index: Mirabegron)*	S1B	34.57	17633
Bonviva (Lexon UK) Film Coated Tabs. 150 mg. 1 (A) *(Non-Proprietary Name Index: Ibandronic Acid)*	S1B	14.52	13295
Braltus TEVA Inhalation Powder, Hard Caps. 10 mcg. 30 (A) *(Non-Proprietary Name Index: Tiotropium Bromide)*	S1B	31.24	61508
Brilique (Lexon UK) Film Coated Tabs. 90 mg. 56 (A) *(Non-Proprietary Name Index: Ticagrelor)*	S1B	63.06	26102
Campral EC (LTT Pharma Ltd.) Tabs. 333 mg. 84 (A) *(Non-Proprietary Name Index: Acamprosate)*	S1B	22.83	15932
Crinone (LTT Pharma Ltd.) 8% Vag. Gel Applicator 15 (A) *(Non-Proprietary Name Index: Progesterone)*	S1A	44.73	54350
Dalacin (LTT Pharma Ltd.) Cream 2% c. Applicator 40 G. Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Clindamycin)*	S1A	11.75	19686
Detrusitol (LTT Pharma Ltd.) Film Coated Tabs. 2 mg. 56 (A) *(Non-Proprietary Name Index: Tolterodine)*	S1B	20.94	19692
DuoTrav (Lexon UK) Eye Drop Soln. 40 mcg./ml. + 5 mg./ml. 2.5 ml. 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Timolol, combinations)*	S1A	17.14	22571
Efient (Lexon UK) Film Coated Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Prasugrel)*	S1B	51.20	27007
Efudix (LTT Pharma Ltd.) Cream 5% 40 G. (B) *(Non-Proprietary Name Index: Fluorouracil)*	S1A	40.35	36822
Eliquis (Lexon UK) Film Coated Tabs. 2.5 mg. 60 (A)	S1B	66.09	36807
Eliquis (Lexon UK) Film Coated Tabs. 5 mg. 60 (A) *Approved as a second line therapy in circumstances where warfarin may not be appropriate* *(Non-Proprietary Name Index: Apixaban)*	S1B	66.42	36814

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Flixotide (LTT Pharma Ltd.) Evohaler 125 mcg. 120 Dose Aerosol 1 (A)	S1B	18.09	36831
Flixotide (LTT Pharma Ltd.) Evohaler 250 mcg. 120 Dose Aerosol 1 (A)	S1B	31.83	36841
Code the number of aerosols dispensed			
(Non-Proprietary Name Index: Fluticasone)			
Frovex (LTT Pharma Ltd.) Film Coated Tabs. 2.5 mg. 6 (A)	S1B	18.44	36821
(Non-Proprietary Name Index: Frovatriptan)			
Hy-Opti Eye Drops Preservative Free 0.1% 10 ml. (B)		6.16	41534
Hy-Opti Eye Drops Preservative Free 0.2% 10 ml. (B)		6.72	41535
(Non-Proprietary Name Index: Sodium Hyaluronate)			
Ixprim (LTT Pharma Ltd.) Film Coated Tabs. 37.5 mg./325 mg. 60 (A)	S1A	9.71	29006
(Non-Proprietary Name Index: Tramadol, combinations)			
Invokana (Lexon UK) Film Coated Tabs. 100 mg. 30 (A)	S1B	43.69	29007
(Non-Proprietary Name Index: Canaglifozin)			
Konverge (iMED Healthcare Ltd.) Film Coated Tabs. 20 mg./5 mg. 28 (A)	S1B	19.13	21463
Konverge (iMED Healthcare Ltd.) Film Coated Tabs. 40 mg./5 mg. 28 (A)	S1B	22.45	21470
Konverge (iMED Healthcare Ltd.) Film Coated Tabs. 40 mg./10 mg. 28 (A)	S1B	23.79	21486
(Non-Proprietary Name Index: Olmesartan Medoxomil and Amlodipine)			
Omesar (iMED Healthcare Ltd.) Film Coated Tabs. 10 mg. 28 (A)	S1B	12.23	21493
(Non-Proprietary Name Index: Olmesartan Medoxomil)			
Opatanol (Lexon UK) Eye Drops 1 mg./ml. 5 ml. (B)	S1B	7.21	69339
(Non-Proprietary Name Index: Olopatadine)			
Pradaxa (iMED Healthcare Ltd.) Hard Caps. 110 mg. 60 (A)	S1B	67.37	60681
Pradaxa (iMED Healthcare Ltd.) Hard Caps. 150 mg. 60 (A)	S1B	67.90	60685
(Non-Proprietary Name Index: Dabigatran Etexilate)			
Approved as a second line therapy in circumstances where warfarin may not be appropriate.			
Pradaxa (Lexon UK) Hard Caps. 110 mg. 60 (30 Day Dose) (A)	S1B	67.37	60633
Pradaxa (Lexon UK) Hard Caps. 150 mg. 60 (30 Day Dose) (A)	S1B	67.91	60634
(Non-Proprietary Name Index: Dabigatran Etexilate)			
Approved as a second line therapy in circumstances where warfarin may not be appropriate.			
Procoralan (Lexon UK) Film Coated Tabs. 7.5 mg. 56 (A)	S1B	47.25	42704
(Non-Proprietary Name Index: Ivabradine)			
Rasagiline (Actavis) Tabs. 1 mg. 28 (A)	S1B	37.55	31853
(Non-Proprietary Name Index: Rasagiline)			
Relvar Ellipta (Lexon UK) Inhalation Pdr. Pre-Dispensed 92 mcg./22 mcg. 30 Dose Pack 1 (A)	S1B	33.42	19733
Relvar Ellipta (Lexon UK) Inhalation Pdr. Pre-Dispensed 184 mcg./22 mcg. 30 Dose Pack 1 (A)	S1B	38.75	19734
Code the number of packs dispensed			
(Non-Proprietary Name Index: Vilanterol and Fluticasone Furoate)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Seretide (LTT Pharma Ltd.) Diskus 50 mcg./500 mcg. 60 Blisters Complete Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Salmeterol and other drugs for obstructive airway diseases)*	S1B	43.76	19865
Singulair (LTT Pharma Ltd.) Film Coated Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Montelukast)*	S1B	10.56	62434
Stalevo (Lexon UK) Film Coated Tabs. 50/12.5/200 mg. 100 (A)	S1B	75.54	62441
Stalevo (Lexon UK) Film Coated Tabs. 100/25/200 mg. 100 (A)	S1B	75.54	62442
Stalevo (Lexon UK) Film Coated Tabs. 150/37.5/200 mg. 100 (A) *(Non-Proprietary Name Index: Levodopa, Decarboxylase Inhibitor and COMT Inhibitor)*	S1B	75.54	62443
Topamax (LTT Pharma Ltd.) Film Coated Tabs. 100 mg. 60 (A) *(Non-Proprietary Name Index: Topiramate)*	S1B	41.75	62457
Twynsta (Lexon UK) Tabs. 40 mg./5 mg. 28 (A)	S1B	17.13	42425
Twynsta (Lexon UK) Tabs. 80 mg./5 mg. 28 (A) *(Non-Proprietary Name Index: Telmisartan and Amlodipine)*	S1B	21.64	42426
Valdoxan (Lexon UK) Film Coated Tabs. 25 mg. 28 (A) *(Non-Proprietary Name Index: Agomelatine)*	S1A	38.10	51204
Vimpat (Lexon UK) Film Coated Tabs. 50 mg. 14 (A) *(Non-Proprietary Name Index: Lacosamide)*	S1B	11.07	49377
Xalatan (LTT Pharma Ltd.) 0.005% w/v Eye Drops Soln. 2.5 ml. Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Latanoprost)*	S1A	8.96	49373
Zantac (LTT Pharma Ltd.) Syrup 150 mg./10 ml. 300 ml. (B) *(Non-Proprietary Name Index: Ranitidine)*	S1B	20.40	49823
Zinnat (LTT Pharma Ltd.) Film Coated Tabs. 500 mg. 14 (A) *(Non-Proprietary Name Index: Cefuroxime)*	S1A	8.72	59876

CHANGES

CHANGES UNDERLINED

Change	Treclinac Gel 10 mg./G. + 0.25 mg./G. 30 G. (B)	15.66	13186
To Read	Treclin Gel 1% + 0.025% w/w 30 G. (B)	15.66	13186

DELETIONS

Metidate XL Prolonged Release Tabs. 36 mg. 30 (A)	54372
Prempak-C 1.25 mg. Tabs. Treatment Pack 1 (A)	42099
Rivastigmine (Actavis) Hard Caps. 3 mg. 56 (A)	24484
Sinemet-Plus Tabs. 25 mg./100 mg. 90 (A)	46299
Tildiem Retard Tabs. 90 mg. 56 (A)	49565

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST JANUARY 2017

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Imatinib (KRKA Pharma) Film Coated Tabs. 100 mg. 60 (A)	88646	Imatinib	508.52	KRKA Pharma Dublin Ltd.	Blackhall Pharmaceuticals
Imatinib (KRKA Pharma) Film Coated Tabs. 400 mg. 30 (A)	88662	Imatinib	1017.05	KRKA Pharma Dublin Ltd.	Blackhall Pharmaceuticals
Imatinib (Rowex) Film Coated Tabs. 100 mg. 60 (A)	88664	Imatinib	508.53	Rowex Ltd.	United Drug/Uniphar
Imatinib (Rowex) Film Coated Tabs. 400 mg. 30 (A)	88665	Imatinib	1017.05	Rowex Ltd.	United Drug/Uniphar
Imatinib Teva Film Coated Tabs. 100 mg. 60 (A)	88675	Imatinib	508.53	Teva Pharmaceuticals	United Drug
Imatinib Teva Film Coated Tabs. 400 mg. 30 (A)	88676	Imatinib	1017.05	Teva Pharmaceuticals	United Drug
Mysildecard Film Coated Tabs. 20 mg. 90 (A) *Note: PAH Protocol and Circular 026/06 refers*	88036	Sildenafil	203.41	Gerard Labs.	Allphar
Zydelig Film Coated Tabs. 100 mg. 60 (A)	88299	Idelalisib	4436.35	Gilead Sciences Ltd.	Gilead Sciences Ltd.
Zydelig Film Coated Tabs. 150 mg. 60 (A)	88333	Idelalisib	4436.35	Gilead Sciences Ltd.	Gilead Sciences Ltd.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st December 2016

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE 1ST DECEMBER 2016
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Abasaglar KwikPen Soln. for Inj., Pre-Filled Pen 100 units/ml. 3 ml. 5 (1 - 80 Units) (A)	S1B	41.96	69486
Code the number of pre-filled pens dispensed			
(Non-Proprietary Name Index: Insulin Glargine)			
Amoxicillin (Clonmel) Hard Caps. 250 mg. 500 (A)	S1A	40.18	27583
Amoxicillin (Clonmel) Hard Caps. 500 mg. 500 (A)	S1A	78.06	27591
(Non-Proprietary Name Index: Amoxicillin)			
Amoxicillin (Clonmel) Pdr. for Oral Susp. 125 mg./5 ml. 100 ml. (B)	S1A	2.05	90259
Amoxicillin (Clonmel) Pdr. for Oral Susp. 250 mg./5 ml. 100 ml. (B)	S1A	3.02	90272
(Non-Proprietary Name Index: Amoxicillin)			
Methotrexate (Accord Healthcare Ltd.) Tabs. 2.5 mg. 28 (A)	S1A	3.76	34310
Methotrexate (Accord Healthcare Ltd.) Tabs. 2.5 mg. 100 (A)	S1A	13.11	34321
Methotrexate (Accord Healthcare Ltd.) Tabs. 10 mg. 100 (A)	S1A	44.67	34337
(Non-Proprietary Name Index: Methotrexate)			
Thealoz Duo Preservative Free Eye Drops 10 ml. (B)		6.75	34587
(Non-Proprietary Name Index: Artifical Tears and other indifferent preparations)			

CHANGES – CHANGES UNDERLINED

Change	Abasaglar KwikPen Soln. for Inj., Pre-Filled Pen 100 units/ml. 3 ml. 5 (A)	69239
To Read	Abasaglar KwikPen Soln. for Inj., Pre-Filled Pen 100 units/ml. 3 ml. 5 (1 - 60 Units) (A)	69239

DELETIONS

Amlotan Tabs. 5 mg. 28 (A)	10255
Insomniger Tabs. 10 mg. 100 (A)	30519
Insomniger Tabs. 20 mg. 100 (A)	30552
Olanzapine (Clonmel) Orodispersible Tabs. 5 mg. 28 (A)	32980
Olanzapine (Clonmel) Orodispersible Tabs. 10 mg. 28 (A)	32981
Olanzapine (Clonmel) Orodispersible Tabs. 15 mg. 28 (A)	32982
Olanzapine (Clonmel) Orodispersible Tabs. 20 mg. 28 (A)	32983
Ponalgic Caps. 250 mg. 100 (A)	40207
Ponalgic Caps. 250 mg. 500 (A)	39691
Ponalgic Tabs. 500 mg. 100 (A)	40029

CLARIFICATION

GMS REIMBURSABLE NON-DRUG ITEMS IN THE GMS SCHEME OSTOMY & URINARY PRODUCTS		
Withdrawn	Bard Bed Bag 2 L. Drainable 8422 1 (A)	93182
Replaced with	Bard Bed Bag 2 L. Drainable Sterile 8422 10 (A)	93928
Withdrawn	Flip Flow Catheter Valve (Bard) BFF5 1 (A)	97115
Replaced with	Bard BFF5 Flip Flow Catheter Valve 5 (A)	93496
Withdrawn	Uriplan Drainage Bag 2 L. Closed System Sterile (Bard) D813131 1 (A)	96474
Replaced with	Bard Uriplan Drainage Bag 2 L. Closed System Sterile D813131 10 (A)	93489
Withdrawn	Uriplan Leg Bag 350 ml. Direct Inlet Tube (Bard) D3S 1 (A)	96482
Replaced with	Bard Uriplan Leg Bag 350 ml. Direct Inlet Tube D3S 10 (A)	93490
Withdrawn	Uriplan Leg Bag 350 ml. 30 cm. Inlet Tube (Bard) D3L 1 (A)	99074
Replaced with	Bard Uriplan Leg Bag 350 ml. 30 cm. Inlet Tube D3L 10 (A)	99080
Withdrawn	Uriplan Leg Bag 500 ml. Direct Inlet Tube (Bard) D5S 1 (A)	96520
Replaced with	Bard Uriplan Leg Bag 500 ml. Direct Inlet Tube D5S 10 (A)	93494
Withdrawn	Uriplan Leg Bag 500 ml. 10 cm. Inlet Tube (Bard) D5M 1 (A)	96490
Replaced with	Bard Uriplan Leg Bag 500 ml. 10 cm. Inlet Tube D5M 10 (A)	93492
Withdrawn	Uriplan Leg Bag 500 ml. 30 cm. Inlet Tube (Bard) D5L 1 (A)	96504
Replaced with	Bard Uriplan Leg Bag 500 ml. 30 cm. Inlet Tube D5L 10 (A)	93493
Withdrawn	Uriplan Leg Bag 750 ml. Direct Inlet Tube (Bard) D7S 1 (A)	99082
Replaced with	Uriplan Leg Bag 750 ml. Direct Inlet Tube (Bard) D7S 10 (A)	99010
Withdrawn	Uriplan Leg Bag 750 ml. 10 cm. Inlet Tube (Bard) D7M 1 (A)	94833
Replaced with	Bard D7M Uriplan Leg Bag 750 ml. 10 cm. Inlet Tube 10 (A)	93930
Withdrawn	Uriplan Leg Bag 750 ml. 30 cm. Inlet Tube (Bard) D7L 1 (A)	94858
Replaced with	Bard D7L Uriplan Leg Bag 750 ml. 30 cm. Inlet Tube 10 (A)	93931

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UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST DECEMBER 2016

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Iclusig Film Coated Tabs. 15 mg. 60 (A)	88669	Ponatinib	6426.00	Ariad Pharmaceuticals Ltd.	TCP
Iclusig Film Coated Tabs. 45 mg. 30 (A)	88674	Ponatinib	6426.00	Ariad Pharmaceuticals Ltd.	TCP
Imatinib (Actavis) Film Coated Tabs. 400 mg. 30 (A)	88693	Imatinib	1017.05	Actavis Ireland Ltd.	Allphar Services Ltd.
Taltz Soln. for Inj. in Pre-filled Pen 80 mg./ml. 1 ml. 1 (A) *Code the number of pre-filled pens dispensed*	88737	Ixekizumab	1114.56	Eli Lilly & Co.	United Drug
Zykadia Hard Caps. 150 mg. 150 (A)	88742	Ceritinib	6296.40	Novartis Ireland Ltd.	Allphar Services Ltd.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st November 2016

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE 1ST NOVEMBER 2016
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Alendronate/Colecalciferol (Rowex) Tabs. 70 mg./5600 iu 4 (A)	S1B	8.09	21653
(Non-Proprietary Name Index: Alendronic Acid and Colecalciferol)			
Bisoprolol Fumarate (Clonmel) Tabs. 1.25 mg. 28 (A)	S1B	2.40	21658
Bisoprolol Fumarate (Clonmel) Tabs. 2.5 mg. 28 (A)	S1B	1.68	27136
Bisoprolol Fumarate (Clonmel) Tabs. 3.75 mg. 28 (A)	S1B	3.36	27415
Bisoprolol Fumarate (Clonmel) Tabs. 5 mg. 28 (A)	S1B	1.95	27681
Bisoprolol Fumarate (Clonmel) Tabs. 10 mg. 28 (A)	S1B	2.52	27685
(Non-Proprietary Name Index: Bisoprolol)			
Desogestrel (Rowex) Film Coated Tabs. 75 mcg. 84 (A)	S1B	7.47	33513
(Non-Proprietary Name Index: Desogestrel)			
Olmesartan Hydrochlorothiazide (Clonmel) Film Coated Tabs. 20 mg./12.5 mg. 28 (A)	S1B	7.05	34852
Olmesartan Hydrochlorothiazide (Clonmel) Film Coated Tabs. 20 mg./25 mg. 28 (A)	S1B	7.28	34861
Olmesartan Hydrochlorothiazide (Clonmel) Film Coated Tabs. 40 mg./12.5 mg. 28 (A)	S1B	8.49	34883
Olmesartan Hydrochlorothiazide (Clonmel) Film Coated Tabs. 40 mg./25 mg. 28 (A)	S1B	8.74	34892
(Non-Proprietary Name Index: Olmesartan Medoxomil and Hydrochlorothiazide)			
Olmesartan Medoxomil (Clonmel) Film Coated Tabs. 10 mg. 28 (A)	S1B	5.57	46987
Olmesartan Medoxomil (Clonmel) Film Coated Tabs. 20 mg. 28 (A)	S1B	6.98	47298
Olmesartan Medoxomil (Clonmel) Film Coated Tabs. 40 mg. 28 (A)	S1B	8.49	47685
(Non-Proprietary Name Index: Olmesartan Medoxomil)			
Vedixal XL Prolonged Release Hard Caps. 37.5 mg. 28 (A)	S1A	5.04	52369
(Non-Proprietary Name Index: Venlafaxine)			

CHANGES - CHANGES UNDERLINED

Change	Tegretol Suppos. 125 mg. 5 (A)	7.61	48761
To Read	Carbamazepine (Essential Pharma) Suppos. 125 mg. 5 (A)	7.61	48761
Change	Tegretol Suppos. 250 mg. 5 (A)	9.88	48773
To Read	Carbamazepine (Essential Pharma) Suppos. 250 mg. 5 (A)	9.88	48773

DELETIONS

Cataflam Tabs. 25 mg. 30 (A)	16274
Didronel PMO Pack 1 (A)	23296
Diurexan Tabs. 20 mg. 140 (A)	77666
Gaviscon Sachets Infant 30 (A)	26782
Hydrocortisyl Oint. 1% 15 G. (B)	28142
Lopraz Caps. 10 mg. 28 (A)	31931
Lopraz Caps. 20 mg. 28 (A)	31873
Lopraz Caps. 40 mg. 14 (A)	31948
Metidate XL Prolonged Release Tabs. 27 mg. 30 (A)	13492
Mometasone Furoate TEVA Nasal Spray Susp. 50 mcg. 140 Dose Pack 1 (A)	13360
Nicotinell TTS 30 Patches 21 mg. 21 (A)	34636
Rectogesic (iMED Healthcare Ltd. D.P.R.) Rectal Oint. 4 mg./G. 30 G. (B)	49102
Spiriva (P.C.O. Mfg.) Caps. Refill 18 mcg. 30 (A)	61496
Striant SR Tabs. 30 mg. 60 (A)	47201
Tildiem LA Caps 300 mg. 28 (A)	49024
Tramapine Prolonged Release Tabs. 100 mg. 60 (A)	65831

ADDENDUM TO LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST OCTOBER 2016

OSTOMY & URINARY PRODUCTS

ADDITIONS

ADD	Bard Uriplan Leg Bag 750 ml. Direct Inlet Tube D7S 10 (A)	34.29	99010

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST NOVEMBER 2016

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Imatinib (Clonmel) Film Coated Tabs. 100 mg. 60 (A)	88571	Imatinib	508.53	Clonmel Healthcare Ltd.	Clonmel Healthcare Ltd.
Imatinib (Clonmel) Film Coated Tabs. 400 mg. 30 (A)	88572	Imatinib	1017.06	Clonmel Healthcare Ltd.	Clonmel Healthcare Ltd.
Taltz Soln. for Inj. in Pre-filled Syringe 80 mg./ml. 1 ml. 1 (A) *Code the number of pre-filled syringes dispensed*	88600	Ixekizumab	1114.56	Eli Lilly & Co.	United Drug
Taltz Soln. for Inj. in Pre-filled Pen 80 mg./ml. 1 ml. 2 (A) *Code the number of pre-filled pens dispensed*	88668	Ixekizumab	2229.12	Eli Lilly & Co.	United Drug

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st October 2016

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE 1ST OCTOBER 2016.
CHANGES

		Reimbursement Price €	Drug Code

CHANGES
CHANGES UNDERLINED

Change	Isoptin Inj. 5 mg. 2.2 ml. 5 (A)		29521
To Read	Isoptin Soln. for Inj. or Inf. 2.5 mg./ml. 2 ml. 5 (A)		29521

DELETIONS

Clopidogrel HCS TEVA Tabs. 75 mg. 28 (A)		65030
Evista Tabs. 60 mg. 84 (A)		24498

ADDITIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST OCTOBER 2016
OSTOMY & URINARY PRODUCTS

Bard Bed Bag 2 L. Drainable Sterile 8422 10 (A)	17.10	93928
Bard Uriplan Leg Bag 350 ml. 30 cm. Inlet Tube D3L 10 (A)	34.18	99080

CHANGES TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST OCTOBER 2016
CHANGES UNDERLINED

Change	Bard Biocath Aquamatic Hydrogel Coated Prefilled Foley Catheter D226812/22 1 (A)	96309
To Read	Bard Biocath Aquamatic Hydrogel Coated Prefilled Foley Catheter Female D226812/22 1 (A)	96309
Change	Bard Biocath Hydrogel Coated 2-way Foley Catheter D226912/22 1 (A)	97061
To Read	Bard Biocath Hydrogel Coated 2-way Foley Catheter Female D226912/22 1 (A)	97061
Change	Bard All Silicone Foley Catheter D166112/16 1 (A)	96652
To Read	Bard All Silicone Foley Catheter Female D166112/16 1 (A)	96652

DELETIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST OCTOBER 2016
OSTOMY & URINARY PRODUCTS

Bard Bed Bag 2 L. Drainable 8422 1 (A)	93182
Flip Flow Catheter Valve (Bard) BFF5 1 (A)	97115
Uriplan Drainage Bag 2 L. Closed System Sterile (Bard) D813131 1 (A)	96474
Uriplan Leg Bag 350 ml. Direct Inlet Tube (Bard) D3S 1 (A)	96482
Uriplan Leg Bag 350 ml. 30 cm. Inlet Tube (Bard) D3L (A)	99074
Uriplan Leg Bag 500 ml. Direct Inlet Tube (Bard) D5S 1 (A)	96520
Uriplan Leg Bag 500 ml. 10 cm. Inlet Tube (Bard) D5M 1 (A)	96490
Uriplan Leg Bag 500 ml. 30 cm. Inlet Tube (Bard) D5L 1 (A)	96504
Uriplan Leg Bag 750 ml. Direct Inlet Tube (Bard) D7S 1 (A)	99082
Uriplan Leg Bag 750 ml. 10 cm. Inlet Tube (Bard) D7M 1 (A)	94833
Uriplan Leg Bag 750 ml. 30 cm. Inlet Tube (Bard) D7L 1 (A)	94858

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST OCTOBER 2016.

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Ecansya Film Coated Tabs. 150 mg. 60 (A)	88378	Capecitabine	20.74	KRKA Pharma Ltd.	Blackhall Pharmaceuticals Ltd.
Ecansya Film Coated Tabs. 500 mg. 120 (A)	88379	Capecitabine	123.12	KRKA Pharma Ltd.	Blackhall Pharmaceuticals Ltd.

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Health Service Executive

Product Updates Notification
Effective 1st September 2016

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST SEPTEMBER 2016.
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Cosimprel Film Coated Tabs. 5 mg./5 mg. 30 (A)	S1B	7.70	22501
Cosimprel Film Coated Tabs. 5 mg./10 mg. 30 (A)	S1B	10.97	22502
Cosimprel Film Coated Tabs. 10 mg./5 mg. 30 (A)	S1B	7.70	22503
Cosimprel Film Coated Tabs. 10 mg./10 mg. 30 (A)	S1B	10.97	22504
(Non-Proprietary Name Index: Perindopril and Bisoprolol)			
Coversyl Arginine Orodispersible Tabs. 5 mg. 30 (A)	S1B	5.18	68306
Coversyl Arginine Orodispersible Tabs. 10 mg. 30 (A)	S1B	8.46	68307
(Non-Proprietary Name Index: Perindopril)			
Humalog Kwikpen 200 IU/ml. 3 ml. Pre-filled Pen 5 (A)	S1A	77.08	69184
Code the number of pre-filled pens dispensed			
(Non-Proprietary Name Index: Insulin Lispro Fast-Acting)			
Rosuvastatin (Accord Healthcare Ltd.) Film Coated Tabs. 5 mg. 28 (A)	S1B	5.88	62840
Rosuvastatin (Accord Healthcare Ltd.) Film Coated Tabs. 10 mg. 28 (A)	S1B	7.28	62841
Rosuvastatin (Accord Healthcare Ltd.) Film Coated Tabs. 20 mg. 28 (A)	S1B	11.76	62842
Rosuvastatin (Accord Healthcare Ltd.) Film Coated Tabs. 40 mg. 28 (A)	S1B	12.32	62843
(Non-Proprietary Name Index: Rosuvastatin)			
Spironolactone (Accord Healthcare Ltd.) Film Coated Tabs. 25 mg. 100 (A)	S1A	4.33	72813
Spironolactone (Accord Healthcare Ltd.) Film Coated Tabs. 50 mg. 100 (A)	S1A	8.05	72814
Spironolactone (Accord Healthcare Ltd.) Film Coated Tabs. 100 mg. 30 (A)	S1A	3.50	72815
Spironolactone (Accord Healthcare Ltd.) Film Coated Tabs. 100 mg. 100 (A)	S1A	11.30	72816
(Non-Proprietary Name Index: Spironolactone)			
Teicoplanin (Rowex) Powder & Solv. For Soln. for Inj./Inf. or Oral Soln. 200 mg. 1 (A)	S1A	13.38	72820
Teicoplanin (Rowex) Powder & Solv. For Soln. for Inj./Inf. or Oral Soln. 400 mg. 1 (A)	S1A	26.76	72825
(Non-Proprietary Name Index: Teicoplanin)			
Trevicta Pre-Filled Syringe Prolonged Release Susp. for Inj. 175 mg. Pack 1 (A)	S1A	668.54	34240
Trevicta Pre-Filled Syringe Prolonged Release Susp. for Inj. 263 mg. Pack 1 (A)	S1A	913.84	34241
Trevicta Pre-Filled Syringe Prolonged Release Susp. for Inj. 350 mg. Pack 1 (A)	S1A	1154.61	34242
Trevicta Pre-Filled Syringe Prolonged Release Susp. for Inj. 525 mg. Pack 1 (A)	S1A	1656.58	34243
Code the number of pre-filled packs dispensed			
(Non-Proprietary Name Index: Paliperidone)			
Trinomia Hard Caps. 100 mg./20 mg./2.5 mg. 28 (A)	S1B	9.04	43713
Trinomia Hard Caps. 100 mg./20 mg./5 mg. 28 (A)	S1B	10.66	43714
Trinomia Hard Caps. 100 mg./20 mg./10 mg. 28 (A)	S1B	14.01	43715
(Non-Proprietary Name Index: Atorvastatin, Acetylsalicylic Acid and Ramipril)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
DELETIONS			
Abilify (G-Pharma) Tabs. 5 mg. 28 (A)			17277
Abilify (G-Pharma) Tabs. 10 mg. 28 (A)			17278
Abilify (G-Pharma) Tabs. 15 mg. 28 (A)			17279
Abilify (G-Pharma) Tabs. 30 mg. 28 (A)			17280
Actonel Plus (IPS Healthcare) CA & D Treatment Pack 1 (A)			12021
Actos (G-Pharma) Tabs. 15 mg. 28 (A)			15565
Actos (G-Pharma) Tabs. 30 mg. 28 (A)			15566
Aldara (G-Pharma) 5% Cream Sachets 12 (A)			11650
Aripez Film Coated Tabs. 5 mg. 28 (A)			13029
Aripez Film Coated Tabs. 10 mg. 28 (A)			13077
Beneprav Tabs. 10 mg. 28 (A)			14414
Beneprav Tabs. 20 mg. 28 (A)			14415
Beneprav Tabs. 40 mg. 28 (A)			14416
Champix (Autumn Healthcare) Tabs. 0.5 mg. 56 (A)			34652
Champix (Autumn Healthcare) Tabs. 1 mg. 28 (A)			34653
Crestor (P.C.O. Mfg.) Tabs. 5 mg. 28 (A)			19233
Dovonex (IPS Healthcare) Cream 120 G. (B)			29110
Exforge (Autumn Healthcare) Tabs. 5 mg./80 mg. 28 (A)			32487
Exforge (Autumn Healthcare) Tabs. 5mg./160 mg. 28 (A)			32488
Exforge (Autumn Healthcare) Tabs. 10 mg./160 mg. 28 (A)			32489
Ganfort (Autumn Healthcare) Eye Drops Soln. 300 mcg./ml. + 5 mg./ml. 3 ml. (B)			27542
Lamot Tabs. 200 mg. 56 (A)			13356
Lumigan (Autumn Healthcare) Eye Drops Soln. 0.3 mg./ml. 1 (A)			77406
Lyrica (Autumn Healthcare) Caps. 25 mg. 84 (A)			53125
Lyrica (G-Pharma) Caps. 25 mg. 56 (A)			53142
Lyrica (G-Pharma) Caps. 50 mg. 84 (A)			53143
Lyrica (Autumn Healthcare) Caps. 75 mg. 56 (A)			53141
Lyrica (G-Pharma) Caps. 100 mg. 84 (A)			53144
Lyrica (Autumn Healthcare) Caps. 150 mg. 56 (A)			53126
Lyrica (P.C.O. Mfg.) Caps. 150 mg. 56 (A)			32416
Lyrica (G-Pharma) Caps. 200 mg. 84 (A)			53132
Neoclarityn (Autumn Healthcare) Tabs. 5 mg. 30 (A)			35876
Nitromin Spray 1% 180 Dose Pack 1 (A)			40638
Plavix (Autumn Healthcare) Tabs. 75 mg. 30 (A)			41097
Procoralan (Autumn Healthcare) Tabs. 5 mg. 56 (A)			42784
Procoralan (Autumn Healthcare) Tabs. 7.5 mg. 56 (A)			42785
Protelos (G-Pharma) Grans. Sachet 2 G. 28 (A)			43330
Protopic (Autumn Healthcare) Oint. 0.03% 30 G. (B)			66365
Protopic (Autumn Healthcare) Oint. 0.03% 60 G. (B)			66367
Protopic (Autumn Healthcare) Oint. 0.1% 30 G. (B)			66366
Rosuvastatin (Ranbaxy) Film Coated Tabs. 5 mg. 28 (A)			22546
Rosuvastatin (Ranbaxy) Film Coated Tabs. 10 mg. 28 (A)			22631
Rosuvastatin (Ranbaxy) Film Coated Tabs. 20 mg. 28 (A)			22753
Rosuvastatin (Ranbaxy) Film Coated Tabs. 40 mg. 28 (A)			22876
Tildiem Retard Tabs. 120 mg. 56 (A)			49573

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST SEPTEMBER 2016.

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Benepali Soln. for Inj. in Pre-filled Pen 4 (A)	88635	Etanercept	709.06	Biogen Idec Ltd.	United Drug
Benepali Soln. for Inj. in Pre-filled Syr. 4 (A)	88640	Etanercept	709.06	Biogen Idec Ltd.	United Drug
Valganciclovir (Accord Healthcare Ltd.) Film Coated Tabs. 450 mg. 60 (A)	88633	Valganciclovir Hydrochloride	635.05	Accord Healthcare Ltd.	United Drug
Voriconazole (Accord Healthcare Ltd.) Film Coated Tabs. 50 mg. 28 (A)	88637	Voriconazole	130.93	Accord Healthcare Ltd.	United Drug
Voriconazole (Accord Healthcare Ltd.) Film Coated Tabs. 200 mg. 28 (A)	88638	Voriconazole	515.17	Accord Healthcare Ltd.	United Drug
Voriconazole (Rowex Ltd.) Film Coated Tabs. 200 mg. 28 (A)	88566	Voriconazole	515.17	Rowex Ltd.	United Drug

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st August 2016

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST AUGUST 2016.

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Bufomix Easyhaler 80 mcg./4.5 mcg. Inhalation Powder 120 Dose 1 (A) *Code the number of inhalers dispensed* *(Non-Proprietary Name Index: Formoterol and Budesonide)*	S1B	31.86	42041
Co-Danthramer Sugar Free Oral Susp. 25 mg./200 mg./5 ml. 300 ml. (B) *(Non-Proprietary Name Index: Dantron, combinations)*	S1B	45.90	42045
Duloxetine (Wockhardt UK Ltd.) Gastro-Resistant Hard Caps. 30 mg. 28 (A)	S1A	8.86	43032
Duloxetine (Wockhardt UK Ltd.) Gastro-Resistant Hard Caps. 60 mg. 28 (A) *(Non-Proprietary Name Index: Duloxetine)*	S1A	14.64	43033
Enstilar Cutaneous Foam 50 mcg./G. + 0.5 mg./G. 60 G. Aerosol (A) *Code the number of aerosols dispensed* *(Non-Proprietary Name Index: Calcipotriol, combinations)*	S1A	43.20	43072

DELETIONS

Canesten Cream 50 G. (B)	70203
Celecoxib (Gerard Labs.) Hard Caps. 100 mg. 60 (A)	36868
Celecoxib (Gerard Labs.) Hard Caps. 200 mg. 30 (A)	36869
Lamot Tabs. 25 mg. 56 (A)	13353
Lamot Tabs. 50 mg. 56 (A)	13354
Lamot Tabs. 100 mg. 56 (A)	13355
Mirtazapine TEVA Orodispersible Tabs. 30 mg. 30 (A)	33422
Motilium Suppos. 30 mg. 6 (A)	34576

DELETION TO OSTOMY & URINARY PRODUCTS
EFFECTIVE 1ST AUGUST 2016

Delete	Bard FemSoft Insert Long: 72201/02/03 & Standard: 71201/02/03 28 (A)	93277

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST AUGUST 2016.

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Imbruvica Hard Caps. 140 mg. 90 (A)*	88595	Ibrutinib	6,159.03	Janssen-Cilag Ltd.	Allphar/Uniphar
Imbruvica Hard Caps. 140 mg. 120 (A)*	88597	Ibrutinib	8,212.05	Janssen-Cilag Ltd.	Allphar/Uniphar

Reimbursement Protocol will apply

ADDENDUM TO JULY 2016 UPDATE
ADDITIONS

Voriconazole Teva Film Coated Tabs. 200 mg. 28 (A)	88593	Voriconazole	515.17	Teva Pharmaceuticals	United Drug

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Bondronat Tabs. 50 mg. 28 (A)	88573	Ibandronic Acid	Roche Products Ireland Ltd.
Suprefact Nasal Spray Vial 100 mcg. 10 G. Soln. 4 (A)	88195	Buserelin	Sanofi Aventis Ireland Ltd.

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AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST JULY 2016.

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Atorvastatin (Clonmel) Film Coated Tabs. 10 mg. 28 (A)	S1B	2.52	42027
Atorvastatin (Clonmel) Film Coated Tabs. 20 mg. 28 (A)	S1B	3.64	42028
Atorvastatin (Clonmel) Film Coated Tabs. 40 mg. 28 (A)	S1B	5.32	42029
Atorvastatin (Clonmel) Film Coated Tabs. 80 mg. 28 (A)	S1B	7.84	42030
(Non-Proprietary Name Index: Atorvastatin)			
Rasagiline Mylan (Gerard Labs.) Tabs. 1 mg. 28 (A)	S1B	37.55	37305
(Non-Proprietary Name Index: Rasagiline)			
Sevelamer Carbonate (Gerard Labs.) Film Coated Tabs. 800 mg. 180 (A)	S1B	77.37	43916
(Non-Proprietary Name Index: Sevelamer)			
Tradol Plus Tabs. 37.5 mg./325 mg. 60 (A)	S1A	5.70	69910
(Non-Proprietary Name Index: Tramadol, Combinations)			

DELETIONS

Locabiotal 50 Dose Aerosol 1 (A)	32281
Mirtazapine TEVA Orodispersible Tabs. 45 mg. 30 (A)	33435
Starlix Tabs. 180 mg. 84 (A)	62094
Ursofalk (ULM) Susp. 250 mg./5 ml. 250 ml. (B)	20236
Vagifem Tabs. 25 mcg. 15 (A)	51381

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST JULY 2016.

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Accofil (Accord Healthcare Ltd.) Soln. for Inj./Inf. in Pre-filled Syringe 30 MU/0.5 ml. 0.5 ml. 5 (A) *Code the number of syringes dispensed*	88568	Filgrastim	373.09	Accord Healthcare Ltd.	United Drug
Accofil (Accord Healthcare Ltd.) Soln. for Inj./Inf. in Pre-filled Syringe 48 MU/0.5 ml. 0.5 ml. 5 (A) *Code the number of syringes dispensed*	88569	Filgrastim	594.97	Accord Healthcare Ltd.	United Drug
Casodex (iMED Healthcare Ltd.) Film Coated Tabs. 50 mg. 28 (A)	88439	Bicalutamide	56.40	iMED Healthcare Ltd.	iMED Healthcare Ltd.
Quinsair Nebuliser Soln. 240 mg. 56 Amps + 1 Handset (A) *Code the number of amps dispensed*	88576	Levofloxacin	3,186.00	Raptor Pharmaceuticals Europe B.V.	Almac Group

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Product Updates Notification
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HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE 1ST JUNE 2016.
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Abilify (iMED Healthcare Ltd.) Tabs. 5 mg. 28 (A) *(Non-Proprietary Name Index: Aripiprazole)*	S1A	90.76	37016
Arava (iMED Healthcare Ltd.) Film Coated Tabs. 10 mg. 30 (A) *(Non-Proprietary Name Index: Leflunomide)*	S1A	56.16	30002
Aripiprazole (Pinewood) Oral Soln. 1 mg./ml. 150 ml. (B) *(Non-Proprietary Name Index: Aripiprazole)*	S1A	54.24	36901
Azarga (iMED Healthcare Ltd.) Eye Drop Susp. 10 mg./ml. + 5 mg./ml. 5 ml. Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Timolol, Combinations)*	S1B	14.30	53502
Azopt (iMED Healthcare Ltd.) Eye Drop Susp. 10 mg./ml. 5 ml. (B) *(Non-Proprietary Name Index: Brinzolamide)*	S1B	9.47	50701
DuoTrav (iMED Healthcare Ltd.) Eye Drop Soln. 2.5 ml. 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Timolol, Combinations)*	S1A	17.51	22511
Germentin Mylan Film Coated Tabs. 500 mg./125 mg. 21 (A) *(Non-Proprietary Name Index: Amoxicillin and Enzyme Inhibitor)*	S1A	3.79	26221
Keppra (iMED Healthcare Ltd.) Oral Soln. 100 mg./ml. 300 ml. (B) *(Non-Proprietary Name Index: Levetiracetam)*	S1B	77.52	22835
Pantoprazole Mylan (Gerard Labs.) Gastro-Resistant Tabs. 20 mg. 28 (A)	S1B	3.08	77340
Pantoprazole Mylan (Gerard Labs.) Gastro-Resistant Tabs. 40 mg. 28 (A) *(Non-Proprietary Name Index: Pantoprazole)*	S1B	3.36	77341
Rasagiline (Clonmel) Tabs. 1 mg. 30 (A) *(Non-Proprietary Name Index: Rasagiline)*	S1B	37.55	31870
Rasagiline HCS (KRKA Pharma) Tabs. 1 mg. 28 (A) *(Non-Proprietary Name Index: Rasagiline)*	S1B	37.55	31885
Seropia XR Prolonged Release Tabs. 50 mg. 60 (A)	S1A	25.92	46095
Seropia XR Prolonged Release Tabs. 150 mg. 60 (A)	S1A	39.54	46096
Seropia XR Prolonged Release Tabs. 200 mg. 60 (A)	S1A	51.65	46097
Seropia XR Prolonged Release Tabs. 300 mg. 60 (A)	S1A	67.32	46098
Seropia XR Prolonged Release Tabs. 400 mg. 60 (A) *(Non-Proprietary Name Index: Quetiapine)*	S1A	90.21	46099
Teveten (iMED Healthcare Ltd.) Film Coated Tabs. 600 mg. 28 (A) *(Non-Proprietary Name Index: Eprosartan)*	S1B	16.97	49480
Triapin (iMED Healthcare Ltd.) Prolonged Release 5 mg./5 mg. 28 (A) *(Non-Proprietary Name Index: Ramipril and Felodipine)*	S1B	16.15	50114

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code

DELETIONS

Omeprazole (Bluefish) Caps. 20 mg. 28 (A)			37660
Rabeprazole (Gerard Labs.) Gastro-Resistant Tabs. 10 mg. 28 (A)			53905
Rabeprazole (Gerard Labs.) Gastro-Resistant Tabs. 20 mg. 28 (A)			53906

Risperidone Mylan (Gerard Labs.) Film Coated Tabs. 0.5 mg. 20	39515
Risperidone Mylan (Gerard Labs.) Film Coated Tabs. 1 mg. 20 (A)	39516

AMENDMENT TO LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST MAY 2015
OSTOMY & URINARY PRODUCTS
CHANGES UNDERLINED

Change	Convatec Careline+ Sterile Leg Bag with T Tap 750 ml. Bag Long Tube with Gloves 46-10-LVCG 10 (A)	93298
To Read	Convatec Careline+ Sterile Leg Bag with Lever Tap 750 ml. Bag Long Tube with Gloves 46-10-LVCG 10 (A)	93298

PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST JUNE 2016.

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Cellcept (iMED Healthcare Ltd.) Tabs. 500 mg. 50 (A)	88419	Mycophenolic Acid	67.23	iMED Healthcare Ltd.	iMED Healthcare Ltd.
Temozolomide (Accord Healthcare Ltd.) Hard Caps. 5 mg. 5 (A)	88648	Temozolomide	9.46	Accord Healthcare Ltd.	United Drug
Temozolomide (Accord Healthcare Ltd.) Hard Caps. 20 mg. 5 (A)	88649	Temozolomide	37.84	Accord Healthcare Ltd.	United Drug
Temozolomide (Accord Healthcare Ltd.) Hard Caps. 100 mg. 5 (A)	88650	Temozolomide	189.22	Accord Healthcare Ltd.	United Drug
Temozolomide (Accord Healthcare Ltd.) Hard Caps. 140 mg. 5 (A)	88656	Temozolomide	285.97	Accord Healthcare Ltd.	United Drug
Temozolomide (Accord Healthcare Ltd.) Hard Caps. 180 mg. 5 (A)	88657	Temozolomide	367.68	Accord Healthcare Ltd.	United Drug
Temozolomide (Accord Healthcare Ltd.) Hard Caps. 250 mg. 5 (A)	88661	Temozolomide	473.04	Accord Healthcare Ltd.	United Drug

Feidhmeannacht na Seirbhíse Sláinte
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Product Updates Notification
Effective 1st May 2016

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE 1ST MAY 2016.

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Artelac (iMED Healthcare Ltd.) Single Dose Unit 0.5 ml. 60 (A) *(Non-Proprietary Name Index: Hypromellose)*		9.31	19310
Desunin Tabs. 4000 IU 70 (A) *(Non-Proprietary Name Index: Colecalciferol)*	S1B	21.33	19322
Eplerenone (Accord Healthcare Ltd.) Film Coated Tabs. 25 mg. 28 (A)	S1B	24.19	19337
Eplerenone (Accord Healthcare Ltd.) Film Coated Tabs. 50 mg. 28 (A) *(Non-Proprietary Name Index: Eplerenone)*	S1B	24.19	19345
Intuniv Prolonged Release Tabs. 1 mg. 28 (A)	S1A	74.41	21569
Intuniv Prolonged Release Tabs. 2 mg. 28 (A)	S1A	77.68	21947
Intuniv Prolonged Release Tabs. 3 mg. 28 (A)	S1A	86.97	23158
Intuniv Prolonged Release Tabs. 4 mg. 28 (A) *(Non-Proprietary Name Index: Guanfacine)*	S1A	101.13	24514
Mezavant XL (iMED Healthcare Ltd.) Gastro-Resistant Prolonged Release Tabs. 1200 mg. 60 (A) *(Non-Proprietary Name Index: Mesalazine)*	S1B	61.80	30136
Nasonex (iMED Healthcare Ltd.) Aqueous Nasal Spray 50 mcg. 140 (18 G.) Dose Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Mometasone)*	S1A	9.68	31587
Symbicort Turbohaler (iMED Healthcare Ltd.) 400 mcg./12 mcg. 60 Dose Inhaler 1 (A) *Code the number of inhalers dispensed* *(Non-Proprietary Name Index: Formoterol and Budesonide)*	S1B	47.65	32963
Toujeo Solostar Soln. for Inj. in Pre-filled Pen 300 units/ml. 1.5 ml. 5 (A) *Code the number of pre-filled pens dispensed* *(Non-Proprietary Name Index: Insulin Glargine)*	S1B	69.00	41752
Ursofalk Susp. 250 mg./5 ml. 250 ml. (B) *(Non-Proprietary Name Index: Ursodeoxycholic Acid)*	S1B	32.35	32975

DELETIONS

Affex Caps. 20 mg. 30 (A)	10744
Amlid Tabs. 5 mg. 28 (A)	11725
Amlid Tabs. 10 mg. 28 (A)	11762
Corlan Pellets 20 (A)	76775
Diclo Prolonged Release Tabs. 75 mg. 60 (A)	20206
Difene Inj. 25 mg./ml. 3 ml. 10 (A)	19690
Neupro Treatment Initiation Pack (A)	37902
Pinaclav Susp. 125/31.25 mg./5 ml. 100 ml. (B)	91316
Pinaclav Tabs. 250/125 mg. 21 (A)	75217
Pinaclav Tabs. 500 mg./125 mg. 21 (A)	39835
Rivastigmine (Actavis) Hard Caps. 1.5 mg. 56 (A)	24483

CHANGES TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1st MAY 2016.

CHANGES - CHANGES UNDERLINED

Change	Nutriplen 125 ml. Pack 1 (A)	1.38	82510
To Read	Altraplen Compact 125 ml. Pack 1 (A)	1.38	82510
Change	Nutriplen Protein 200 ml. Pack 1 (A)	1.60	82500
To Read	Altraplen Protein 200 ml. Pack 1 (A)	1.60	82500
Change	Nutriplen Smoothie 200 ml. Pack 1 (A)	1.80	83695
To Read	Altraplen Smoothie 200 ml. Pack 1 (A)	1.80	83695

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST MAY 2016

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Humira Soln. for Inj. in Pre-filled Syringe 40 mg./0.4 ml. 0.4 ml. 2 (A) *Code the number of pre-filled syringes dispensed*	88565	Adalimumab	1104.72	Abbvie Ltd.	Uniphar
Humira Soln. for Inj. in Pre-filled Pen 40 mg./0.4 ml. 0.4 ml. 2 (A) *Code the number of pre-filled pens dispensed*	88570	Adalimumab	1104.72	Abbvie Ltd.	Uniphar

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Health Service Executive

Product Updates Notification
Effective 1st April 2016

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST APRIL 2016.

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Brinzolamide (Actavis) Eye Drops Susp. 10 mg./ml. 5 ml. (B) *(Non-Proprietary Name Index: Brinzolamide)*	S1B	3.91	19203
Brinzolamide Sandoz (Rowex) Eye Drops Susp. 10 mg./ml. 5 ml. (B) *(Non-Proprietary Name Index: Brinzolamide)*	S1B	3.91	21543
BuTrans Transdermal Patch 15 mcg./hour 4 (A) *Code the number of patches dispensed* *(Non-Proprietary Name Index: Buprenorphine)*	CD2	56.03	23654
Eczibet Cream 20 mg./G. + 1 mg./G. 15 G. (B)	S1A	1.94	25963
Eczibet Cream 20 mg./G. + 1 mg./G. 30 G. (B) *(Non-Proprietary Name Index: Bethamethasone and Antibiotics)*	S1A	3.26	26478
Emerade Soln. for Inj. in Pre-filled Pen 500 mg. 1 (A) *Code the number of pre-filled pens dispensed* *(Non-Proprietary Name Index: Epinephrine)*	S1A	36.70	30214
Rasagiline (Accord Healthcare Ltd.) Tabs. 1 mg. 28 (A) *(Non-Proprietary Name Index: Rasagiline)*	S1B	37.55	31851
Vesomni Modified Release Tabs. 6 mg./0.4 mg. 30 (A) *(Non-Proprietary Name Index: Tamsulosin and Solifenacin)*	S1B	41.60	34589

DELETIONS

Verisop Tabs. 80 mg. 100 (A)	53457
Voltarol Suppos. 100 mg. 10 (A)	77496
Zestril Tabs. 2.5 mg. 28 (A)	53833

CORRECTION TO MAY 2015 OSTOMY URINARY PRODUCTS
<u>CHANGES UNDERLINED</u>

ConvaTec Natura+ 2 Piece Pouch Closed Standard Tan N/F 41601/04/07/10/13 30 (A)	93690
ConvaTec Natura+ 2 Piece Pouch Closed Standard Tan N/F 416<u>4</u>01/04/07/10/13 30 (A)	93690

PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST APRIL 2016.

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Linezolid (Accord Healthcare Ltd.) Film Coated Tabs. 600 mg. 10 (A)	88564	Linezolid	226.79	Accord Healthcare Ltd.	Medisource

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Effective 1st March 2016

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST MARCH 2016.
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Aripiprazole (Accord Healthcare Ltd.) Tabs. 5 mg. 28 (A)	S1A	49.41	36995
Aripiprazole (Accord Healthcare Ltd.) Tabs. 10 mg. 28 (A)	S1A	47.26	36996
Aripiprazole (Accord Healthcare Ltd.) Tabs. 15 mg. 28 (A)	S1A	47.26	36997
Aripiprazole (Accord Healthcare Ltd.) Tabs. 30 mg. 28 (A)	S1A	84.94	36998
(Non-Proprietary Name Index: Aripiprazole)			
Aripiprazole (Clonmel) Tabs. 5 mg. 28 (A)	S1A	49.41	37012
Aripiprazole (Clonmel) Tabs. 10 mg. 28 (A)	S1A	47.26	37013
Aripiprazole (Clonmel) Tabs. 15 mg. 28 (A)	S1A	47.26	37014
Aripiprazole (Clonmel) Tabs. 30 mg. 28 (A)	S1A	84.94	37015
(Non-Proprietary Name Index: Aripiprazole)			
Cardicor (iMED Healthcare Ltd.) Film Coated Tabs. 1.25 mg. 28 (A)	S1B	2.33	16104
Cardicor (iMED Healthcare Ltd.) Film Coated Tabs. 2.5 mg. 28 (A)	S1B	1.65	16105
(Non-Proprietary Name Index: Bisoprolol)			
Cerazette (iMED Healthcare Ltd.) Film Coated Tabs. 75 mcg. 28 (A)	S1B	6.04	30713
(Non-Proprietary Name Index: Desogestrel)			
Cordarone X (iMED Healthcare Ltd.) Tabs. 100 mg. 28 (A)	S1B	5.04	18730
Cordarone X (iMED Healthcare Ltd.) Tabs. 200 mg. 28 (A)	S1B	8.28	18731
(Non-Proprietary Name Index: Amiodarone)			
Dovonex Oint. 60 G. (B)	S1A	17.33	68990
(Non-Proprietary Name Index: Calcipotriol)			
Hylo-Care 0.1%/2% Preservative Free Eye Drops. 7.5 ml. Pack 1 (A)		6.54	30720
Code the number of packs dispensed			
(Non-Proprietary Name Index: Hyaluronic Acid, Combinations)			
Ikervis Eye Drops. Emulsion 1 mg./ml. 0.3 ml. Single Dose Containers 30 (A)	S1A	93.42	30735
Code the number of unit dose vials dispensed			
(Non-Proprietary Name Index: Ciclosporin)			
Keppra (iMED Healthcare Ltd.) Film Coated Tabs. 250 mg. 60 (A)	S1B	31.71	54322
Keppra (iMED Healthcare Ltd.) Film Coated Tabs. 1000 mg. 30 (A)	S1B	56.31	54323
(Non-Proprietary Name Index: Levetiracetam)			
Loceryl (iMED Healthcare Ltd.) Nail Lacquer 5 ml. (B)	S1B	25.30	31462
(Non-Proprietary Name Index: Amorolfine)			
Neurontin (iMED Healthcare Ltd.) Hard Caps. 100 mg. 100 (A)	S1B	15.76	61448
Neurontin (iMED Healthcare Ltd.) Hard Caps. 300 mg. 100 (A)	S1B	36.55	61449
(Non-Proprietary Name Index: Gabapentin)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Neurontin (iMED Healthcare Ltd.) Film Coated Tabs. 600 mg. 100 (A) *(Non-Proprietary Name Index: Gabapentin)*	S1B	66.26	61452
Notiabolfen XL (Accord Healthcare Ltd.) Prolonged Release Tabs. 50 mg. 60 (A) *(Non-Proprietary Name Index; Quetiapine)*	S1A	25.92	32604
Onbrez Breezhaler (iMED Healthcare Ltd.) Inhalation Pdr. 150 mcg. Hard Caps. 30 Complete Pack 1 (A)	S1B	32.18	37611
Onbrez Breezhaler (iMED Healthcare Ltd.) Inhalation Pdr. 300 mcg. Hard Caps. 30 Complete Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Indacaterol)*	S1B	34.91	37612
Procoralan (iMED Healthcare Ltd.) Film Coated Tabs. 5 mg. 56 (A)	S1B	52.17	42720
Procoralan (iMED Healthcare Ltd.) Film Coated Tabs. 7.5 mg. 56 (A) *(Non-Proprietary Name Index: Ivabradine)*	S1B	52.30	42721
Tetralysal (iMED Healthcare Ltd.) Hard Caps. 300 mg. 28 (A) *(Non-Proprietary Name Index: Lymecycline)*	S1A	7.58	78305
Toviaz (iMED Healthcare Ltd.) Prolonged Release Tabs. 4 mg. 28 (A)	S1A	35.62	47526
Toviaz (iMED Healthcare Ltd.) Prolonged Release Tabs. 8 mg. 28 (A) *(Non-Proprietary Name Index: Fesoterodine)*	S1A	40.22	47527

DELETIONS

Chlorpromazine (Pinewood) Elixir 25 mg./5 ml. 1 Litre (B)	59587
Clopixol Acuphase Inj. 50 mg./ml. 1 ml. 5 (A)	18449
Geriflox Caps. 250 mg. 100 (A)	26077
Half-Inderal LA Caps. 80 mg. 28 (A)	28975
Inderal LA Caps. 160 mg. 28 (A)	73660
Micardis (Polyfarma) Tabs. 40 mg. 28 (A)	34580
Otosporin Ear Drops 10 ml. (B)	69736
PecFent Nasal Spray Soln. 100 mcg. 1 (A)	29892
PecFent Nasal Spray Soln. 100 mcg. 4 (A)	29893
PecFent Nasal Spray Soln. 400 mcg. 1 (A)	29894
PecFent Nasal Spray Soln. 400 mcg. 4 (A)	29895
Prednisolone (Clonmel) Tabs. 5 mg. 1000 (A)	59412
Prindavam Tabs. 4 mg./1.25 mg. 30 (A)	37381
Voltarol Inj. 25 mg./ml. 3ml. 10 (A)	52302

ADDITIONS TO LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST MARCH 2016

CLINICAL NUTRITIONAL PRODUCTS

ADDITION

Wysoy 830 G. Pack 1 (A) *Code the number of packs dispensed*	11.18	83085

PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST MARCH 2016.

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Linezolid (Clonmel) Film Coated Tabs. 600 mg. 10 (A)	88413	Linezolid	226.78	Clonmel Healthcare Ltd.	Clonmel Healthcare Ltd.
Linezolid (KRKA Pharma) Film Coated Tabs. 600 mg. 10 (A)	88416	Linezolid	226.78	KRKA Pharma	Blackhall Pharmaceuticals Ltd.

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Product Updates Notification
Effective 1st February 2016

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST FEBRUARY 2016.

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Binosto Once Weekly Eff. Tabs. 70 mg. 4 (A)	S1B	21.21	37011
(Non-Proprietary Name Index: Alendronic Acid)			
Duloxetine (Clonmel) Hard Gastro-Resistant Caps. 30 mg. 28 (A)	S1A	8.86	37023
Duloxetine (Clonmel) Hard Gastro-Resistant Caps. 60 mg. 28 (A)	S1A	14.64	37034
(Non-Proprietary Name Index: Duloxetine)			
Fosavance (LTT Pharma Ltd.) Tabs. 70 mg./5600 iu 4 (A)	S1B	19.62	37152
(Non-Proprietary Name Index: Alendronic Acid and Colecalciferol)			
Rasagiline (Rowex) Tabs. 1 mg. 30 (A)	S1B	40.23	37369
(Non-Proprietary Name Index: Rasagiline)			
Soolantra Cream 10 mg./G. 30 G. (B)	S1B	23.76	38693
(Non-Proprietary Name Index: Ivermectin)			
Symbicort Turbohaler (LTT Pharma Ltd.) 200 mcg./6 mcg. 120 Dose Inhaler 1 (A)	S1B	48.60	41065
Symbicort Turbohaler (LTT Pharma Ltd.) 400 mcg./12 mcg. 60 Dose Inhaler 1 (A)	S1B	47.65	41183
Code the number of inhalers dispensed			
(Non-Proprietary Name Index: Formoterol and Other Drugs for Obstructive Airway Diseases)			
Targin Prolonged Release Tabs. 15 mg./7.5 mg. 56 (A)	CD2	54.43	42165
Targin Prolonged Release Tabs. 30 mg./15 mg. 56 (A)	CD2	108.86	46554
(Non-Proprietary Name Index: Oxycodone, Combinations)			

DELETIONS

Bisoprolol (Gerard Labs.) Film Coated Tabs. 5 mg. 28 (A)	13860
Ebixa (Polyfarma) Film Coated Tabs. 10 mg. 56 (A)	74572
Folic Acid (Clonmel) Tabs. 5 mg. 250 (A)	25830
Levonelle Tabs. 750 mcg. 2 (A)	45956
Nortem Tabs. 10 mg. 100 (A)	36610
Nortem Tabs. 20 mg. 100 (A)	36620
Zotrole Gastro-Resistant Caps. 15 mg. 28 (A)	53725

CORRECTION TO AUGUST 2015 OSTOMY URINARY PRODUCTS
<u>CHANGES UNDERLINED</u>

Change	Convatec Esteem+ 1 Piece Pouch Closed Standard Tan & Clear with Filter 20-70mm 416700 30	93917
To Read	Convatec Esteem+ 1 Piece Pouch Closed Standard Tan & Clear with Filter 20-70mm 416700<u>/01/03/04/06/07/09/10/12/13/15</u> 30	93917

PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST FEBRUARY 2016.

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Cosentyx Soln. for Inj. in Pre-filled Pen 150 mg. 1 (A) *Code the number of Pre-filled Pens dispensed*	88096	Secukinumab	603.72	Novartis Ireland Ltd.	Allphar
Cosentyx Soln. for Inj. in Pre-filled Pen 150 mg. 2 (A) *Code the number of Pre-filled Pens dispensed*	88172	Secukinumab	1,207.44	Novartis Ireland Ltd.	Allphar
Grastofil Soln. for Inj./Inf. in Pre-filled Syringe 30 MU/0.5 ml. 0.5 ml. 5 (A) *Code the number of Pre-filled Syringes dispensed*	88184	Filgrastim	373.09	Clonmel Healthcare Ltd.	Clonmel Healthcare Ltd.
Grastofil Soln. for Inj./Inf. in Pre-filled Syringe 48 MU/0.5 ml. 0.5 ml. 5 (A) *Code the number of Pre-filled Syringes dispensed*	88188	Filgrastim	594.97	Clonmel Healthcare Ltd.	Clonmel Healthcare Ltd.
Imnovid Hard Caps. 1 mg. 21 (A)	88298	Pomalidomide	10,082.29	Celgene Limited	United Drug
Imnovid Hard Caps. 2 mg. 21 (A)	88332	Pomalidomide	10,082.29	Celgene Limited	United Drug
Imnovid Hard Caps. 3 mg. 21 (A)	88377	Pomalidomide	10,082.29	Celgene Limited	United Drug
Imnovid Hard Caps. 4 mg. 21 (A)	88418	Pomalidomide	10,082.29	Celgene Limited	United Drug

CORRECTION TO JANUARY 2016 HIGH TECH ADDITIONS.
CORRECTION UNDERLINED
ADDITIONS

PROPRIETARY NAME INDEX		CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Change	Orfadin Hard Caps. 20 mg. 60 (A)	88421	Nitisonone	6,442.83	Swedish Orphan Biovitrum Ltd.	United Drug
To Read	Orfadin Hard Caps. 20 mg. 60 (A)	88421	Nitisinone	6,442.83	Swedish Orphan Biovitrum Ltd.	United Drug

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Health Service Executive

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Effective 1st January 2016

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST JANUARY 2016.
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Abilify Maintena Pdr & Solv. for Prolonged Release Susp. for Inj. Pre-filled Syr. 400 mg. Pack 1 (A) *Code the number of pre-filled syringes dispensed* *(Non-Proprietary Name Index: Aripiprazole)*	S1A	317.50	37007
Cordarone X (P.C.O. Mfg.) Tabs. 100 mg. 28 (A) *(Non-Proprietary Name Index: Amiodarone)*	S1B	5.03	37009
Cotron Strong Co-Danthramer Susp. 75 mg./1000 mg./5 ml. Oral Susp. 300 ml. (B) *(Non-Proprietary Name Index: Dantron, combinations)*	S1B	45.90	37010
Donepezil Hydrochloride (Wockhardt UK Ltd.) Film Coated Tabs. 5 mg. 28 (A)	S1A	20.00	38216
Donepezil Hydrochloride (Wockhardt UK Ltd.) Film Coated Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Donepezil)*	S1A	28.00	38217
DuoPlavin (P.C.O. Mfg.) Film Coated Tabs. 75 mg./75 mg. 30 (A) *(Non-Proprietary Name Index: Platelet Aggregation Inhibitors excl. Heparin, combinations)*	S1B	22.00	41023
Durogesic DTrans (P.C.O. Mfg.) Transdermal Patch 12 mcg./hour 5 (A) *Code the number of patches dispensed* *(Non-Proprietary Name Index: Fentanyl)*	CD2	14.18	41026
Epanutin (P.C.O. Mfg.) Hard Caps. 100 mg. 100 (A) *(Non-Proprietary Name Index: Phenytoin)*	S1B	8.66	41028
Fucithalmic (P.C.O. Mfg.) Viscous Eye Drops Susp. 10 mg./G. 5 G. (B) *(Non-Proprietary Name Index: Fusidic Acid)*	S1A	2.75	41030
Humalog KwikPen (P.C.O. Mfg.) 100 IU/ml. 3 ml. Pre-filled Pen 5 (A) *Code the number of pre-filled pens dispensed* *(Non-Proprietary Name Index: Insulin Lispro)*	S1B	37.36	41045
Lansoprazole (KRKA Pharma) Gastro-Resistant Hard Caps. 15 mg. 28 (A)	S1B	3.36	41052
Lansoprazole (KRKA Pharma) Gastro-Resistant Hard Caps. 30 mg. 28 (A) *(Non-Proprietary Name Index: Lansoprazole)*	S1B	4.76	41055
Lisinopril (WPR Healthcare) Tabs. 5 mg. 28 (A) *(Non-Proprietary Name Index: Lisinopril)*	S1B	3.75	52378
Meloxicam (WPR Healthcare) Tabs. 7.5 mg. 30 (A)	S1B	1.32	52381
Meloxicam (WPR Healthcare) Tabs. 15 mg. 30 (A) *(Non-Proprietary Name Index: Meloxicam)*	S1B	1.86	52383
Noctamid (P.C.O. Mfg.) Tabs. 1 mg. 30 (A) *(Non-Proprietary Name Index: Lormetazepam)*	S1A	3.68	52596
Noriday (P.C.O. Mfg.) Tabs. 350 mcg. 28 (A) *(Non-Proprietary Name Index: Norethisterone)*	S1B	2.78	64258

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
NovoMix (P.C.O. Mfg.) 30 Penfill 100 IU/ml. 3 ml. Cartridge 5 (A) *Code the number of cartridges dispensed* *(Non-Proprietary Name Index: Insulin Aspart)*	S1A	35.85	64275
Omeprazole (WPR Healthcare) Gastro-Resistant Hard Caps. 10 mg. 28 (A)	S1B	3.36	65369
Omeprazole (WPR Healthcare) Gastro-Resistant Hard Caps. 20 mg. 28 (A)	S1B	3.36	65370
Omeprazole (WPR Healthcare) Gastro-Resistant Hard Caps. 40 mg. 28 (A) *(Non-Proprietary Name Index: Omeprazole)*	S1B	3.36	65372
Pregabalin (Accord Healthcare Ltd.) Hard Caps. 25 mg. 56 (A)	S1A	10.55	65380
Pregabalin (Accord Healthcare Ltd.) Hard Caps. 50 mg. 84 (A)	S1A	31.67	65382
Pregabalin (Accord Healthcare Ltd.) Hard Caps. 75 mg. 56 (A)	S1A	19.99	65384
Pregabalin (Accord Healthcare Ltd.) Hard Caps. 100 mg. 84 (A)	S1A	38.83	65386
Pregabalin (Accord Healthcare Ltd.) Hard Caps. 150 mg. 56 (A)	S1A	27.55	65388
Pregabalin (Accord Healthcare Ltd.) Hard Caps. 200 mg. 84 (A)	S1A	52.93	65390
Pregabalin (Accord Healthcare Ltd.) Hard Caps. 300 mg. 56 (A) *(Non-Proprietary Name Index: Pregabalin)*	S1A	35.29	65392
Pregabalin (Wockhardt UK Ltd.) Hard Caps. 25 mg. 56 (A)	S1A	10.55	65440
Pregabalin (Wockhardt UK Ltd.) Hard Caps. 50 mg. 84 (A)	S1A	31.61	65442
Pregabalin (Wockhardt UK Ltd.) Hard Caps. 75 mg. 56 (A)	S1A	19.99	65444
Pregabalin (Wockhardt UK Ltd.) Hard Caps. 100 mg. 84 (A)	S1A	38.83	65446
Pregabalin (Wockhardt UK Ltd.) Hard Caps. 150 mg. 56 (A)	S1A	27.55	65448
Pregabalin (Wockhardt UK Ltd.) Hard Caps. 200 mg. 84 (A)	S1A	52.93	65450
Pregabalin (Wockhardt UK Ltd.) Hard Caps. 300 mg. 56 (A) *(Non-Proprietary Name Index: Pregabalin)*	S1A	35.28	65452
Prolia (Doncaster Ltd.) Soln. for Inj. in a Pre-filled Syringe 60 mg./ml. 1 ml. Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Denosumab)*	S1A	231.49	65460
Quentiax SR Prolonged Release Tabs. 50 mg. 60 (A)	S1A	25.92	71245
Quentiax SR Prolonged Release Tabs. 150 mg. 60 (A)	S1A	39.54	71253
Quentiax SR Prolonged Release Tabs. 200 mg. 60 (A)	S1A	51.65	71267
Quentiax SR Prolonged Release Tabs. 300 mg. 60 (A) *(Non-Proprietary Name Index: Quetiapine)*	S1A	67.32	71270
Sporanox (P.C.O. Mfg.) Caps. 100 mg. 15 (A) *(Non-Proprietary Name Index: Itraconazole)*	S1B	10.36	71278
Transtec (P.C.O. Mfg.) Transdermal Patches 35 mcg./hour 4 (A)	CD2	31.14	72365
Transtec (P.C.O. Mfg.) Transdermal Patches 52.5 mcg./hour 4 (A)	CD2	46.27	72371
Transtec (P.C.O. Mfg.) Transdermal Patches 70 mcg./hour 4 (A) *Code the number of patches dispensed* *(Non-Proprietary Name Index: Buprenorphine)*	CD2	60.65	72383
Tresiba U100 FlexTouch Pre-filled Pen 100 iu/ml. 3 ml. 5 (A)	S1A	67.65	72386
Tresiba U200 FlexTouch Pre-filled Pen 200 iu/ml. 3 ml. 3 (A) *Code the number of pre-filled pens dispensed* *(Non-Proprietary Name Index: Insulin Degludec)*	S1A	81.18	72390

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Trulicity Once Weekly Soln. for Inj. in Pre-filled Pen 0.75 mg./0.5 ml. 4 (A)	S1A	116.37	73580
Trulicity Once Weekly Soln. for Inj. in Pre-filled Pen 1.5 mg./0.5 ml. 4 (A)	S1A	116.37	73583
Code the number of pre-filled pens dispensed			
(Non-Proprietary Name Index: Dulaglutide)			
Xalacom (P.C.O. Mfg.) Eye Drops, Soln. 50 mcg./ml. + 5 mg./ml. 2.5 ml. Bottle 1 (A)	S1A	12.48	73590
Code the number of packs dispensed			
(Non-Proprietary Name Index: Timolol, combinations)			

DELETIONS

Alzmeran XL Tabs. 10 mg. 30 (A)	11132
ByLans Caps. 15 mg. 28 (A)	47520
ByLans Caps. 30 mg. 28 (A)	47525
Clavamel Tabs. 250/125 mg. 21 (A)	17540
Losepine Gastro-Resistant Tabs. 10 mg. 28 (A)	32231
NovoNorm (Polyfarma) Tabs. 0.5 mg. 90 (A)	79501

UPDATE TO THE LIST OF FLAT RATED NON DRUG ITEMS REIMBURSABLE UNDER THE GMS SCHEME EFFECTIVE 1ST JANUARY 2016

ADDITIONS

Glucoject Pen Needles 4mm, 5mm, 6mm, 8mm, 10mm, 12mm 100 (A)	8.15	85026

ADDITION TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST JANUARY 2016

Add	GlucoMen Areo Sensor Test Strips 50 (A)	13.81	85110

CORRECTION TO MAY 2015 OSTOMY URINARY PRODUCTS

CHANGES UNDERLINED

Change	B Braun Softima Key Roll Up Beige/trans 40mm - 80mm 631241E/51E/61E/40E/50E/60E/80E, 631253E Beige, 50mm 30	93502
To Read	B Braun Softima Key Roll Up Beige/trans 40mm - 80mm 631241E/51E/61E/<u>81E</u>/40E/50E/60E/80E, 631253E Beige, 50mm 30	93502

PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST JANUARY 2016.

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Forsteo (Doncaster Ltd.) Soln. for Inj. in Pre-filled Pen 20 mcg./80 mcl. 1 (A) *Code the number of pre-filled pens dispensed*	88384	Teriparatide	378.28	Eurodrug Ltd.	Eurodrug Ltd.
Lenvima Hard Caps. 4 mg. 30 (A)	88386	Lenvatinib	2,148.12	Eisai Ltd.	UDG Healthcare
Lenvima Hard Caps. 10 mg. 30 (A)	88391	Lenvatinib	2,148.12	Eisai Ltd.	UDG Healthcare
Linezolid (Actavis Ireland) Film Coated Tabs. 600 mg. 10 (A)	88399	Linezolid	226.79	Actavis Ireland	Allphar
Linezolid (Rowex Ltd.) Film Coated Tabs. 600 mg. 10 (A)	88410	Linezolid	226.78	Rowex Ltd.	United Drug
Linezolid TEVA Film Coated Tabs. 600 mg. 10 (A)	88412	Linezolid	226.78	Teva Pharmaceuticals Ireland	United Drug
Orfadin Oral Susp. 4 mg./ml. 90 ml. (B)	88414	Nitisinone	2,727.35	Swedish Orphan Biovitrum Ltd.	United Drug
Orfadin Hard Caps. 20 mg. 60 (A)	88421	Nitisonone	6,442.83	Swedish Orphan Biovitrum Ltd.	United Drug
Zoladex LA (Doncaster Ltd.) Implant 10.8 mg. 1 (A) *Code the number of packs dispensed*	88423	Goserelin	361.23	Eurodrug Ltd.	Eurodrug Ltd.

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Temozolomide TEVA Caps. 180 mg. 5 (A)	88590	Temozolomide	Teva Pharmaceuticals Ireland

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st December 2015

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE 1ST DECEMBER 2015.
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Abasaglar Soln. for Inj., Cartridge 100 units/ml. 3 ml. 5 (A) *Code the number of cartridges dispensed* *(Non-Proprietary Name Index: Insulin Glargine)*	S1B	51.30	69238
Abasaglar KwikPen Soln. for Inj., Pre-Filled Pen 100 units/ml. 3 ml. 5 (A) *Code the number of pre-filled pens dispensed* *(Non-Proprietary Name Index: Insulin Glargine)*	S1B	51.30	69239
Alendronic Acid (WPR Healthcare) Once Weekly Tabs. 70 mg. 4 (A) *(Non-Proprietary Name Index: Alendronic Acid)*	S1B	5.04	21001
Amlodipine (WPR Healthcare) Tabs. 5 mg. 28 (A)	S1B	2.16	36812
Amlodipine (WPR Healthcare) Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Amlodipine)*	S1B	3.24	36813
Anastrozole (WPR Healthcare) Film Coated Tabs. 1 mg. 28 (A) *(Non-Proprietary Name Index: Anastrozole)*	S1A	27.99	21005
Atorvastatin (WPR Healthcare) Film Coated Tabs. 10 mg. 28 (A)	S1B	2.52	36974
Atorvastatin (WPR Healthcare) Film Coated Tabs. 20 mg. 28 (A)	S1B	3.64	36975
Atorvastatin (WPR Healthcare) Film Coated Tabs. 40 mg. 28 (A)	S1B	5.31	36976
Atorvastatin (WPR Healthcare) Film Coated Tabs. 80 mg. 28 (A) *(Non-Proprietary Name Index: Atorvastatin)*	S1B	7.84	36977
Citalopram (WPR Healthcare) Film Coated Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Citalopram)*	S1A	3.36	54301
Duloxetine Mylan (Gerard Labs.) Hard Gastro-Resistant Caps. 30 mg. 28 (A)	S1A	8.86	36818
Duloxetine Mylan (Gerard Labs.) Hard Gastro-Resistant Caps. 60 mg. 28 (A) *(Non-Proprietary Name Index: Duloxetine)*	S1A	14.64	36819
Escitalpro (WPR Healthcare) Film Coated Tabs. 5 mg. 28 (A)	S1A	4.20	31201
Escitalpro (WPR Healthcare) Film Coated Tabs. 10 mg. 28 (A)	S1A	5.04	31202
Escitalpro (WPR Healthcare) Film Coated Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Escitalopram)*	S1A	8.12	31303
Montelukast (WPR Healthcare) Chewable Tabs. 4 mg. 28 (A)	S1B	10.89	45110
Montelukast (WPR Healthcare) Chewable Tabs. 5 mg. 28 (A) *(Non-Proprietary Name Index: Montelukast)*	S1B	10.89	45111
Montelukast (WPR Healthcare) Film Coated Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Montelukast)*	S1B	10.89	45123
Pantoprazole (P.C.O. Mfg.) Gastro-Resistant Tabs. 20 mg. 28 (A)	S1B	3.08	77306
Pantoprazole (P.C.O. Mfg.) Gastro-Resistant Tabs. 40 mg. 28 (A) *(Non-Proprietary Name Index: Pantoprazole)*	S1B	3.36	77307

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Pravastatin Sodium (WPR Healthcare) Tabs. 10 mg. 28 (A)	S1B	2.80	60505
Pravastatin Sodium (WPR Healthcare) Tabs. 20 mg. 28 (A)	S1B	4.76	60506
Pravastatin Sodium (WPR Healthcare) Tabs. 40 mg. 28 (A)	S1B	6.16	60507
(Non-Proprietary Name Index: Pravastatin)			
Pregabalin (Clonmel) Hard Caps. 25 mg. 56 (A)	S1A	10.55	36983
Pregabalin (Clonmel) Hard Caps. 25 mg. 84 (A)	S1A	15.82	36984
Pregabalin (Clonmel) Hard Caps. 50 mg. 84 (A)	S1A	31.65	36985
Pregabalin (Clonmel) Hard Caps. 75 mg. 56 (A)	S1A	19.99	36986
Pregabalin (Clonmel) Hard Caps. 100 mg. 84 (A)	S1A	38.83	36987
Pregabalin (Clonmel) Hard Caps. 150 mg. 56 (A)	S1A	27.55	36988
Pregabalin (Clonmel) Hard Caps. 200 mg. 84 (A)	S1A	52.93	36989
Pregabalin (Clonmel) Hard Caps. 300 mg. 56 (A)	S1A	35.28	36990
(Non-Proprietary Name Index: Pregabalin)			
Pregabalin Teva Hard Caps. 25 mg. 56 (A)	S1A	10.55	37000
Pregabalin Teva Hard Caps. 50 mg. 84 (A)	S1A	31.65	37001
Pregabalin Teva Hard Caps. 75 mg. 56 (A)	S1A	19.99	37002
Pregabalin Teva Hard Caps. 100 mg. 84 (A)	S1A	38.83	37003
Pregabalin Teva Hard Caps. 150 mg. 56 (A)	S1A	27.55	37004
Pregabalin Teva Hard Caps. 200 mg. 84 (A)	S1A	52.93	37005
Pregabalin Teva Hard Caps. 300 mg. 56 (A)	S1A	35.29	37006
(Non-Proprietary Name Index: Pregabalin)			
Toltertan SR Prolonged Release Hard Caps. 2 mg. 28 (A)	S1B	15.40	36828
Toltertan SR Prolonged Release Hard Caps. 4 mg. 28 (A)	S1B	16.80	36829
(Non-Proprietary Name Index: Tolterodine)			

DELETIONS

Bisoprolol (Gerard Labs.) Film Coated Tabs. 10 mg. 28 (A)	13885
Dovobet Oint. 120 G. (B)	44572
NovoNorm (Polyfarma) Tabs. 1 mg. 90 (A)	79573
Suprax Paed. Pdr. for Oral Susp. 100 mg./5 ml. 50 ml. (B)	91769
Suprax Paed. Pdr. for Oral Susp. 100 mg./5 ml. 100 ml. (B)	91793
Verisop Tabs. 40 mg. 100 (A)	53449
Verisop Tabs. 120 mg. 100 (A)	53465

ADDITIONS TO OSTOMY & URINARY PRODUCTS EFFECTIVE 1ST DECEMBER 2015

Add	HC21 Dover All Silicone Foley Catheter Paediatric 8 Ch 3 ml. Balloon 8887803081 10	95.55	93981
Add	HC21 Dover All Silicone Foley Catheter Paediatric 10 Ch 5 ml. Balloon 8887803107 10	73.25	93982
Add	HC21 Dover All Silicone Foley Catheter Male & Female 12 Ch – 18 Ch 10 ml. Balloon 8887815127, 8887805128, 8887815184 10	57.34	93983
Add	HC21 Dover All Silicone Foley Catheter Male 16 Ch 20 ml. Balloon 8887630161 10	57.34	93984
Add	HC21 Dover All Silicone Foley Catheter Male 20 Ch 30 ml. Balloon 8887630245 10	57.34	93985
Add	HC21 Dover All Silicone Foley Catheter Male 22 Ch 10 ml. Balloon 8887805227 10	73.25	93986

DELETION TO OSTOMY & URINARY PRODUCTS EFFECTIVE 1ST DECEMBER 2015

Delete	Argyle Silicone Foley Catheter 8887-803091/107 5 ml. balloon 8-10 Ch. Paed. 1	93543
Delete	Argyle Silicone Foley Catheter 8887-805128/227 10 ml. Balloon 12-22 Ch Male 8887-815127/184 10 ml. Balloon 12-18 Ch Female 8887-830167/241 30 ml. Balloon Ch Male 1	94608

PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST DECEMBER 2015

CORRECTION TO NOVEMBER 2015 HIGH TECH DELETIONS.
CORRECTIONS UNDERLINED
DELETIONS

PROPRIETARY NAME INDEX		CODE	NON-PROPRIETARY NAME	MANUFACTURER
Change	Aranesp Soln. for Inj. 60 mcg. 1	88356	Darbepoetin alfa	Amgen Ireland Limited
To Read	Aranesp Soln. for Inj. 60 mcg. 4	88356	Darbepoetin alfa	Amgen Ireland Limited
Change	Aranesp Soln. for Inj. 300 mcg. 4	88300	Darbepoetin alfa	Amgen Ireland Limited
To Read	Aranesp Soln. for Inj. 300 mcg. 1	88300	Darbepoetin alfa	Amgen Ireland Limited

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st November 2015

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST NOVEMBER 2015.

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Altavita D3 Oral Soln. 25,000 IU Single Dose Amps. 1 ml. 3 (A)	S1B	6.00	30005
Code the number of amps dispensed			
(Non-Proprietary Name Index: Colecalciferol)			
Amlodipine (Clonmel) Tabs. 5 mg. 28 (A)	S1B	2.16	36802
Amlodipine (Clonmel) Tabs. 10 mg. 28 (A)	S1B	3.24	36803
(Non-Proprietary Name Index: Amlodipine)			
Aripiprazole Sandoz (Rowex) Tabs. 5 mg. 28 (A)	S1A	49.41	36970
Aripiprazole Sandoz (Rowex) Tabs. 10 mg. 28 (A)	S1A	47.26	36971
Aripiprazole Sandoz (Rowex) Tabs. 15 mg. 28 (A)	S1A	47.26	36972
Aripiprazole Sandoz (Rowex) Tabs. 30 mg. 28 (A)	S1A	84.94	36973
(Non-Proprietary Name Index: Aripiprazole)			
Duloxetine Teva Hard Gastro-Resistant Caps. 30 mg. 28 (A)	S1A	8.86	36809
Duloxetine Teva Hard Gastro-Resistant Caps. 60 mg. 28 (A)	S1A	14.64	36810
(Non-Proprietary Name Index: Duloxetine)			
Emerade Soln. For Inj. in Pre-filled Pen 150 mcg. 1 (A)	S1B	36.15	23614
Emerade Soln. For Inj. in Pre-filled Pen 300 mcg. 1 (A)	S1B	36.15	23615
Code the number of pre-filled pens dispensed			
(Non-Proprietary Name Index: Epinephrine)			
Levofloxacin (KRKA Pharma) Film Coated Tabs. 250 mg. 10 (A)	S1A	9.45	27334
Levofloxacin (KRKA Pharma) Film Coated Tabs. 500 mg. 10 (A)	S1A	13.69	27335
(Non-Proprietary Name Index: Levofloxacin)			
Vitile MR Modified Release Tabs. 30 mg. 60 (A)	S1B	3.52	23251
(Non-Proprietary Name Index: Gliclazide)			

DELETIONS

Amlist Tabs. 5 mg. 28 (A)	10501
Amlist Tabs. 10 mg. 28 (A)	10543
Diazepam (Actavis) Tabs. 5 mg. 100 (A)	15863
Mobicam Tabs. 15 mg. 30 (A)	33448
Pramipexole (Bluefish) Tabs. 0.18 mg. 100 (A)	79117
Pramipexole (Bluefish) Tabs. 0.7 mg. 100 (A)	79118
Sinemet-110 Tabs. 90 (A)	46163
Stiemycin Soln. 50 ml. Pack 1 (A)	50377
Torvan Film Coated Tabs. 10 mg. 28 (A)	42007
Torvan Film Coated Tabs. 20 mg. 28 (A)	42008
Torvan Film Coated Tabs. 40 mg. 28 (A)	42009
Torvan Film Coated Tabs. 80 mg. 28 (A)	42010
Trospium Chloride (Auden Mckenzie (Pharma Division Ltd.)) Film Coated Tabs. 20 mg. 60 (A)	43707
Zyprexa Pdr. For Soln. For Inj. 1 (A)	56082

PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST NOVEMBER 2015

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Aranesp Soln. for Inj. 15 mcg. 4	88351	Darbepoetin alfa	Amgen Ireland Limited
Aranesp Soln. for Inj. 20 mcg. 4	88352	Darbepoetin alfa	Amgen Ireland Limited
Aranesp Soln. for Inj. 30 mcg. 4	88353	Darbepoetin alfa	Amgen Ireland Limited
Aranesp Soln. for Inj. 40 mcg. 4	88354	Darbepoetin alfa	Amgen Ireland Limited
Aranesp Soln. for Inj. 50 mcg. 4	88355	Darbepoetin alfa	Amgen Ireland Limited
Aranesp Soln. for Inj. 60 mcg. 1	88356	Darbepoetin alfa	Amgen Ireland Limited
Aranesp Soln. for Inj. 80 mcg. 4	88357	Darbepoetin alfa	Amgen Ireland Limited
Aranesp Soln. for Inj. 100 mcg. 4	88359	Darbepoetin alfa	Amgen Ireland Limited
Aranesp Soln. for Inj. 150 mcg. 4	88360	Darbepoetin alfa	Amgen Ireland Limited
Aranesp Soln. for Inj. 300 mcg. 4	88300	Darbepoetin alfa	Amgen Ireland Limited
Aranesp Soln. for Inj. Pre-filled Syr. 500 mcg. 1	88327	Darbepoetin alfa	Amgen Ireland Limited

CHANGE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST OCTOBER 2014
CHANGES UNDERLINED

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Bemfola Soln. for Inj. in Pre-filled Pen 75 IU 1 (A) *Code the number of pre-filled pens dispensed*	88433	Follitropin Alfa	24.70	Finox Biotech	United Drug
Bemfola Soln. for Inj. in Pre-filled Pen 150 IU 1 (A) *Code the number of pre-filled pens dispensed*	88434	Follitropin Alfa	48.99	Finox Biotech	United Drug
Bemfola Soln. for Inj. in Pre-filled Pen 225 IU 1 (A) *Code the number of pre-filled pens dispensed*	88436	Follitropin Alfa	73.95	Finox Biotech	United Drug
Bemfola Soln. for Inj. in Pre-filled Pen 300 IU 1 (A) *Code the number of pre-filled pens dispensed*	88437	Follitropin Alfa	98.82	Finox Biotech	United Drug
Bemfola Soln. for Inj. in Pre-filled Pen 450 IU 1 (A) *Code the number of pre-filled pens dispensed*	88438	Follitropin Alfa	148.13	Finox Biotech	United Drug

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st October 2015

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE 1ST OCTOBER 2015.
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Brieka Hard Caps 25 mg. 56 (A)	S1A	10.55	53576
Brieka Hard Caps 25 mg. 84 (A)	S1A	15.82	53577
Brieka Hard Caps 25 mg. 100 (A)	S1A	18.84	53578
Brieka Hard Caps 50 mg. 84 (A)	S1A	31.65	53579
Brieka Hard Caps 50 mg. 100 (A)	S1A	37.68	53580
Brieka Hard Caps 75 mg. 56 (A)	S1A	19.99	53581
Brieka Hard Caps 75 mg. 100 (A)	S1A	35.69	53582
Brieka Hard Caps 100 mg. 84 (A)	S1A	38.83	53584
Brieka Hard Caps 100 mg. 100 (A)	S1A	46.22	53585
Brieka Hard Caps 150 mg. 56 (A)	S1A	27.55	53586
Brieka Hard Caps 150 mg. 100 (A)	S1A	49.19	53587
Brieka Hard Caps 200 mg. 84 (A)	S1A	52.93	53588
Brieka Hard Caps 300 mg. 56 (A)	S1A	35.28	53590
(Non-Proprietary Name Index: Pregabalin)			
Clopidogrel (Accord Healthcare Ltd.) Film Coated Tabs. 75 mg. 28 (A)	S1B	7.56	65010
(Non-Proprietary Name Index: Clopidogrel)			
Dexafree Eye Drops Soln. 1 mg./1 ml. 0.4 ml. Single Dose Container 30 (A)	S1B	7.78	33903
Code the number of containers dispensed			
(Non-Proprietary Name Index: Dexamethasone)			
Femoston Film Coated Tabs. 1/10 mg. 28 (A)	S1A	5.82	34236
(Non-Proprietary Name Index: Dydrogesterone and Estrogen)			
Fampyra Prolonged Release Tabs. 10 mg. 56 (A)*	S1A	157.85	32652
*** Only for reimbursement in respect of Consultant initiated patients who satisfy a 'responder protocol'. Pharmacy Circular 023/15 refers.**			
(Non-Proprietary Name Index: Fampridine)			
Gabapentin (Rosemont) Oral Soln. 50 mg./ml. 150 ml. (B)	S1B	84.53	36252
(Non-Proprietary Name Index: Gabapentin)			
Ovreena Coated Tabs. 63 (A)	S1B	2.30	34202
(Non-Proprietary Name Index: Levonorgestrel and Ethinylestradiol)			
Protelos (Lexon UK Ltd.) Grans. Sachets 2 G. 28 (A)	S1B	34.03	43101
Code the number of sachets dispensed			
(Non-Proprietary Name Index: Strontium Ranelate)			
Provigil (LTT Pharma Ltd.) Tabs. 100 mg. 30 (A)	S1A	56.76	44508
(Non-Proprietary Name Index: Modafinil)			
Ramipril (Accord Healthcare Ltd.) Hard Caps. 1.25 mg. 28 (A)	S1B	2.10	49306
Ramipril (Accord Healthcare Ltd.) Hard Caps. 2.5 mg. 28 (A)	S1B	2.80	49307
Ramipril (Accord Healthcare Ltd.) Hard Caps. 5 mg. 28 (A)	S1B	3.64	49308
Ramipril (Accord Healthcare Ltd.) Hard Caps. 10 mg. 28 (A)	S1B	4.90	49309
(Non-Proprietary Name Index: Ramipril)			
Solian (LTT Pharma Ltd.) Tabs. 50 mg. 60 (A)	S1B	10.51	46614
Solian (LTT Pharma Ltd.) Tabs. 100 mg. 60 (A)	S1B	30.95	46615
Solian (LTT Pharma Ltd.) Tabs. 200 mg. 60 (A)	S1B	38.40	46616
(Non-Proprietary Name Index: Amisulpride)			

Solian (LTT Pharma Ltd.) Film Coated Tabs. 400 mg. 60 (A) *(Non-Proprietary Name Index: Amisulpride)*	S1B	99.52	46630
Spiolto Respimat Inhalation Soln. 2.5 mcg./2.5 mcg. 30 dose Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Olodaterol and Tiotropium)*	S1B	45.36	46801
Strattera Oral Soln. 4 mg./ml. (100 ml. x 3) Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Atomoxetine)*	S1A	136.51	47208
Synjardy Film Coated Tabs. 5 mg./850 mg. 56 (A)	S1B	42.00	32647
Synjardy Film Coated Tabs. 5 mg./1000 mg. 56 (A)	S1B	42.00	32648
Synjardy Film Coated Tabs. 12.5 mg./850 mg. 56 (A)	S1B	42.00	32649
Synjardy Film Coated Tabs. 12.5 mg./1000 mg. 56 (A) *(Non-Proprietary Name Index: Metformin and Empagliflozin)*	S1B	42.00	32650

DELETIONS

Altargo Oint. 1% 5 G	11140
Losartan (Ranbaxy) Tabs. 50 mg. 28	17325
Losec MUPS (P.C.O. Mfg.) 20 mg. 28	65331
Prednisolone (Clonmel) Tabs. 20 mg. 100	59358
Starlix Tabs. 60 mg. 84	62022
Tavager Film Coated Tabs. 250 mg. 10	56915

ADDITIONS TO LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST OCTOBER 2015
CLINICAL NUTRITIONAL PRODUCTS
ADDITIONS

Pro-Cal Shot 120 ml. Pack 1 (A) *Code the number of packs dispensed*	2.52	81503

ADDENDUM TO AUGUST 2015 UPDATES
ADDITIONS TO OSTOMY & URINARY
EFFECTIVE 1ST AUGUST 2015

Add	Salts Two Piece Flexifit Flange with Aloe Vera and Hydrocolloid Surround FHDF 1332/1350/1370 10	46.38	93898

CHANGES TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1st MAY 2015.
CHANGES - CHANGES UNDERLINED

Change	3M Cavilon Durable Barrier Cream Sachet 3392SG 2 G. x 20	9.12	93271
To Read	3M Cavilon Durable Barrier Cream Sachet 3392GS 2 G. x 20	9.12	93271

PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST OCTOBER 2015

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Capecitabine (Accord Healthcare Ltd.) Film Coated Tabs. 300 mg. (60)	88366	Capecitabine	47.11	(Accord Healthcare Ltd.)	Medisource and United Drug
Sivextro Film Coated Tabs. 200 mg. 6 (A)	88381	Tedizolid	1134.00	Merck, Sharp & Dohme Ireland Ltd.	United Drug

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Aranesp Soln. for Inj. Pre-filled Syr. ANG 15 mcg. 4 (A)	88765	Darbepoetin alfa	Amgen Ireland Limited

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st September 2015

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE 1ST SEPTEMBER 2015.
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Aripiprazole Teva Tabs. 5 mg. 28 (A)	S1A	49.41	36913
Aripiprazole Teva Tabs. 10 mg. 28 (A)	S1A	47.26	36914
Aripiprazole Teva Tabs. 15 mg. 28 (A)	S1A	47.26	36915
Aripiprazole Teva Tabs. 30 mg. 28 (A)	S1A	84.94	36916
(Non-Proprietary Name Index: Aripiprazole)			
Aritavi Gastro-Resistant Caps. 30 mg. 28 (A)	S1A	8.86	36959
Aritavi Gastro-Resistant Caps. 60 mg. 28 (A)	S1A	14.64	36960
(Non-Proprietary Name Index: Duloxetine)			
Atorvastatin (Ranbaxy) Film Coated Tabs. 10 mg. 30 (A)	S1B	2.70	36917
Atorvastatin (Ranbaxy) Film Coated Tabs. 20 mg. 30 (A)	S1B	3.90	36918
Atorvastatin (Ranbaxy) Film Coated Tabs. 40 mg. 30 (A)	S1B	5.70	36920
Atorvastatin (Ranbaxy) Film Coated Tabs. 80 mg. 30 (A)	S1B	8.40	36921
(Non-Proprietary Name Index: Atorvastatin)			
Blink Intensive Tears Plus Liquid Gel Eye Drops 10 ml. (B)		6.35	36922
(Non-Proprietary Name Index: Artificial Tears and other Indifferent Preparations)			
Catephen Oint. 10% 15 G. (B)	S1A	46.00	36923
(Non-Proprietary Name Index: Sinecatechins)			
Creon 25,000 (LTT Pharma Ltd.) Gastro-Resistant Caps. 50 (A)	S1B	15.23	19206
(Non-Proprietary Name Index: Multienzymes (Lipase, Protease etc.))			
Dovobet Gel 50 mcg./G. + 0.5 mg./G. 60 G.Applicator Pack 1 (A)	S1A	41.01	14090
Code the number of packs dispensed			
(Non-Proprietary Name Index: Calcipotriol, Combinations)			
Duac Once Daily Gel 30 G. (B)	S1A	17.36	36924
(Non-Proprietary Name Index: Benzoyl Peroxide, Combinations)			
Femoston-Conti Film Coated Tabs. 0.5 mg./2.5 mg. 84 (A)	S1A	24.40	36925
(Non-Proprietary Name Index: Dydrogesterone and Estrogen)			
Hydromoor Eye Drops 0.3%, Single Dose Unit 0.4 ml. 30 (A)		4.32	36926
Code the number of single dose vials dispensed			
(Non-Proprietary Name Index: Hypromellose)			
Lemilvo Tabs. 5 mg. 28 (A)	S1A	42.00	36962
Lemilvo Tabs. 10 mg. 28 (A)	S1A	40.18	36963
Lemilvo Tabs. 15 mg. 28 (A)	S1A	40.18	36964
Lemilvo Tabs. 30 mg. 28 (A)	S1A	72.21	36965
(Non-Proprietary Name Index: Aripiprazole)			
Livial (Lexon UK Ltd.) Tabs. 2.5 mg. 30 (A)	S1A	16.99	36928
(Non-Proprietary Name Index: Tibolone)			
Lixiana Film Coated Tabs. 15 mg. 10 (A)	S1B	23.76	36930
Lixiana Film Coated Tabs. 30 mg. 28 (A)	S1B	66.53	36931
Lixiana Film Coated Tabs. 60 mg. 28 (A)	S1B	66.53	36932
(Non-Proprietary Name Index: Edoxaban)			
Approved as a second line therapy in circumstances where warfarin may not be appropriate			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Moventig Film Coated Tabs. 12.5 mg. 30 (A)	S1B	70.96	36933
Moventig Film Coated Tabs. 25 mg. 30 (A)	S1B	70.96	36934
(Non-Proprietary Name Index: Naloxegol)			
Movicol (LTT Pharma Ltd.) 13 G. Powder Sachets 30 (A)	S1B	10.29	36936
Code the number of sachets dispensed			
(Non-Proprietary Name Index: Macrogol, Combinations)			
Pregabalin Mylan (Gerard Labs.) Hard Caps. 25 mg. 56 (A)	S1A	10.55	36937
Pregabalin Mylan (Gerard Labs.) Hard Caps. 50 mg. 84 (A)	S1A	31.65	36938
Pregabalin Mylan (Gerard Labs.) Hard Caps. 75 mg. 56 (A)	S1A	19.99	36939
Pregabalin Mylan (Gerard Labs.) Hard Caps. 100 mg. 84 (A)	S1A	38.83	36940
Pregabalin Mylan (Gerard Labs.) Hard Caps. 150 mg. 56 (A)	S1A	27.55	36941
Pregabalin Mylan (Gerard Labs.) Hard Caps. 200 mg. 84 (A)	S1A	52.93	36942
Pregabalin Mylan (Gerard Labs.) Hard Caps. 300 mg. 56 (A)	S1A	34.04	36944
(Non-Proprietary Name Index: Pregabalin)			
Pregabalin Sandoz (Rowex) Hard Caps. 25 mg. 56 (A)	S1A	10.55	36945
Pregabalin Sandoz (Rowex) Hard Caps. 25 mg. 84 (A)	S1A	15.82	36946
Pregabalin Sandoz (Rowex) Hard Caps. 50 mg. 84 (A)	S1A	31.65	36947
Pregabalin Sandoz (Rowex) Hard Caps. 75 mg. 56 (A)	S1A	19.99	36948
Pregabalin Sandoz (Rowex) Hard Caps. 100 mg. 84 (A)	S1A	38.83	36949
Pregabalin Sandoz (Rowex) Hard Caps. 150 mg. 56 (A)	S1A	27.55	36951
Pregabalin Sandoz (Rowex) Hard Caps. 200 mg. 84 (A)	S1A	52.93	36952
Pregabalin Sandoz (Rowex) Hard Caps. 300 mg. 56 (A)	S1A	35.28	36953
(Non-Proprietary Name Index: Pregabalin)			
Raloxifene Hydrochloride (Actavis) Film Coated Tabs. 60 mg. 28 (A)	S1B	9.39	36954
(Non-Proprietary Name Index: Raloxifene)			
Serevent (LTT Pharma Ltd.) Evohaler 25 mcg. 120 Dose Aerosol 1 (A)	S1B	28.41	36907
Code the number of aerosols dispensed			
(Non-Proprietary Name Index: Salmeterol)			
Triapin (LTT Pharma Ltd.) Prolonged Release Tabs. 5 mg./5 mg. 28 (A)	S1B	16.14	50107
(Non-Proprietary Name Index: Ramipril and Felodipine)			
Vokanamet Film Coated Tabs. 50 mg./850 mg. 60 (A)	S1B	45.04	36955
Vokanamet Film Coated Tabs. 50 mg./1000 mg. 60 (A)	S1B	45.04	36956
Vokanamet Film Coated Tabs. 150 mg./850 mg. 60 (A)	S1B	62.21	36957
Vokanamet Film Coated Tabs. 150 mg./1000 mg. 60 (A)	S1B	62.21	36958
(Non-Proprietary Name Index: Metformin and Canagliflozin)			

CHANGE TO READ
CHANGES <u>UNDERLINED</u>

Change	Femoston-Conti Tabs. 28 (A)	8.13	24164
To Read	Femoston-Conti <u>Film Coated Tabs. 1 mg./5 mg.</u> 28 (A)	8.13	24164

DELETIONS

Codalax Susp. 300 ml. (B)	17858
Codalax Forte Susp. 300 ml. (B)	17860
Famvir Tabs. 750 mg. 7 (A)	75152
Losepine Gastro-Resistant Tabs. 20 mg. 28 (A)	32259
Predenema Long Tube 100 ml. 7 (A)	84387
Predenema Standard Tube 100 ml. 10 (A)	41971
Risperidone Mylan (Gerard Labs.) Film Coated Tabs. 2 mg. 60 (A)	39517
Risperidone Mylan (Gerard Labs.) Film Coated Tabs. 3 mg. 60 (A)	39518
Rivastigmine Mylan (Gerard Labs.) Hard Caps. 3 mg. 56 (A)	24460

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Sonata Caps. 5 mg. 14 (A)			79601
Sustac Tabs. 2.6 mg. 90 (A)			47581
Sustac Tabs. 6.4 mg. 90 (A)			47595
Water For Injection 2 ml. Amp. 10 (A)			56308
Water For Injection 5 ml. Amp. 10 (A)			56316
Water For Injection 10 ml. Vial 10 (A)			56324
Water For Injection 20 ml. Vial 1 (A)			56332
Water For Injection 50 ml. Vial 1 (A)			68136
Water For Injection 100 ml. Vial 1 (A)			68144

ADDITIONS TO LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST SEPTEMBER 2015
CLINICAL NUTRITIONAL PRODUCTS
ADDITIONS

MSUD Anamix Junior 36 G. Sachet 30 (A) *Code the number of sachets dispensed*	254.20	81111
PKU Anamix Junior 36 G. Sachet 30 (A) *Code the number of sachets dispensed*	159.05	81112
TYR Anamix Junior 36 G. Sachet 30 (A) *Code the number of sachets dispensed*	252.51	81364
Ketocal Powder 3:1 300 G. Pack 1 (A) *Code the number of packs dispensed*	29.86	81126

CHANGE TO READ
CHANGES UNDERLINED

Change	Ketocal 300 G. Pack 1	81474
To Read	Ketocal Powder 4:1 300 G. Pack 1	81474

ADDENDUM TO AUGUST 2015 UPDATES
ADDITIONS TO OSTOMY & URINARY
EFFECTIVE 1ST AUGUST 2015

Add	Braun Actreen Mini Set, 9cm, CH10 - CH14 239010E, 239012E, 239014E 30	82.39	93923
Add	Coloplast Brava Adhesive Remover Spray 12010 6	58.50	93458
Add	Coloplast Brava Adhesive Remover Wipes 12011 30	15.30	93499
Add	Coloplast Brava Belt - Standard (Sensura Mio) 423 1	8.03	93505
Add	Coloplast Brava Belt - XL (Sensura Mio) 424 1	8.03	93828
Add	Coloplast Brava Belt 422 - XL 1	7.27	93504
Add	Coloplast Brava Mouldable Rings 12030 30	66.80	93885
Add	Coloplast Brava Mouldable Rings 12042 30	68.10	93886
Add	Coloplast Brava Skin Barrier Spray 12020 6	82.24	93863
Add	Coloplast Brava Tape 12070 20	15.41	93456
Add	Coloplast SenSura 1 Piece Drainable Pouch 19004 30	107.40	93841
Add	Coloplast SenSura Mio 1 Piece Closed Pouch 10670/71/72/73/74/81/83/84/85/91 30	113.46	93836
Add	Coloplast SenSura Mio 1 Piece Drainable Bag 10401/11/12/13/14/21/22/23/24/28 30	127.38	93840
Add	Coloplast SenSura Mio 1 Piece Urostomy Pouch 10581/82/83/84/85/86 30	188.10	93894
Add	Coloplast SenSura Mio Click 2 Piece Baseplate 10502/12/22/31 5	25.12	93893
Add	Coloplast SenSura Mio Flex 2 Piece Baseplate 10551/61/62/63/64/65/71 10	50.44	93889
Add	Coloplast SenSura Mio Flex 2 Piece Urostomy Bag 12291/92/96/97/98 30	116.49	93888
Add	Convatec Esteem+ 1 Piece Pouch Closed Standard Tan & Clear with Filter 20-70mm 416700 30	92.63	93917
Add	Convatec Silesse Spray 50 ml TR104 420790 1	11.50	93918
Add	Eakin Adjustable Ostomy Belt 839520 & 839521 1	6.91	93921
Add	Fannin Uriflo Night Bag Non-Sterile 2 Litre (Tear Strip) F2 10	2.49	93922
Add	Hollister Moderma Flex Maxi Drainable Pouch with Integral Convexity Flexwear Skin Barrier with Lock n Roll Closure (Transparent) Cut to Fit 15-38mm, 15-51mm, 15-25mm 56900/01/02 30	157.23	93902
Add	Hollister Moderma Flex Maxi Drainable Pouch with Integral Convexity Flexwear Skin Barrier with Lock n Roll Closure (Transparent) 30mm & 35mm 56930 & 56935 30	157.23	93903
Add	Hollister Moderma Flex Urostomy Pouch with Convex and Adhesive Border (Beige) Sizes Cut to Fit 20-40mm 29600/01/20/25/30/35/40 10	71.02	93905

	Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Add	Hollister Moderma Flex Urostomy Pouch with Convex and Adhesive Border (Transparent) Sizes Cut To Fit 29700/01/20/25/30/35/40 10		71.02	93914
Add	Laker Dansac Novalife 1 Closed Convex and Clear Colostomy Pouch, Various Sizes 931-24 to 931-50, 932-24 to 932-45 10		36.56	93901
Add	MacGregor QTM Monthly Set Qufora Cone Toilet System 1		124.09	93924
Add	MacGregor Qufora Balloon Catheter System 58201-015 (Reg) 58202-015 (Small) Accessory Set Catheter System 1		140.37	93925
Add	MacGregor Qufora Balloon Catheter System 58301-010 (Reg) 58302-010 (Small) 1		96.43	93926
Add	MacGregor Qufora Balloon Catheter System Base Set 58101-002 (Reg) 58102-002 (Sml) 1		85.44	93628
Add	MacGregor Qufora Cone Toilet System Trans Anal Irrigation QTS - Starter Set 1		94.96	93627
Add	Salts Confidence Natural Urostomy Bag NU13/NU25/NU28/NU32/NU35/NUS13 10		58.47	93900
Add	Salts Confidence Sensitive Colostomy Bag CCXL 1325/1338/1352, CCXM 1325/1338, CCX 28 10		38.03	93895
Add	Salts Convex Two Piece Flexifit Flange with Aloe Vera XFHD1325/1338/1352, XFHD21/25/28/32/35/38 5		22.77	93899
Add	Salts Harmony Duo Two Piece Flexifit Flange FHD1332/1350/1370 10		42.58	93897

ADDITIONS TO OSTOMY & URINARY PRODUCTS
EFFECTIVE 1ST SEPTEMBER 2015

Add	Coloplast Brava Cream 12000 60 G.		5.90	93938
Add	Trio Healthcare SILVEX Convex Ostomy Seal 20 - 30 mm TR1020CX 10		20.30	93933
Add	Trio Healthcare SILVEX Convex Ostomy Seal 30 - 40 mm TR1030CX 10		20.30	93934
Add	Trio Healthcare SILTAC Silicone Ostomy Seal 20 - 28 mm TR1020 30		57.81	93935
Add	Trio Healthcare SILTAC Silicone Ostomy Seal 28 - 35 mm TR1028 30		57.81	93937
Add	Trio Healthcare SILTAC Silicone Ostomy Seal 35 - 44 mm TR1035 30		77.69	93936

DELETION TO OSTOMY & URINARY PRODUCTS
EFFECTIVE 1ST SEPTEMBER 2015

Delete	Coloplast Brava Cream 12000 6			93417

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st August 2015

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST AUGUST 2015.

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Avodart (LTT Pharma Ltd.) Soft Caps. 0.5 mg. 30 (A) *(Non-Proprietary Name Index: Dutasteride)*	S1A	24.00	53401
Co-Amoxiclav (Brown & Burk) Film Coated Tabs. 875 mg./125 mg. 14 (A) *(Non-Proprietary Name Index: Amoxicillin and Enzyme Inhibitor)*	S1A	8.35	17925
Dianette (LTT Pharma Ltd.) Film Coated Tabs. 21 (A) *(Non-Proprietary Name Index: Cyproterone and Estrogen)*	S1B	5.21	36895
DiproSalic (LTT Pharma Ltd.) Scalp Application 100 ml. (B) *(Non-Proprietary Name Index: Betamethasone, combinations)*	S1B	12.59	36896
Eplerenone Mylan (Gerard Labs.) Film Coated Tabs. 25 mg. 28 (A)	S1B	24.19	36897
Eplerenone Mylan (Gerard Labs.) Film Coated Tabs. 50 mg. 28 (A) *(Non-Proprietary Name Index: Eplerenone)*	S1B	24.19	36898
Implanon NXT (LTT Pharma Ltd.) Implant 68 mg. Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Etonogestrel)*	S1A	122.26	28803
Laxido Paediatric Plain Sachet, Powder for Oral Soln. 6.9 G. 30 (A) *Code the number of sachets dispensed* *(Non-Proprietary Name Index: Macrogol, combinations)*	S1B	6.17	31606
Lipantil Supra (LTT Pharma Ltd.) Film Coated Tabs. 145 mg. 30 (A) *(Non-Proprietary Name Index: Fenofibrate)*	S1B	7.82	31607
Logynon (LTT Pharma Ltd.) Tabs. 21 (A) *(Non-Proprietary Name Index: Levonorgestrel and Ethinylestradiol)*	S1B	3.89	31820
Memantine (Ranbaxy) Film Coated Tabs. 10 mg. 28 (A)	S1A	17.16	36902
Memantine (Ranbaxy) Film Coated Tabs. 10 mg. 56 (A) *(Non-Proprietary Name Index: Memantine)*	S1A	34.31	36904
Sumatriptan (Accord Healthcare Ltd.) Film Coated Tabs. 50 mg. 6 (A)	S1B	12.66	36908
Sumatriptan (Accord Healthcare Ltd.) Film Coated Tabs. 100 mg. 6 (A) *(Non-Proprietary Name Index: Sumatriptan)*	S1B	22.32	36909
Taptiqom Eye Drops Soln. 15 mcg./ml. + 5 mg./ml. 0.3 ml. Single Dose Container 30 (A) *Code the number of single dose containers dispensed* *(Non-Proprietary Name Index: Timolol, combinations)*	S1B	21.84	36911
Trosyl (LTT Pharma Ltd.) Nail Soln. 283 mg./ml. 12 ml. (B) *(Non-Proprietary Name Index: Tioconazole)*	S1B	28.58	36912
Urorec (LTT Pharma Ltd.) Hard Caps. 4 mg. 30 (A)	S1B	11.66	47512
Urorec (LTT Pharma Ltd.) Hard Caps. 8 mg. 30 (A) *(Non-Proprietary Name Index: Silodosin)*	S1B	13.73	47513

DELETIONS

Brilique Film Coated Tabs. 90 mg. 100 (A)	26101
Entrydil Tabs. 60 mg. 100 (A)	16551
Entrydil CR Tabs. 90 mg. 100 (A)	23993
Entrydil CR Tabs. 120 mg. 100 (A)	23078
Norzac Caps. 20 mg. 30 (A)	36212
Zycron MR Tabs. 30 mg. 60 (A)	63054

CHANGES TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE
1st AUGUST 2015.
CHANGES - CHANGES UNDERLINED

Change	Nutramigen AA 400 G. Pack 1 (A)	27.91	81300
To Read	Nutramigen PurAmino (Nutramigen AA) 400 G. Pack 1 (A)	27.91	81300

PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST AUGUST 2015

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Envarsus Prolonged Release Tabs. 0.75 mg. 30 (A)	88551	Tacrolimus	47.14	Chiesi Limited	Allphar Ltd.
Envarsus Prolonged Release Tabs. 1 mg. 30 (A)	88552	Tacrolimus	62.86	Chiesi Limited	Allphar Ltd.
Envarsus Prolonged Release Tabs. 4 mg. 30 (A)	88553	Tacrolimus	251.42	Chiesi Limited	Allphar Ltd.
Orencia Soln. for Inj. in Pre-filled Pen (ClickJect) 125 mg./1 ml. 4 (A) *Code the number of pre-filled pens dispensed*	88555	Abatacept	976.32	Bristol-Myers Squibb	United Drug
Rebif Multidose (P.C.O. Mfg.) Soln. for Inj. Cartridge 44 mcg./0.5 ml. 1.5 ml. 4 (A) *Code the number of cartridges dispensed*	88556	Interferon Beta-1A	1119.52	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.
Synagis Soln. for Inj. 100 mg./ml. 0.5 ml. Vial 1 (A) *Code the number of injections dispensed*	88557	Palivizumab	572.14	Abbvie Ltd.	Uniphar
Synagis Soln. for Inj. 100 mg./1 ml. 1 ml. Vial 1 (A) *Code the number of injections dispensed*	88563	Palivizumab	974.54	Abbvie Ltd.	Uniphar

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st July 2015

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE 1ST JULY 2015.

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Aldactone (LTT Pharma Ltd.) Film Coated Tabs. 25 mg. 100 (A) *(Non-Proprietary Name Index: Spironolactone)*	S1A	10.50	56601
Differin (LTT Pharma Ltd.) Cream 0.1% 30 G. (B) *(Non-Proprietary Name Index: Adapalene)*	S1A	7.16	21015
Differin (LTT Pharma Ltd.) Gel 0.1% 30 G. (B) *(Non-Proprietary Name Index: Adapalene)*	S1A	7.16	21016
Durogesic DTrans (P.C.O. Mfg.) Transdermal Patches 25 mcg./hour 5 (A)	CD2	21.74	73209
Durogesic DTrans (P.C.O. Mfg.) Transdermal Patches 50 mcg./hour 5 (A)	CD2	40.36	73210
Durogesic DTrans (P.C.O. Mfg.) Transdermal Patches 75 mcg./hour 5 (A)	CD2	56.88	73211
Durogesic DTrans (P.C.O. Mfg.) Transdermal Patches 100 mcg./hour 5 (A) *Code the number of patches dispensed* *(Non-Proprietary Name Index: Fentanyl)*	CD2	71.32	73212
Keflex (P.C.O. Mfg.) Film Coated Tabs. 500 mg. 21 (A) *(Non-Proprietary Name Index: Cefalexin)*	S1A	6.27	30207
Loxentia Hard Gastro-Resistant Caps. 20 mg. 28 (A)	S1A	8.46	36872
Loxentia Hard Gastro-Resistant Caps. 40 mg. 56 (A) *(Non-Proprietary Name Index: Duloxetine)*	S1A	17.26	36873
Megace (P.C.O. Mfg.) Oral Susp. 40 mg./ml. 240 ml. (B) *(Non-Proprietary Name Index: Megestrol)*	S1A	85.26	33575
NovoRapid (P.C.O. Mfg.) Soln. for Inj. 100 IU/ml. 10 ml. Vial 1 (A) *Code the number of vials dispensed* *(Non-Proprietary Name Index: Insulin aspart fast-acting)*	S1B	19.58	62710
Oprymea SR Prolonged Release Tabs. 3.15 mg. 30 (A) *(Non-Proprietary Name Index: Pramipexole)*	S1B	101.95	33512
Repaglinide (Accord Healthcare Ltd.) Tabs. 0.5mg. 30 (A)	S1B	2.89	76424
Repaglinide (Accord Healthcare Ltd.) Tabs. 0.5 mg. 90 (A)	S1B	8.67	76425
Repaglinide (Accord Healthcare Ltd.) Tabs. 1 mg. 90 (A)	S1B	9.67	76426
Repaglinide (Accord Healthcare Ltd.) Tabs. 2 mg. 90 (A) *(Non-Proprietary Name Index: Repaglinide)*	S1B	11.16	76427

DELETIONS

Deterodine SR Caps. 2 mg. 28 (A)	46532
Klariger Tabs. 250 mg. 14 (A)	30052
Rivastigmine Mylan (Gerard Labs.) Hard Caps. 1.5 mg. 56 (A)	24459
Rivastigmine Mylan (Gerard Labs.) Hard Caps. 4.5 mg. 56 (A)	24461
Rivastigmine Mylan (Gerard Labs.) Hard Caps. 6 mg. 56 (A)	24462
Serenace Liq. 2 mg./ml. 100 ml. (B)	45926

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st June 2015

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE 1ST JUNE 2015.
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Arcoxia (LTT Pharma) Film Coated Tabs. 90 mg. 30 (A)	S1B	31.30	36856
Arcoxia (LTT Pharma) Film Coated Tabs. 120 mg. 28 (A)	S1B	29.69	36857
(Non-Proprietary Name Index: Etoricoxib)			
Atozet Film Coated Tabs. 10 mg./10 mg. 30 (A)	S1B	41.19	36858
Atozet Film Coated Tabs. 10 mg./20 mg. 30 (A)	S1B	41.19	36859
Atozet Film Coated Tabs. 10 mg./40 mg. 30 (A)	S1B	41.19	36862
Atozet Film Coated Tabs. 10 mg./80 mg. 30 (A)	S1B	41.19	36863
(Non-Proprietary Name Index: Atorvastatin and Ezetimibe)			
Brimica Genuair Inhalation Powder 340 mcg./12 mcg. 60 Dose Inhaler 1 (A)	S1B	45.36	36866
Code the number of inhalers dispensed			
(Non-Proprietary Name Index: Formoterol and Aclidinium Bromide)			
Calcichew-D3 Forte (LTT Pharma) Tabs. 500 mg. 60 (A)		5.32	36867
(Non-Proprietary Name Index: Calcium Carbonate and Colecalciferol)			
Celecoxib (Gerard Labs.) Hard Caps. 100 mg. 60 (A)	S1B	10.74	36868
Celecoxib (Gerard Labs.) Hard Caps. 200 mg. 30 (A)	S1B	10.72	36869
(Non-Proprietary Name Index: Celecoxib)			
Mevluxa Oral Soln. 100 mg./ml. 300 ml. (B)	S1B	31.97	36878
(Non-Proprietary Name Index: Levetiracetam)			
Mezavant XL (LTT Pharma) Gastro-Resistant Prolonged Release Tabs. 1200 mg. 60 (A)	S1B	61.81	36879
(Non-Proprietary Name Index: Mesalazine)			
NebuSal Hypertonic Sodium Chloride Soln. Unit Dose Vial 7% 4 ml. 60 (A)	S1B	36.72	36880
Code the number of vials dispensed			
(Non-Proprietary Name Index: Sodium Chloride)			
One-Alpha (LTT Pharma) Caps. 1 mcg. 30 (A)	S1B	13.20	36881
(Non-Proprietary Name Index: Alfacalcidol)			
Pradaxa (LTT Pharma) Hard Caps. 110 mg. 60 (30 Day Dose) (A)	S1B	73.73	36882
Pradaxa (LTT Pharma) Hard Caps. 150 mg. 60 (30 Day Dose) (A)	S1B	73.73	36883
(Non-Proprietary Name Index: Dabigatran Etexilate)			
Approved as a second line therapy in circumstances where warfarin may not be appropriate.			
Thorens Oral Drops Soln. 10,000 iu/ml. 10 ml. Bottle 1 (A)	S1B	10.26	36890
Thorens Oral Soln. 25,000 iu/2.5 ml. 1 x 2.5 ml. Single Dose Bottle Pack 1 (A)	S1B	2.57	36891
Thorens Oral Soln. 25,000 iu/2.5 ml. 4 x 2.5 ml. Single Dose Bottle Pack 1 (A)	S1B	10.26	36892
Code the number of packs dispensed			
(Non-Proprietary Name Index: Colecalciferol)			
Tolterodine Tartrate (Accord Healthcare Ltd.) Film Coated Tabs. 1 mg. 56 (A)	S1B	13.62	36893
Tolterodine Tartrate (Accord Healthcare Ltd.) Film Coated Tabs. 2 mg. 56 (A)	S1B	13.71	36894
(Non-Proprietary Name Index: Tolterodine)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
ADDENDUM TO MAY 2015 UPDATE			
ADDITIONS			
Duloxetine (KRKA Pharma) Gastro-resistant Caps. 30 mg. 28 (A)		8.86	36852
Duloxetine (KRKA Pharma) Gastro-resistant Caps. 60 mg. 28 (A)		14.64	36853
(Non-Proprietary Name Index: Duloxetine)			
DELETIONS			
Dyazide Tabs. 30 (A)			22381
Fungafine Tabs. 250 mg. 28 (A)			26176
Micardis (Polyfarma) Tabs. 80 mg. 28 (A)			34597
Ovranette Tabs. 21 (A)			66664
Rabeprazole Sodium TEVA Gastro-Resistant Tabs. 10 mg. 30 (A)			53984
Serdolect Tabs. 12 mg. 28 (A)			78423
Sildenafil TEVA Film Coated Tabs. 50 mg. 4 (A)			33563
DELETIONS TO LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST JUNE 2015			
CLINICAL NUTRITIONAL PRODUCTS			
DELETIONS			
Delete Renamil 1 Kg. Pack 1 (A)			81425

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST JUNE 2015

CHANGES
CHANGES UNDERLINED

PROPRIETARY NAME INDEX		CODE	NON-PROPRIETARY NAME	MANUFACTURER
Change	Thalidomide Pharmion Caps. 50 mg. 28 (A)	88741	Thalidomide	Celgene Ltd. Ireland
To Read	Thalidomide Celgene Caps. 50 mg. 28 (A)	88741	Thalidomide	Celgene Ltd. Ireland

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st May 2015

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE 1ST MAY 2015.

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Bactroban (P.C.O. Mfg.) Nasal Oint. 2% 3 G. (B) *(Non-Proprietary Name Index: Mupirocin)*	S1A	6.40	36830
Cortiment Prolonged Release Tabs. 9 mg. 30 (A) *(Non-Proprietary Name Index: Budesonide)*	S1B	91.80	36833
Eliquis Film Coated Tabs. 5 mg. 28 (A) *(Non-Proprietary Name Index: Apixaban)*	S1B	35.53	36834
Frovex (P.C.O. Mfg.) Film Coated Tabs. 2.5 mg. 6 (A) *(Non-Proprietary Name Index: Frovatriptan)*	S1B	30.91	36835
Lamictal (P.C.O. Mfg.) Dispersible/Chewable Tabs. 25 mg. 56 (A)	S1B	14.76	36836
Lamictal (P.C.O. Mfg.) Dispersible/Chewable Tabs. 50 mg. 56 (A) *(Non-Proprietary Name Index: Lamotrigine)*	S1B	19.90	36837
Lansoprazole (Pinewood) Gastro-Resistant Hard Caps. 15 mg. 28 (A)	S1B	4.76	36839
Lansoprazole (Pinewood) Gastro-Resistant Hard Caps. 30 mg. 28 (A) *(Non-Proprietary Name Index: Lansoprazole)*	S1B	8.40	36840
Perindopril Tosilate/Amlodipine TEVA Tabs. 5 mg./5 mg. 30 (A)	S1B	6.51	36844
Perindopril Tosilate/Amlodipine TEVA Tabs. 10 mg./10 mg. 30 (A)	S1B	9.94	36845
Perindopril Tosilate/Amlodipine TEVA Tabs. 5 mg./10 mg. 30 (A)	S1B	7.23	36847
Perindopril Tosilate/Amlodipine TEVA Tabs. 10 mg./5 mg. 30 (A) *(Non-Proprietary Name Index: Perindopril and Amlodipine)*	S1B	9.41	36848
Saflutan (P.C.O. Mfg.) Eye Drops 15 mcg./ml. 0.3 ml. Unit Dose Vial 30 (A) *Code the number of vials dispensed* *(Non-Proprietary Name Index: Tafluprost)*	S1B	21.19	36849
Xigduo Film Coated Tabs. 5 mg./850 mg. 56 (A)	S1B	42.00	36850
Xigduo Film Coated Tabs. 5 mg./1000 mg. 56 (A) *(Non-Proprietary Name Index: Metformin and Dapagliflozin)*	S1B	42.00	36851

DELETIONS

Lyrica (Polyfarma) Caps. 25 mg. 56 (A) 32429

ADDITIONS/CHANGES TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST MAY 2015

ADDITIONS

Add	OneTouch Delica® Lancets, 30 G. 0.32 mm. 200 (A)	8.23	86316

CHANGES
CHANGES UNDERLINED

Change	Penfine Needle 31 G. 6 mm. 100 (A)	17.86	85345
To Read	Clickfine Needle 31 G. 6 mm. 100 (A)	17.86	85345
Change	Penfine Needle 31 G. 8 mm. 100 (A)	12.67	85353
To Read	Clickfine Needle 31 G. 8 mm. 100 (A)	12.67	85353

CHANGES TO THE LIST OF FLAT RATED NON DRUG ITEMS REIMBURSABLE UNDER THE GMS SCHEME EFFECTIVE 1ST MAY 2015
CHANGES UNDERLINED

CODE	NAME	CHANGE	TO READ
85055	Lancet Type C (cylindrical mount fluted longitudinally Fine Gauge Minimum 28 G.) 200 (A)	Abbott Thin/Abbott Ascensia Microlet/Bayer Glucojet No-Dol/Medicon Micro-Fine+/BD OneTouch UltraSoft/LifeScan	Abbott Thin/Abbott Ascensia Microlet/Bayer Glucoject *Dual* PLUS/Medicon Micro-Fine+/BD OneTouch UltraSoft/LifeScan

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST MAY 2015

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Stivarga Film Coated Tabs. 40 mg. 84 (A)	88493	Regorafenib	4056.57	Bayer Ltd.	HE Clissman (Dist.) Ltd.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

OSTOMY & URINARY

UPDATE TO EXISTING PRODUCTS WITH DISCONTINUATION OF OBSOLETE PRODUCTS TO FOLLOW

EFFECTIVE 1ST APRIL 2015

Changes Underlined

Instruction	Code	Description	Price €
Change	93000	ConvaTec Drainable Pouch Clip S207 10	4.98
To Read	93000	ConvaTec Drainable Pouch Clip S207 10	4.20
Change	93002	Belts AB01 1 (Salts)	11.27
To Read	93002	Belts AB01 1 (Salts)	9.15
Change	93003	Appeel No Sting Medical Adhesive Remover 50 ml. 3500 Pack 1	12.67
To Read	93003	Appeel No Sting Medical Adhesive Remover 50 ml. 3500 Pack 1	10.97
Change	93004	Dansac Ostomy Belt Standard & Long. Beige & White 09001/2/3 1	11.35
To Read	93004	Dansac Ostomy Belt Standard & Long. Beige & White 09001/2/3 1	7.23
Change	93006	Appeel No Sting Medical Adhesive Remover Wipe 3505 Sachet 30	21.00
To Read	93006	Appeel No Sting Medical Adhesive Remover Wipe 3505 Sachet 30	18.20
Change	93007	Hollister Bag Clamp 8770 10	14.82
To Read	93007	Hollister Bag Clamp 8770 10	11.84
Change	93008	Assura Inspire/Design Seal One Piece Drainable Bag Maxi c. Hideaway Outlet Integrated Convex Soft Cover Front & Back & Integral Filt. Opq. 14105/6, 14108/9 & 14173/76 10	41.67
To Read	93008	Assura Inspire/Design Seal One Piece Drainable Bag Maxi c. Hideaway Outlet Integrated Convex Soft Cover Front & Back & Integral Filt. Opq. 14105/6, 14109 & 14173/76 10	34.82
Change	93011	Assura Inspire Soft Seal One Piece Closed Bag Midi Shallow Convexity Integral Filter Transparent 14431/2 10	41.28
To Read	93011	Assura Inspire Soft Seal One Piece Closed Bag Midi Shallow Convexity Integral Filter Transparent 14431/2 10	34.10
Change	93012	Adapt Osotomy Belt Latex Free 7299 & 7300 1	10.99
To Read	93012	Adapt Osotomy Belt Latex Free 7299 & 7300 1	7.27
Change	93013	Assura Inspire One Piece Closed Bag Midi with Integral Filter Transparent 12130/6 30	108.49
To Read	93013	Assura Inspire One Piece Closed Bag Midi with Integral Filter Transparent 12130/6 30	92.78
Change	93014	Morform Motion Management Sachet 3837 Sachet 60	26.72
To Read	93014	Morform Motion Management Sachet 3837 Sachet 60	22.72
Change	93015	Assura Inspire Seal One Piece Drainable Bag Maxi with Hideaway Outlet Integrated Convex & Integral Filter Transparent 14102/3 & 14163/66 10	41.67
To Read	93015	Assura Inspire Seal One Piece Drainable Bag Maxi with Hideaway Outlet Integrated Convex & Integral Filter Transparent 14102/3 & 14163/66 10	34.82
Change	93016	Welland Universal Ostomy Belt System Pack Standard & Large BLT067/092 & BLT167/192 1	50.35
To Read	93016	Welland Universal Ostomy Belt System Pack Standard & Large BLT067/092 & BLT167/192 1	43.54

Instruction	Code	Description	Price €
Change	93018	Confidence Comfort Closed Pouch Standard & Large with Filter Clear Film/Beige Overlap CF13/41 & CFL13/41 30	115.04
To Read	93018	Confidence Comfort Closed Pouch Standard & Large with Filter Clear Film/Beige Overlap CF13/41 & CFL13/41 30	98.07
Change	93019	Combihesive Natura Two Piece Drainable Pouch Standard without Filter & with InvisiClose Outlet Transparent S7441N/5N	63.17
To Read	93019	Combihesive Natura Two Piece Drainable Pouch Standard without Filter & with InvisiClose Outlet Transparent S7441N/5N	55.55
Change	93020	Adapt Lubricating Deodorant 8 ml. 78501 Sachet 50	18.55
To Read	93020	Adapt Lubricating Deodorant 8 ml. 78501 Sachet 50	16.15
Change	93021	Assura Inspire Seal One Piece Drainable Bag Midi with Hideaway Outlet Integrated Convex Soft Cover Front & Back & Integral Filter Opaque 14195/6 10	41.67
To Read	93021	Assura Inspire Seal One Piece Drainable Bag Midi with Hideaway Outlet Integrated Convex Soft Cover Front & Back & Integral Filter Opaque 14195/6 10	34.82
Change	93022	Confidence Comfort Closed Pouch Standard & Large with Filter Beige Film/Beige Overlap CFO13 & CFLO13 30	115.04
To Read	93022	Confidence Comfort Closed Pouch Standard & Large with Filter Beige Film/Beige Overlap CFO13 & CFLO13 30	96.20
Change	93023	Assura Inspire Soft Seal One Piece Closed Bag Midi Shallow Convexity Soft Cover Integral Filter Opaque 14434/5 & 14451/4 10	41.28
To Read	93023	Assura Inspire Soft Seal One Piece Closed Bag Midi Shallow Convexity Soft Cover Integral Filter Opaque 14434/5 & 14451/4 10	34.10
Change	93026	Moderma Flex Closed Pouch Maxi Beige & Transparent 22300/35 & 22400	102.24
To Read	93026	Moderma Flex Closed Pouch Maxi Beige & Transparent 22300/35 & 22400	90.72
Change	93028	Cavilon Durable Barrier Cream 3392E 92 G. Pack 1	12.45
To Read	93028	Cavilon Durable Barrier Cream 3392E 92 G. Pack 1	9.67
Change	93029	Draina S Fistula Bag Medium H28555E 20	102.13
To Read	93029	Draina S Fistula Bag Medium H28555E 20	93.05
Change	93030	ConvaTec Soft Wire Tie S205 50	8.62
To Read	93030	ConvaTec Soft Wire Tie S205 50	7.27
Change	93031	Moderma Flex Closed Pouch Maxi Convex Beige & Transparent 22800/35 & 22900/35 30	136.66
To Read	93031	Moderma Flex Closed Pouch Maxi Convex Beige & Transparent 22800/35 & 22900/35 30	95.54
Change	93032	Assura Inspire Soft Seal One Piece Closed Bag Maxi Shallow Convexity Integral Filter Transparent 14441/2 10	41.28
To Read	93032	Assura Inspire Soft Seal One Piece Closed Bag Maxi Shallow Convexity Integral Filter Transparent 14441/2 10	34.10
Change	93033	Draina S Fistula Bag Large H28556E 20	125.60
To Read	93033	Draina S Fistula Bag Large H28556E 20	114.45

Instruction	Code	Description	Price €
Change	93034	Nova Mini Cap 829-20/50 30	56.53
To Read	93034	Nova Mini Cap 829-20/50 30	47.60
Change	93035	Nova One Piece Closed Pouch with Standard Convex Flange Clear & Opaque 831-20/46 & 832-24/46	38.13
To Read	93035	Nova One Piece Closed Pouch with Standard Convex Flange Clear & Opaque 831-20/46 & 832-24/46	32.88
Change	93036	Conform 2 Two Piece Closed Pouch Maxi with Comfort Backing Beige 24420, 25420 & 27420 30	57.79
To Read	93036	Conform 2 Two Piece Closed Pouch Maxi with Comfort Backing Beige 24420, 25420 & 27420 30	49.21
Change	93037	Confidence Comfort Drainable Pouch Small Opaque CFDS13 30	123.03
To Read	93037	Confidence Comfort Drainable Pouch Small Opaque CFDS13 30	104.89
Change	93038	Confidence Comfort Drainable Pouch Standard Opaque & Transparent with Overlap CFD13/45 & CFDT13 30	123.03
To Read	93038	Confidence Comfort Drainable Pouch Standard Opaque & Transparent with Overlap CFD13/45 & CFDT13 30	104.89
Change	93039	Assura Inspire/Design Two Piece Drainable Bag Midi with Hideaway Outlet & Soft Cover Front & Back & Integral Filter Opaque 13954/6 & 13964/6 30	65.87
To Read	93039	Assura Inspire/Design Two Piece Drainable Bag Midi with Hideaway Outlet & Soft Cover Front & Back & Integral Filter Opaque 13954/6 & 13964/6 30	55.07
Change	93040	Nova One Piece Closed Pouch with Soft Convex Flange Opaque 871-20/40	38.13
To Read	93040	Nova One Piece Closed Pouch with Soft Convex Flange Opaque 871-20/40	32.88
Change	93042	Confidence Comfort Drainable Pouch Large Opaque & Transparent CFDL13 & CFDLT13 30	123.03
To Read	93042	Confidence Comfort Drainable Pouch Large Opaque & Transparent CFDL13 & CFDLT13 30	104.89
Change	93043	Moderma Flex Drainable Pouch Mini with Lock & Roll Closure Beige 28100/40 30	107.02
To Read	93043	Moderma Flex Drainable Pouch Mini with Lock & Roll Closure Beige 28100/40 30	86.10
Change	93044	Assura Inspire Soft Seal One Piece Closed Bag Maxi Shallow Convexity Soft Cover Integral Filter Opaque 14444/5 10	41.28
To Read	93044	Assura Inspire Soft Seal One Piece Closed Bag Maxi Shallow Convexity Soft Cover Integral Filter Opaque 14444/5 10	34.10
Change	93045	Nova One Piece Closed Pouch with X3mm Soft Convex Flange Clear & Opaque 852-15 & 851-15/40	38.13
To Read	93045	Nova One Piece Closed Pouch with X3mm Soft Convex Flange Clear & Opaque 852-15 & 851-15/40	32.94
Change	93046	Assura Inspire Two Piece Drainable Bag Maxi with Hideaway Outlet & Integral Filter Transparent 13974/6 30	65.87
To Read	93046	Assura Inspire Two Piece Drainable Bag Maxi with Hideaway Outlet & Integral Filter Transparent 13974/6 30	55.07
Change	93047	Nova One Piece Drainable Pouch Maxi with Easifold Closure & Filter Clear & Opaque 815-15 & 816-15 10	39.90
To Read	93047	Nova One Piece Drainable Pouch Maxi with Easifold Closure & Filter Clear & Opaque 815-15 & 816-15 10	26.70

Instruction	Code	Description	Price €
Change	93048	Cavilon No Sting Barrier Film Stoma Wipe 3344E Sachet 30	34.05
To Read	93048	Cavilon No Sting Barrier Film Stoma Wipe 3344E Sachet 30	26.51
Change	93049	Adapt Lubricating Deodorant 236 ml. 78500 Pack 1	13.06
To Read	93049	Adapt Lubricating Deodorant 236 ml. 78500 Pack 1	11.36
Change	93050	Clinimed LBF No Sting Barrier Wipe 3820 Sachet 30	34.61
To Read	93050	Clinimed LBF No Sting Barrier Wipe 3820 Sachet 30	29.42
Change	93051	Assura One Piece Closed Bag Maxi Clear 2481 30	112.35
To Read	93051	Assura One Piece Closed Bag Maxi Clear 2481 30	92.78
Change	93052	Coloplast Strip Paste 2655 60 G. Pack 1	11.16
To Read	93052	Coloplast Strip Paste 2655 60 G. Pack 1	9.33
Change	93053	Almarys Twin+ Standard Baseplate 036240E/80E 10	42.38
To Read	93053	Almarys Twin+ Standard Baseplate 036240E/80E 10	38.28
Change	93054	Almarys Twin+ Convex Baseplate 036351E/85E 5	21.96
To Read	93054	Almarys Twin+ Convex Baseplate 036351E/85E 5	19.84
Change	93055	Almarys Twin+ High Flow Drainable Pouch Beige & Transparent 039850E/60E & 039880E 30	163.08
To Read	93055	Almarys Twin+ High Flow Drainable Pouch Beige & Transparent 039850E/60E & 039880E 30	142.48
Change	93056	FreshAire - Odour Eliminating Spray 50 ml. FA1 Pack 1	5.56
To Read	93056	FreshAire - Odour Eliminating Spray 50 ml. FA1 Pack 1	4.74
Change	93057	Confidence Comfort Closed Pouch Standard & Large with Filter Transparent CFT13 & CFLT13	115.04
To Read	93057	Confidence Comfort Closed Pouch Standard & Large with Filter Transparent CFT13 & CFLT13	96.20
Change	93058	Almarys Twin+ High Flow Collector Bag 2 L. 039900E 15	77.17
To Read	93058	Almarys Twin+ High Flow Collector Bag 2 L. 039900E 15	49.39
Change	93059	Assura Two Piece Baseplate with Belt Lug 13141/51/61 5	23.27
To Read	93059	Assura Two Piece Baseplate with Belt Lug 13141/51/61 5	19.84
Change	93060	Combihesive Natura Two Piece Stoma Cap with Filter Opaque S7250/2 25	38.67
To Read	93060	Combihesive Natura Two Piece Stoma Cap with Filter Opaque S7250/2 25	32.65

Instruction	Code	Description	Price €
Change	93061	Esteem One Piece Drainable Pouch Standard Convex with InvisiClose Outlet Clear & Opaque S5151/9 & S5161/9	61.70
To Read	93061	Esteem One Piece Drainable Pouch Standard Convex with InvisiClose Outlet Clear & Opaque S5151/9 & S5161/9	54.26
Change	93062	Assura Seal Two Piece Baseplate with Belt Lug 12717/29 5	22.16
To Read	93062	Assura Seal Two Piece Baseplate with Belt Lug 12717/29 5	18.89
Change	93063	Assura Two Piece Soft Seal Extra Baseplate 14281/98 5	27.43
To Read	93063	Assura Two Piece Soft Seal Extra Baseplate 14281/98 5	23.37
Change	93065	Moderma Flex Drainable Pouch Maxi Convex with Lock & Roll Closure Beige & Transparent 26800/35 & 26901/35 30	160.91
To Read	93065	Moderma Flex Drainable Pouch Maxi Convex with Lock & Roll Closure Beige & Transparent 26800/35 & 26901/35 30	126.37
Change	93066	Moderma Flex Quiet Film Drainable Pouch Midi Anatomical with Lock & Roll Closure & Filter Beige & Transparent 28200/20/25/30/35/40 & 28500 30	127.59
To Read	93066	Moderma Flex Quiet Film Drainable Pouch Midi Anatomical with Lock & Roll Closure & Filter Beige & Transparent 28200/20/25/30/35/40 & 28500 30	105.66
Change	93067	Combihesive Natura Two Piece Drainable Pouch Small c Filter Opaque S7406/10 10	17.80
To Read	93067	Combihesive Natura Two Piece Drainable Pouch Small c Filter Opaque S7406/10 10	14.82
Change	93069	Nova One Piece Drainable Pouch Mini with EasiFold Closure Clear & Opaque 825-15 & 826-15 30	120.35
To Read	93069	Nova One Piece Drainable Pouch Mini with EasiFold Closure Clear & Opaque 825-15 & 826-15 30	105.80
Change	93070	Confidence Supersoft Convex One Piece Closed Pouch Standard Transparent with Overlap CCSS1325/52 & CCSS21/41 10	38.03
To Read	93070	Confidence Supersoft Convex One Piece Closed Pouch Standard Transparent with Overlap CCSS1325/52 & CCSS21/41 10	33.71
Change	93071	Combihesive Natura Two Piece Drainable Pouch Standard c Filter Opaque S7411/5 10	18.15
To Read	93071	Combihesive Natura Two Piece Drainable Pouch Standard c Filter Opaque S7411/5 10	15.10
Change	93072	Combihesive Natura Two Piece Drainable Pouch Large without Filter Transparent S7233 10	33.21
To Read	93072	Combihesive Natura Two Piece Drainable Pouch Large without Filter Transparent S7233 10	28.06
Change	93073	Nova One Piece Drainable Pouch with Soft Convex Flange & Easifold Closure Clear & Opaque 882-25/35 & 881-20/35	56.83
To Read	93073	Nova One Piece Drainable Pouch with Soft Convex Flange & Easifold Closure Clear & Opaque 882-25/35 & 881-20/35	49.02
Change	93074	Combihesive Natura Stomahesive Flange S7299B 5	19.48
To Read	93074	Combihesive Natura Stomahesive Flange S7299B 5	17.28
Change	93075	Conform 2 Two Piece Drainable Pouch Mini with Lock and Roll Closure & Filter Beige 23743, 24743 & 25743 30	54.60
To Read	93075	Conform 2 Two Piece Drainable Pouch Mini with Lock and Roll Closure & Filter Beige 23743, 24743 & 25743 30	47.52

Instruction	Code	Description	Price €
Change	93076	Moderma Flex Quiet Film Drainable Pouch Maxi Symmetrical with Lock & Roll Closure & Filter Beige & Transparent 28300/20/25/30/35/40 & 28400 30	127.59
To Read	93076	Moderma Flex Quiet Film Drainable Pouch Maxi Symmetrical with Lock & Roll Closure & Filter Beige & Transparent 28300/20/25/30/35/40 & 28400 30	107.60
Change	93077	Assura One Piece Closed Bag Mini Opaque 2421/7 30	90.01
To Read	93077	Assura One Piece Closed Bag Mini Opaque 2421/6 30	74.36
Change	93078	Nova One Piece Drainable Pouch with Standard Convex Flange & EasiFold Closure Clear & Opaque 842-24/46 & 841-20/46	56.83
To Read	93078	Nova One Piece Drainable Pouch with Standard Convex Flange & EasiFold Closure Clear & Opaque 842-24/46 & 841-20/46	49.02
Change	93079	Assura Inspire Two Piece Drainable Bag Midi with Hideaway Outlet & Integral Filter Transparent 13944/6 30	65.87
To Read	93079	Assura Inspire Two Piece Drainable Bag Midi with Hideaway Outlet & Integral Filter Transparent 13944/6 30	55.07
Change	93080	Easiflex Two Piece Baseplate 90 mm. 14309 5	26.43
To Read	93080	Easiflex Two Piece Baseplate 90 mm. 14309 5	22.53
Change	93081	Easiflex Two Piece Drainable Bag XXL Hide-away Outlet & Integral Filter Transparent & Soft Cover 14378/9 30	71.59
To Read	93081	Easiflex Two Piece Drainable Bag XXL Hide-away Outlet & Integral Filter Transparent & Soft Cover 14378/9 30	61.58
Change	93082	Nova One Piece Drainable Pouch with X3mm Soft Convex Flange & EasiFold Closure Clear & Opaque 862-15 & 861-15/35	56.83
To Read	93082	Nova One Piece Drainable Pouch with X3mm Soft Convex Flange & EasiFold Closure Clear & Opaque 862-15 & 861-15/35	49.09
Change	93083	Combihesive Natura Two Piece Drainable Pouch High Output with Filter Opaque S7467/9 5	29.97
To Read	93083	Combihesive Natura Two Piece Drainable Pouch High Output with Filter Opaque S7467/9 5	25.32
Change	93085	Easiflex Two Piece Paed. Baseplate 14307/8 10	52.84
To Read	93085	Easiflex Two Piece Paed. Baseplate 14307/8 10	45.04
Change	93086	Adapt Conformable Ring 79520/40 10	24.98
To Read	93086	Adapt Conformable Ring 79520/40 10	16.74
Change	93087	Easiflex Two Piece Soft Seal Baseplate 14401/3 & 14641/8	27.46
To Read	93087	Easiflex Two Piece Soft Seal Baseplate 14401/3 & 14642/6 5	23.41
Change	93088	Easiflex Two Piece Paed. Drainable Bag with Hide-away Outlet & Soft Cover & Integral Filter Transparent & Design 14681/2 & 14691/2 30	71.59
To Read	93088	Easiflex Two Piece Paed. Drainable Bag with Hide-away Outlet & Soft Cover & Integral Filter Transparent & Design 14681/2 & 14691/2 30	61.04
Change	93090	Combihesive Natura Two Piece Drainable Pouch Small and Standard with Filter & with InvisiClose Outlet Opaque S7431f/51F 30	63.17
To Read	93090	Combihesive Natura Two Piece Drainable Pouch Small and Standard with Filter & with InvisiClose Outlet Opaque S7431f/51F 30	55.55

Instruction	Code	Description	Price €
Change	93091	Softima Key Flexible Base Plate 63040E/80E 10	52.75
To Read	93091	Softima Key Flexible Base Plate 63040E/80E 10	46.85
Change	93093	Softima Key Closed Pouch Beige & Transparent 63140E/80E 30	71.11
To Read	93093	Softima Key Closed Pouch Beige & Transparent 63140E/80E 30	63.14
Change	93094	Assura Inspire Two Piece Drainable Bag Maxi with Hideaway Outlet & Soft Cover Front & Back & Integral Filter Opaque 13984/6 30	65.87
To Read	93094	Assura Inspire Two Piece Drainable Bag Maxi with Hideaway Outlet & Soft Cover Front & Back & Integral Filter Opaque 13984/6 30	55.07
Change	93096	Assura One Piece Urostomy Bag Midi Multichamber with Fold-up Outlet Transparent & White 14211/2 30	244.61
To Read	93096	Assura One Piece Urostomy Bag Midi Multichamber with Fold-up Outlet Transparent & White 14211/2 30	162.20
Change	93097	Assura One Piece Urostomy Bag Maxi Multichamber Transparent & White with Fold-up Outlet 14221/2 30	244.61
To Read	93097	Assura One Piece Urostomy Bag Maxi Multichamber Transparent & White with Fold-up Outlet 14221/2 30	153.71
Change	93098	Assura One Piece Soft Seal Urostomy Bag Maxi Multichamber with Fold-up Outlet Transparent & White 14712/3 & 14716/7 10	81.54
To Read	93098	Assura One Piece Soft Seal Urostomy Bag Maxi Multichamber with Fold-up Outlet Transparent & White 14712/3 & 14716/7 10	69.50
Change	93099	Combihesive Natura Two Piece Urostomy Pouch with Bendable Tap Transparent S7350/3 10	40.06
To Read	93099	Combihesive Natura Two Piece Urostomy Pouch with Bendable Tap Transparent S7350/3 10	33.81
Change	93100	Assura Inspire One Piece Closed Bag Maxi with Dual Filter Transparent 14506 30	113.97
To Read	93100	Assura Inspire One Piece Closed Bag Maxi with Dual Filter Transparent 14506 30	99.97
Change	93101	Assura Inspire One Piece Closed Bag Maxi with Integral Filter Transparent 12160/6 30	108.49
To Read	93101	Assura Inspire One Piece Closed Bag Maxi with Integral Filter Transparent 12160/6 30	91.19
Change	93102	Confidence Gold Urostomy Baq Small & Standard USNW13 & UNW13/45 10	64.81
To Read	93102	Confidence Gold Urostomy Baq Small & Standard USNW13 & UNW13/45 10	55.24
Change	93103	Nova One Piece Drainable Pouch with EasiFold Closure & Filter Clear & Opaque 824-15 & 823-15/45 30	125.69
To Read	93103	Nova One Piece Drainable Pouch with EasiFold Closure & Filter Clear & Opaque 824-15 & 823-15/45 30	83.06
Change	93104	Nova One Piece Urostomy Pouch with Convex Flange Clear 894-20/46 10	75.71
To Read	93104	Nova One Piece Urostomy Pouch with Convex Flange Clear 894-20/46 10	65.89
Change	93105	Assura One Piece Minicap Opaque 2501 30	58.10
To Read	93105	Assura One Piece Minicap Opaque 2501 30	48.01

Instruction	Code	Description	Price €
Change	93106	Bardex I.C. Aquafil Catheter c Hydrogel & Bacti-Guard Silver Alloy Coating (Bard) D236512S/22S & D236912S/16S 1	13.70
To Read	93106	Bardex I.C. Aquafil Catheter c Hydrogel & Bacti-Guard Silver Alloy Coating (Bard) D236512S/22S & D236912S/16S 1	11.00
Change	93107	Curvex Closed Pouch with Soft Flexible Flange, Soft Cover & Filter Clear & Beige CCS713,CCM713, CCL713, CCS513, CCM513/32 & CCL513/38 10	34.38
To Read	93107	Curvex Closed Pouch with Soft Flexible Flange, Soft Cover & Filter Clear & Beige CCS713,CCM713, CCL713, CCS513, CCM513/32 & CCL513/38 10	29.80
Change	93109	Assura Inspire Two Piece Drainable Bag Mini with Hideaway Outlet & Soft Cover Front & Back & Integral Filter Opaque 13924/6 30	65.87
To Read	93109	Assura Inspire Two Piece Drainable Bag Mini with Hideaway Outlet & Soft Cover Front & Back & Integral Filter Opaque 13924/5 30	55.07
Change	93111	Combihesive Natura Two Piece Urostomy Pouch with Bendable Tap Transparent S7354 10	43.40
To Read	93111	Combihesive Natura Two Piece Urostomy Pouch with Bendable Tap Transparent S7354 10	36.61
Change	93112	Dansac Soft Wire Tie Long 095-02 50	10.05
To Read	93112	Dansac Soft Wire Tie Long 095-02 50	8.31
Change	93113	FreeStyle Flushable Closed Pouch Medium with Dual-Carb Filter Beige FFM519/44 30	118.83
To Read	93113	FreeStyle Flushable Closed Pouch Medium with Dual-Carb Filter Beige FFM519/44 30	102.20
Change	93114	Assura Inspire/Design One Piece Closed Bag Midi with Dual Filter & Soft Cover Front & Back 14504/14505 30	113.97
To Read	93114	Assura Inspire/Design One Piece Closed Bag Midi with Dual Filter & Soft Cover Front & Back 14504/14505 30	99.97
Change	93115	Cavilon No Sting Barrier Film Foam Applicator 3343P 1 ml. Sachet 5	7.48
To Read	93115	Cavilon No Sting Barrier Film Foam Applicator 3343P 1 ml. Sachet 5	5.91
Change	93119	FreeStyle Flushable Closed Pouch Large with Dual-Carb Filter Beige FFL519/44 30	118.83
To Read	93119	FreeStyle Flushable Closed Pouch Large with Dual-Carb Filter Beige FFL519/44 30	102.20
Change	93120	Assura Inspire/Design One Piece Closed Bag Midi with Soft Cover Front & Back & Integral Filter Opaque 12140/9 & 12150/9 30	110.40
To Read	93120	Assura Inspire/Design One Piece Closed Bag Midi with Soft Cover Front & Back & Integral Filter Opaque 12140/9 & 12150/8 30	92.78
Change	93121	LoFric Primo Catheter with Sterile Water Sachet (Astra) 9600800/1800, 9620600/1000, 9640800/1800 & 9680800/1400 30	62.46
To Read	93121	Wellspect LoFric Primo Catheter Non-PVC Tiemann Tip/Male/Female/Paed 41/00825-1825, 413/0825-1825, 414/0825-1425, 411/0625-1025, 9661/000-800 30	55.76
Change	93124	FreeStyle One Piece Closed Pouch Medium & Large with Dual-Carb Filter Clear & Beige FMC713, FMC513 & FLC713, FLC513/44 30	103.07
To Read	93124	FreeStyle One Piece Closed Pouch Medium & Large with Dual-Carb Filter Clear & Beige FMC713, FMC513 & FLC713, FLC513/44 30	87.62
Change	93130	Assura Inspire/Design One Piece Closed Bag Mini with Soft Cover Front & Back & Integral Filter Opaque 12110 & 12120 30	88.49
To Read	93130	Assura Inspire/Design One Piece Closed Bag Mini with Soft Cover Front & Back & Integral Filter Opaque 12110 & 12120 30	73.94

Instruction	Code	Description	Price €
Change	93131	Nova One Piece Closed Pouch Maxi Clear & Opaque 805-20 & 806-20 30	103.90
To Read	93131	Nova One Piece Closed Pouch Maxi Clear & Opaque 805-20 & 806-20 30	64.67
Change	93133	Biotrol Softima Closed Pouch Maxi with Filter Transparent & Beige 043070E & 043670E 30	107.00
To Read	93133	Biotrol Softima Closed Pouch Maxi with Filter Transparent & Beige 043070E & 043670E 30	96.59
Change	93134	Adapt Pdr. 28.3 G. Pack 7906 1	3.75
To Read	93134	Adapt Pdr. 28.3 G. Pack 7906 1	3.14
Change	93135	LoFric Hydro-Kit 11 Catheter (Astra) 9830800/1800, 9850800/1800 & 9840600/1000 20	51.60
To Read	93135	Wellspect LoFric Hydro-Kit Non PVC Catheter 420/0825-1825; 423/0825-1825; 421/0825-1025; 987/1000-1800	45.99
Change	93136	Combihesive Natura Two Piece Urostomy Pouch Small with Bendable Tap Transparent S7360/3 10	40.06
To Read	93136	Combihesive Natura Two Piece Urostomy Pouch Small with Bendable Tap Transparent S7360/3 10	33.81
Change	93138	Assura Inspire/Design One Piece Closed Bag Maxi with Dual Filter & Soft Cover Front & Back 14507/14508 30	113.97
To Read	93138	Assura Inspire/Design One Piece Closed Bag Maxi with Dual Filter & Soft Cover Front & Back 14507/14508 30	99.97
Change	93140	SpeediCath Complete Catheter (Coloplast) 28460/4 & 28430/4 20	64.06
To Read	93140	SpeediCath Compact Set (Coloplast) 28520/22/24 and 28422 20	62.50
Change	93141	Biotrol Softima Closed Pouch with Filter Transparent & Beige 043016E/45E & 043616E 30	107.00
To Read	93141	Biotrol Softima Closed Pouch with Filter Transparent & Beige 043016E/45E & 043616E 30	96.59
Change	93143	Self Cath Catheter (Coloplast) 306/10 6-10 Ch., Paed. & 408/108 8-18 Ch., Male & 208/14 8-14 Ch., Female 30	47.07
To Read	93143	Self Cath Catheter (Coloplast) 306/10 6-10 Ch., Paed. & 408/16 8-16 Ch., Male & 208/14 8-14 Ch., Female 30	40.13
Change	93146	Conveen Optima Self Sealing Urisheath Short & Standard (Coloplast) 22121/25/30/35 & 22025/30/35/40 30	71.20
To Read	93146	Conveen Optima Self Sealing Urisheath Short & Standard (Coloplast) 22121/25/30/35 & 22025/30/35/40 30	58.71
Change	93148	Assura Inspire Soft Seal One Piece Drainable Bag Midi with Hideaway Outlet Shallow Convexity & Soft Cover & Integral Filter Opaque 14404/5 10	59.52
To Read	93148	Assura Inspire Soft Seal One Piece Drainable Bag Midi with Hideaway Outlet Shallow Convexity & Soft Cover & Integral Filter Opaque 14404/5 10	50.73
Change	93152	Assura Inspire Soft Seal One Piece Drainable Bag Maxi with Hideaway Outlet Shallow Convexity Integral Filter Transparent 14411/12 10	59.52
To Read	93152	Assura Inspire Soft Seal One Piece Drainable Bag Maxi with Hideaway Outlet Shallow Convexity Integral Filter Transparent 14411/12 10	50.73
Change	93155	Assura Inspire/Design Soft Seal One Piece Drainable Bag Maxi with Hideaway Outlet Shallow Convexity Soft Cover Integral Filter Opaque 14414/24 10	59.52
To Read	93155	Assura Inspire/Design Soft Seal One Piece Drainable Bag Maxi with Hideaway Outlet Shallow Convexity Soft Cover Integral Filter Opaque 14414/24 10	50.73

Instruction	Code	Description	Price €
Change	93160	Curvex Drainable Pouch with Soft Flexible Flange Soft Cover & Filter Clear & Beige CFS713, CFM713, CFL713, CFS513, CFM513 & CFL513 10	35.93
To Read	93160	Curvex Drainable Pouch with Soft Flexible Flange Soft Cover & Filter Clear & Beige CFS713, CFM713, CFL713, CFS513, CFM513 & CFL513 10	31.15
Change	93166	Esteem One Piece Drainable Pouch Small with InvisiClose Outlet Clear & Opaque S5071/72/73/74/75/76/77 30	120.69
To Read	93166	Esteem One Piece Drainable Pouch Small with InvisiClose Outlet Clear & Opaque S5071/72/73/74/75/76/77 30	107.80
Change	93167	Assura Two Piece Soft Seal Base Plate with Shallow Convexity & Belt Lug 14261/3 & 14271/8 5	25.65
To Read	93167	Assura Two Piece Soft Seal Base Plate with Shallow Convexity & Belt Lug 14261/3 & 14271/8 5	21.20
Change	93169	Esteem One Piece Drainable Pouch Medium with InvisiClose Outlet Clear & Opaque S5078/84 30	120.69
To Read	93169	Esteem One Piece Drainable Pouch Medium with InvisiClose Outlet Clear & Opaque S5078/84 30	107.80
Change	93172	FreeStyle ClickFast Drainable Pouch Medium & Large with Dual Carb Filter & Integral Closure Beige & Clear FMD513/44, FLD713 & FLD513/44 30	121.17
To Read	93172	Welland FreeStyle ClickFast Drainable Pouch Medium & Large with Dual Carb Filter & Integral Closure Beige & Clear FMD513/44, FLD713 & FLD513/44 30	105.04
Change	93177	FreeStyle Closed Pouch Medium & Large with Integral Convexity Beige & Clear NCM513/35, NCM713, NCL513/44 & NCL713 10	38.92
To Read	93177	Welland FreeStyle Closed Pouch Medium & Large with Integral Convexity Beige & Clear NCM513/35, NCM713, NCL513/44 & NCL713 10	33.01
Change	93179	NovaLife One Piece Closed Pouch with Filter Opaque & Clear 807-20/40 & 808-20 30	116.81
To Read	93179	NovaLife One Piece Closed Pouch with Filter Opaque & Clear 807-20/40 & 808-20 30	94.90
Change	93180	SenSura One Piece Closed Bag Mini Soft Cover 15620 30	121.54
To Read	93180	SenSura One Piece Closed Bag Mini Soft Cover 15620 30	103.15
Change	93182	Bard Bed Bag 2 L. Drainable 8422 1	1.95
To Read	93182	Bard Bed Bag 2 L. Drainable 8422 1	1.71
Change	93184	SenSura One Piece Closed Bag Midi Transparent & Soft Cover 15640 & 15650/7 30	121.54
To Read	93184	SenSura One Piece Closed Bag Midi Transparent & Soft Cover 15640 & 15650/7 30	103.15
Change	93186	SenSura One Piece Closed Bag Maxi Transparent & Soft Cover 15670 & 15680/4 30	121.54
To Read	93186	SenSura One Piece Closed Bag Maxi Transparent & Soft Cover 15670 & 15680/4 30	103.15
Change	93187	Nova One Piece Drainable Pouch Infant Symmetrical Clear 818-00 & 818-10 30	99.22
To Read	93187	Nova One Piece Drainable Pouch Infant Symmetrical Clear 818-00 & 818-10 30	71.67
Change	93189	Draina S Fistula Bag Mini H08560E 30	102.89
To Read	93189	Draina S Fistula Bag Mini H08560E 30	93.33

Instruction	Code	Description	Price €
Change	93190	Eakin Wound Care Pouch Large Fold & Tuck Closure 839252 10	124.32
To Read	93190	Eakin Wound Care Pouch Large Fold & Tuck Closure 839252 10	107.42
Change	93191	Biotrol Softima Flow Control Drainable Pouch with Filter Transparent & Beige 043716E/45E & 043816E 30	123.00
To Read	93191	Biotrol Softima Flow Control Drainable Pouch with Filter Transparent & Beige 043716E/45E & 043816E 30	111.34
Change	93192	Consecura Stomahesive Flexible Flange S591/3LP 5	21.70
To Read	93192	Consecura Stomahesive Flexible Flange S591/3LP 5	18.32
Change	93193	Eakin Wound Care Pouch Large Bung Closure 839262 10	138.95
To Read	93193	Eakin Wound Care Pouch Large Bung Closure 839262 10	120.05
Change	93195	Confidence Comfort One Piece Drainable Pouch Standard & Large Oval Wafer DTO13 & DLTO13 30	125.79
To Read	93195	Confidence Comfort One Piece Drainable Pouch Standard & Large Oval Wafer DTO13 & DLTO13 30	106.74
Change	93197	Confidence Supersoft Convex One Piece Drainable Pouch Standard Transparent with Overlap CDSS1325/52 & CDSS21/41 10	59.24
To Read	93197	Confidence Supersoft Convex One Piece Drainable Pouch Standard Transparent with Overlap CDSS1325/52 & CDSS21/41 10	51.30
Change	93198	Esteem One Piece Drainable Pouch Paed. Extra Small with InvisiClose Outlet without Filter Transparent S5090 10	39.49
To Read	93198	Esteem One Piece Drainable Pouch Paed. Extra Small with InvisiClose Outlet without Filter Transparent S5090 10	34.21
Change	93199	Assura One Piece Drainable Bag Paed. Clear & Opaque 2110 & 2115 30	96.54
To Read	93199	Assura One Piece Drainable Bag Paed. Clear & Opaque 2110 & 2115 30	81.17
Change	93200	FreeStyle Drainable Pouch Medium & Large with Integral Convexity Beige & Clear NDL513/44, NDL713, NDM513/35 & NDM713 10	58.06
To Read	93200	Welland FreeStyle Drainable Pouch Medium & Large with Integral Convexity Beige & Clear NDL513/44, NDL713, NDM513/35 & NDM713 10	49.23
Change	93201	SenSura One Piece Drainable Bag Mini Soft Cover 15720 30	136.46
To Read	93201	SenSura One Piece Drainable Bag Mini Soft Cover 15720 30	115.80
Change	93202	SenSura One Piece Drainable Bag Midi Transparent Soft/Split Cover 15740, 15760, 15761 & 15762/4 30	136.46
To Read	93202	SenSura One Piece Drainable Bag Midi Transparent Soft/Split Cover 15740, 15760, 15761 & 15762/4 30	115.80
Change	93203	Stomahesive Wafer 10 cm. x 10 cm. S100 5	17.20
To Read	93203	Stomahesive Wafer 10 cm. x 10 cm. S100 5	14.54
Change	93204	SenSura One Piece Drainable Bag Maxi Transparent Soft/Split Cover 15770, 15780, 15781 & 15782/4 30	136.46
To Read	93204	SenSura One Piece Drainable Bag Maxi Transparent Soft/Split Cover 15770, 15780, 15781 & 15782/4 30	115.80

Instruction	Code	Description	Price €
Change	93206	Almarys Twin Belt 36780E 1	6.94
To Read	93206	Almarys Twin Belt 5028E 1	9.06
Change	93207	Adapt Barrier Ring 48 mm 7805 10	24.72
To Read	93207	Adapt Barrier Ring 48 mm 7805 10	17.21
Change	93208	Nova One Piece Closed Pouch Mini with Filter Opaque 803-20/40 30	90.24
To Read	93208	Nova One Piece Closed Pouch Mini with Filter Opaque 803-20/40 30	55.99
Change	93209	Adapt Barrier Ring 98 mm 7806 10	31.15
To Read	93209	Adapt Barrier Ring 98 mm 7806 10	18.31
Change	93210	Combihesive Natura Little Ones Stomahesive Wafer with Flexible Collar S7811/2 5	22.80
To Read	93210	Combihesive Natura Little Ones Stomahesive Wafer with Flexible Collar S7811/2 5	19.76
Change	93212	Combihesive Natura Little Ones Closed Pouch S7891/2 20	30.58
To Read	93212	Combihesive Natura Little Ones Closed Pouch S7891/2 20	26.49
Change	93214	Combihesive Natura Little Ones Drainable Pouch S7880/1 10	17.92
To Read	93214	Combihesive Natura Little Ones Drainable Pouch S7880/1 10	15.53
Change	93215	Combihesive Natura Little Ones Urostomy Pouch with Bendable Tap S7850 10	39.05
To Read	93215	Combihesive Natura Little Ones Urostomy Pouch with Bendable Tap S7850 10	33.84
Change	93216	Conform 2 Two Piece Drainable Pouch Midi Anatomical with Lock and Roll Closure & Filter Clear & Opaque 23850,24850,25850,23750,24750 & 25750 30	65.87
To Read	93216	Conform 2 Two Piece Drainable Pouch Midi Anatomical with Lock and Roll Closure & Filter Clear & Opaque 23850,24850,25850,23750,24750 & 25750 30	54.55
Change	93218	Conform 2 Two Piece Skin Barrier with Adhesive Border 34500/30, 35500/40 & 37500 5	22.67
To Read	93218	Conform 2 Two Piece Skin Barrier with Adhesive Border 34500/30, 35500/40 & 37500 5	19.17
Change	93219	Conform 2 Two Piece Convex Skin Barrier with Adhesive Border 34600/25, 35600/32 & 37600 5	23.84
To Read	93219	Conform 2 Two Piece Convex Skin Barrier with Adhesive Border 34600/25, 35600/32 & 37600 5	20.65
Change	93220	Assura Inspire One Piece Drainable Bag Mini with Hideaway Outlet & Soft Cover Front & Back & Integral Filter Opaque 13810 30	127.59
To Read	93220	Assura Inspire One Piece Drainable Bag Mini with Hideaway Outlet & Soft Cover Front & Back & Integral Filter Opaque 13810 30	106.62
Change	93221	Easiflex Two Piece Soft Seal Extra Baseplate 14601/3 5	30.35
To Read	93221	Easiflex Two Piece Soft Seal Extra Baseplate 14601/3 5	25.77

Instruction	Code	Description	Price €
Change	93222	Esteem Synergy Paed. Stomahesive Skin Barrier S1171/2 5	25.52
To Read	93222	Esteem Synergy Paed. Stomahesive Skin Barrier S1171/2 5	22.11
Change	93223	Conform 2 Two Piece Drainable Pouch Maxi with Lock and Roll Closure & Filter Clear & Opaque 23860,24860,25860,27860,23760,24760,25760 & 27760 30	65.87
To Read	93223	Conform 2 Two Piece Drainable Pouch Maxi with Lock and Roll Closure & Filter Clear & Opaque 23860,24860,25860,27860,23760,24760,25760 & 27760 30	55.55
Change	93224	Compact Drainable Pouch Clear & Opaque H3250/9 10	38.90
To Read	93224	Compact Drainable Pouch Clear & Opaque H3250/9 10	30.46
Change	93225	Esteem Synergy Paed. Stomahesive Skin Barrier with Flexible Hydrocolloid Collar S1173 5	27.13
To Read	93225	Esteem Synergy Paed. Stomahesive Skin Barrier with Flexible Hydrocolloid Collar S1173 5	23.51
Change	93226	Esteem Synergy Closed Pouch Paed. with Filter Opaque & Transparent S1272F & S1274F 10	24.28
To Read	93226	Esteem Synergy Closed Pouch Paed. with Filter Opaque & Transparent S1272F & S1274F 10	21.03
Change	93227	Esteem Synergy Drainable Pouch Paed. with InvisiClose Outlet & Filter Opaque & Transparent S1273F & S1275F 10	24.43
To Read	93227	Esteem Synergy Drainable Pouch Paed. with InvisiClose Outlet & Filter Opaque & Transparent S1273F & S1275F 10	21.17
Change	93228	Assura Inspire One Piece Drainable Bag Midi with Hideaway Outlet & Integral Filter Transparent 13830 30	127.59
To Read	93228	Assura Inspire One Piece Drainable Bag Midi with Hideaway Outlet & Integral Filter Transparent 13830 30	106.62
Change	93230	Esteem Synergy Drainable Pouch Paed. Extra Small with InvisiClose Outlet without Filter Transparent S1271 10	24.13
To Read	93230	Esteem Synergy Drainable Pouch Paed. Extra Small with InvisiClose Outlet without Filter Transparent S1271 10	20.91
Change	93231	Harmony Duo Bodyside Wafer Standard HD1332 10	49.73
To Read	93231	Harmony Duo Bodyside Wafer Standard HD1332 10	42.82
Change	93232	Harmony Duo Bodyside Wafers Flexible c Micropore Surround HD1350 10	51.19
To Read	93232	Harmony Duo Bodyside Wafers Flexible c Micropore Surround HD1350 10	42.82
Change	93235	Harmony Duo Two Piece Closed Pouch Standard & Large with Filter Transparent & Opaque HDC1332, HDC1350, HDC1370, HDCL1332, HDCL1350 & HDCL1370 30	65.82
To Read	93235	Harmony Duo Two Piece Closed Pouch Standard & Large with Filter Transparent & Opaque HDC1332, HDC1350, HDC1370, HDCL1332, HDCL1350 & HDCL1370 30	58.09
Change	93236	Assura Inspire/Design One Piece Drainable Bag Midi with Hideaway Outlet & Soft Cover Front & Back & Integral Filter Opaque 13840/6 & 13850 30	127.59
To Read	93236	Assura Inspire/Design One Piece Drainable Bag Midi with Hideaway Outlet & Soft Cover Front & Back & Integral Filter Opaque 13840/6 & 13850 30	106.62
Change	93237	Nova Two Piece Drainable Pouch Large with EasiFold Closure & Filter Opaque & Clear 1221-55/70 & 1222-55/70 10	31.01
To Read	93237	Nova Two Piece Drainable Pouch Large with EasiFold Closure & Filter Opaque & Clear 1221-55/70 & 1222-55/70 10	17.99
Change	93238	Softima Key Convex Base Plate 63052E/69E 5	27.57

Instruction	Code	Description	Price €
To Read	93238	Softima Key Convex Base Plate 63052E/69E 5	24.31
Change	93239	Eakin Cohesive Slims Seal 839005 30	82.60
To Read	93239	Eakin Cohesive Slims Seal 839005 30	66.80
Change	93240	Softima Uro Silk Urostomy Pouch Transparent & Beige 043913E/14E 30	215.00
To Read	93240	Softima Uro Silk Urostomy Pouch Transparent & Beige 043913E/14E 30	190.06
Change	93241	Softima Uro Silk Urostomy Pouch Convex Transparent & Beige 043915E/23E 10	71.67
To Read	93241	Softima Uro Silk Urostomy Pouch Convex Transparent & Beige 43915E/23E 10	63.35
Change	93242	Assura Inspire/Design One Piece Closed Bag Maxi with Soft Cover Front & Back & Integral Filter Opaque 12170/6 & 12180/6 30	108.49
To Read	93242	Assura Inspire/Design One Piece Closed Bag Maxi with Soft Cover Front & Back & Integral Filter Opaque 12170/6 & 12180/6 30	91.19
Change	93243	Folysil All Silicone Catheter (Coloplast) AA7112/24 10 ml. balloon 12-24 Ch., Male & AA7512/16 balloon 12-16 Ch., Female 1	8.73
To Read	93243	Folysil All Silicone Catheter (Coloplast) AA7112/22 10 ml. balloon 12-22Ch., Male & AA7512/16 balloon 12-16 Ch., Female 1	7.41
Change	93244	Folysil All Silicone Catheter (Coloplast) AA7106 1.5 ml. balloon 6Ch., Paed & AA108/10 3 ml. balloon 8-10 Ch., Paed. 1	9.51
To Read	93244	Folysil All Silicone Catheter (Coloplast) AA7106 1.5 ml. balloon 6Ch., Paed & AA108/10 3 ml. balloon 8-10 Ch., Paed. 1	8.07
Change	93247	Esteem Synergy Stomahesive Skin Barrier S1130/3 10	47.50
To Read	93247	Esteem Synergy Stomahesive Skin Barrier S1130/3 10	40.81
Change	93248	Simpla Plus Syphon Bag 750 ml. 6 cm. Tube Sterile 21566 10	42.20
To Read	93248	Simpla Plus Syphon Bag 750 ml. 6 cm. Tube Sterile 21566 10	35.81
Change	93250	Simpla Plus Syphon Bag 750 ml. 25 cm. Tube Sterile 21567 10	42.20
To Read	93250	Simpla Plus Syphon Bag 750 ml. 25 cm. Tube Sterile 21567 10	35.81
Change	93253	BioDerm External Continence Device 20-006 ECD (Circular Tip) & 20-026 XLS (0val Tip) 10	115.30
To Read	93253	BioDerm External Continence Device 20-026 XLS (0val Tip) 10	97.80
Change	93258	Consecura Two Piece Drainable Pouch Opaque S607/9LP 10	18.06
To Read	93258	Consecura Two Piece Drainable Pouch Opaque S607/9LP 10	15.26
Change	93262	Nova 2 Two Piece Closed Pouch Mini Opaque 1203-36/55	46.74
To Read	93262	Nova 2 Two Piece Closed Pouch Mini Opaque 1203-36/55 30	41.48
Change	93267	Almarys Twin Belt 36780E 1	6.94
To Read	93267	Almarys 5028E StomaCare Belt	9.06

Instruction	Code	Description	Price €
Change	93273	Esteem Synergy Stomahesive Skin Barrier with White Flexible Collar S1100/2 10	51.47
To Read	93273	Esteem Synergy Stomahesive Skin Barrier with White Flexible Collar S1100/2 10	44.21
Change	93276	Combihesive Natura Two Piece Closed Pouch without Filter Beige S7215/9 30	53.23
To Read	93276	Combihesive Natura Two Piece Closed Pouch without Filter Beige S7215/9 30	41.23
Change	93279	Assura Inspire One Piece Drainable Bag Maxi with Hideaway Outlet & Integral Filter Transparent 13860 30	127.59
To Read	93279	Assura Inspire One Piece Drainable Bag Maxi with Hideaway Outlet & Integral Filter Transparent 13860 30	106.62
Change	93285	Nova 2 Two Piece Drainable Pouch Mini with EasiFold Closure Clear & Opaque 1219-36/55 & 1220-36/55 10	20.87
To Read	93285	Nova 2 Two Piece Drainable Pouch Mini with EasiFold Closure Clear & Opaque 1219-36/55 & 1220-36/55 10	18.35
Change	93291	Esteem Synergy Durahesive "Mould-to-fit" Convex Skin Barrier with White Collar S1180/2 10	49.88
To Read	93291	Esteem Synergy Durahesive "Mould-to-fit" Convex Skin Barrier with White Collar S1180/2 10	47.67
Change	93293	Conform 2 Two Piece Flexwear Barrier Floating Flange 34200, 34225, 34230, 35200, 35235 & 35240 5	22.13
To Read	93293	Conform 2 Two Piece Flexwear Barrier Floating Flange 34200, 34225, 34230, 35200, 35235 & 35240 5	18.33
Change	93311	Conform 2 Two Piece Urostomy Pouch Beige & Transparent 23730, 23830, 24730, 24830, 25730 & 25830 10	40.48
To Read	93311	Conform 2 Two Piece Urostomy Pouch Beige & Transparent 23730, 23830, 24730, 24830, 25730 & 25830 10	33.55
Change	93316	Moderma Flex Urostomy Pouch Midi Convex Beige & Transparent 29200/35 & 29300/35	72.74
To Read	93316	Moderma Flex Urostomy Pouch Midi Convex Beige & Transparent 29200/35 & 29300/35	56.27
Change	93324	Moderma Flex Quiet Film Urostomy Pouch Beige & Transparent 29100/40 & 29500 10	73.84
To Read	93324	Moderma Flex Quiet Film Urostomy Pouch Beige & Transparent 29100/40 & 29500 10	61.18
Change	93327	Esteem Synergy Closed Pouch with Filter Opaque & Transparent S1062F/4F & S1050F/2F 30	65.98
To Read	93327	Esteem Synergy Closed Pouch with Filter Opaque & Transparent S1062F/4F & S1050F/2F 30	56.67
Change	93332	Nova 2 Two Piece Closed Pouch Clear & Opaque 1201-36/70 & 1202-36/70 30	56.86
To Read	93332	Nova 2 Two Piece Closed Pouch Clear & Opaque 1201-36/70 & 1202-36/70 30	32.91
Change	93334	Consecura Two Piece Urostomy Pouch with Accuseal Tap Opaque S656/8LP 10	39.38
To Read	93334	Consecura Two Piece Urostomy Pouch with Accuseal Tap Opaque S656/8LP 10	33.26
Change	93335	Esteem Synergy Closed Pouch Small with Filter Opaque & Transparent S1053F/5F & S1056F/8F 30	61.85
To Read	93335	Esteem Synergy Closed Pouch Small with Filter Opaque & Transparent S1053F/5F & S1056F/8F 30	53.11

Instruction	Code	Description	Price €
Change	93336	Orahesive Pdr. S106 25 G. Pack 1	3.49
To Read	93336	Orahesive Pdr. S106 25 G. Pack 1	2.95
Change	93338	Lift Plus Non Sting Adhesive Remover 50 ml. 5503 Pack 1	12.82
To Read	93338	Lift Plus Non Sting Adhesive Remover 50 ml. 5503 Pack 1	10.52
Change	93339	Nova 2 Two Piece Flange 1136-15/20/25, 1143-15/25/30, 1155-15/35/40 & 1170-15/45/50 5	21.80
To Read	93339	Nova 2 Two Piece Flange 1136-15/20/25, 1143-15/25/30, 1155-15/35/40 & 1170-15/45/50 5	15.52
Change	93341	Softima Closed Pouch Convex with Filter Transparent & Beige 43017E,43117E,43018E,43118E,43026E,43031E,43037E & 43041E 10	39.29
To Read	93341	Softima Closed Pouch Convex with Filter Transparent & Beige 43017E,43117E,43018E,43118E,43026E,43031E,43037E & 43041E 10	34.26
Change	93342	SenSura Soft Seal One Piece Closed Bag Midi Shallow Convexity Transparent & Soft Cover 15301/4 & 15312/5 10	45.96
To Read	93342	SenSura Soft Seal One Piece Closed Bag Midi Shallow Convexity Transparent & Soft Cover 15303/4 & 15313/5 10	38.48
Change	93343	SenSura Soft Seal Once Piece Closed Bag Maxi Shallow Convexity Transparent & Soft Cover 15305/8 10	45.96
To Read	93343	SenSura Soft Seal Once Piece Closed Bag Maxi Shallow Convexity Transparent & Soft Cover 15305/8 10	38.48
Change	93345	AbsorbaGel Odour Neutralising Absorbent for Ostomy Pouch 9900 Sachet 150	66.71
To Read	93345	AbsorbaGel Odour Neutralising Absorbent for Ostomy Pouch 9900 Sachet 150	55.36
Change	93346	DeoGel Deodorising & Lubricating Gel for Pouch 200 ml. 2010 Pack 1	11.26
To Read	93346	DeoGel Deodorising & Lubricating Gel for Pouch 200 ml. 2010 Pack 1	9.35
Change	93347	Assura Inspire/Design One Piece Drainable Bag Maxi with Hideaway Outlet & Soft Cover Front & Back & Integral Filter Opaque 13870/6 & 13880 30	127.59
To Read	93347	Assura Inspire/Design One Piece Drainable Bag Maxi with Hideaway Outlet & Soft Cover Front & Back & Integral Filter Opaque 13870/6 & 13880 30	106.62
Change	93349	Pouchkins Infant Drainable Pouch CTF 38 mm. with Lock n Roll Closure Transparent 3796 10	37.81
To Read	93349	Pouchkins Infant Drainable Pouch CTF 38 mm. with Lock n Roll Closure Transparent 3796 10	28.76
Change	93350	Pouchkins Paediatric Drainable Pouch CTF 50 mm. with Lock n Roll Closure Transparent 3795 10	42.25
To Read	93350	Pouchkins Paediatric Drainable Pouch CTF 50 mm. with Lock n Roll Closure Transparent 3795 10	27.98
Change	93351	Almarys Optima Closed Pouch Transparent & Beige F018610E & F008610E/60E 30	95.82
To Read	93351	Almarys Optima Closed Pouch Transparent & Beige F018610E & F008610E/60E 30	82.46
Change	93352	Softima Roll'Up Drainable Pouch with Filter Transparent & Beige 41715E, 41725E, 41730E, 41735E, 41740E & 41815E 30	127.68
To Read	93352	Softima Roll'Up Drainable Pouch with Filter Transparent & Beige 41715E, 41725E, 41730E, 41735E, 41740E & 41815E 30	111.34

Instruction	Code	Description	Price €
Change	93353	Softima Roll'Up Drainable Pouch Convex with Filter Transparent & Beige 41717E, 41718E, 41726E, 41731E, 41737E, 41817E & 41818E 10	60.61
To Read	93353	Softima Roll'Up Drainable Pouch Convex with Filter Transparent & Beige 41717E, 41718E, 41726E, 41731E, 41737E, 41817E & 41818E 10	52.85
Change	93354	Nova 2 Two Piece Drainable Pouch Clear & Opaque 1211-36/70, 1212-36/70, 1213-36/70 & 1214-36/70 10	18.89
To Read	93354	Nova 2 Two Piece Drainable Pouch Clear & Opaque 1211-36/70, 1212-36/70, 1213-36/70 & 1214-36/70 10	15.92
Change	93355	SenSura Soft Seal One Piece Drainable Bag Midi with Hideaway Outlet Shallow Convexity Soft Split/Cover 15700,15702,15703 & 15704 10	63.48
To Read	93355	SenSura Soft Seal One Piece Drainable Bag Midi with Hideaway Outlet Shallow Convexity Soft Split/Cover 15700,15702,15703 & 15704 10	53.15
Change	93356	SenSura Soft Seal One Piece Drainable Bag Maxi with Hideaway Outlet Shallow Convexity Transparent Soft/Split Cover 15701,15705/9 & 15732/5 10	63.48
To Read	93356	SenSura Soft Seal One Piece Drainable Bag Maxi with Hideaway Outlet Shallow Convexity Transparent Soft/Split Cover 15701,15705/9 & 15732/5 10	53.15
Change	93357	Eakin Cohesive Paste 60 G. 839010 Pack 1	12.22
To Read	93357	Eakin Cohesive Paste 60 G. 839010 Pack 1	10.21
Change	93359	SkinSafe Non Sting Protective Film Wipe 6600 Sachet 50	52.94
To Read	93359	SkinSafe Non Sting Protective Film Wipe 6600 Sachet 50	43.94
Change	93360	Esteem Synergy Closed Pouch without Filter Opaque S1056N/8N 30	61.85
To Read	93360	Esteem Synergy Closed Pouch without Filter Opaque S1056N/8N 30	53.11
Change	93361	Eakin Cohesive Washer Small 839002 30	81.53
To Read	93361	Eakin Cohesive Washer Small 839002 30	68.10
Change	93363	Assura Two Piece Urostomy Micro Bag 142040/60 30	107.49
To Read	93363	Assura Two Piece Urostomy Micro Bag 14204/6 30	71.16
Change	93364	Combihesive Natura Mouldable Skin Barrier with Flexible Collar S7550/3 10	50.41
To Read	93364	Combihesive Natura Mouldable Skin Barrier with Flexible Collar S7550/3 10	43.08
Change	93365	Easiflex Uro Urostomy Bag Maxi Multichamber Transparent & White 14552/5 30	158.70
To Read	93365	Easiflex Uro Urostomy Bag Maxi Multichamber Transparent & White 14552/5 30	126.34
Change	93366	Uro-Tainer NaCl 0.9% 100 ml. Catheter Solution Bag FB99833 10	44.41
To Read	93366	Uro-Tainer NaCl 0.9% 100 ml. Catheter Solution Bag FB99833 10	42.11
Change	93367	FreeStyle Two Piece Closed Pouch Midi with Dual Carb Filter Beige & Clear F2C445,F2C455,F2C645 & F2C655 30	72.35
To Read	93367	FreeStyle Two Piece Closed Pouch Midi with Dual Carb Filter Beige & Clear F2C445,F2C455,F2C645 & F2C655 30	60.40

Instruction	Code	Description	Price €
Change	93368	FreeStyle Two Piece Closed Pouch Maxi with Dual Carb Filter Beige & Clear F2C545, F2C555, F2C745 & F2C755 30	72.35
To Read	93368	FreeStyle Two Piece Closed Pouch Maxi with Dual Carb Filter Beige & Clear F2C545, F2C555, F2C745 & F2C755 30	60.40
Change	93369	Biotrol Lockring 2 Drainable Bag Beige & White 22-535/75 & 22-435/75 30	52.85
To Read	93369	Biotrol Lockring 2 Drainable Bag Beige & White 22-535/75 & 22-435/75 30	44.70
Change	93370	FreeStyle Two Piece Closed Pouch Maxi Plus with Dual Carb Filter Beige & Clear F2C145,F2C155,F2C345 & F2C355 30	72.35
To Read	93370	FreeStyle Two Piece Closed Pouch Maxi Plus with Dual Carb Filter Beige & Clear F2C145,F2C155,F2C345 & F2C355 30	60.40
Change	93371	FreeStyle Two Piece Drainable Pouch Midi with Dual Carb Filter & Integral Closure Beige & Clear F2D445, F2D455, F2D645 & F2D655 30	71.31
To Read	93371	FreeStyle Two Piece Drainable Pouch Midi with Dual Carb Filter & Integral Closure Beige & Clear F2D445, F2D455, F2D645 & F2D655 30	59.54
Change	93372	FreeStyle Two Piece Drainable Pouch Maxi with Dual Carb Filter & Integral Closure Beige & Clear F2D545,F2D555, F2D745 & F2D755 30	71.31
To Read	93372	FreeStyle Two Piece Drainable Pouch Maxi with Dual Carb Filter & Integral Closure Beige & Clear F2D545,F2D555, F2D745 & F2D755 30	59.54
Change	93373	Overnight Bag 2 L. Drainable Sterile 9650 10	18.73
To Read	93373	Overnight Bag 2 L. Drainable Sterile 9650 10	15.77
Change	93374	FreeStyle Two Piece Drainable Pouch Maxi Plus with Dual Carb Filter & Integral Closure Beige & Clear F2D145, F2D155, F2D345 & F2D355 30	72.35
To Read	93374	FreeStyle Two Piece Drainable Pouch Maxi Plus with Dual Carb Filter & Integral Closure Beige & Clear F2D145, F2D155, F2D345 & F2D355 30	59.54
Change	93375	FreeStyle Two Piece Flange F2F413/425/429/432/435/438/513/538/544/713/744/751 5	26.78
To Read	93375	FreeStyle Two Piece Flange F2F413/425/429/432/435/438/513/538/544/713 5	22.36
Change	93376	Pouchkins Infant Skin Barrier CTF 32 mm. Gasket 45 mm. 3761 5	25.95
To Read	93376	Pouchkins Infant Skin Barrier CTF 32 mm. Gasket 45 mm. 3761 5	21.59
Change	93378	Pouchkins Infant Drainable Pouch Gasket 45 mm. with Lock n Roll Closure Transparent 3799 10	24.46
To Read	93378	Pouchkins Infant Drainable Pouch Gasket 45 mm. with Lock n Roll Closure Transparent 3799 10	18.75
Change	93383	Biotrol Lockring 2 Base Plate 22-135/62 5	21.23
To Read	93383	Biotrol Lockring 2 Base Plate 22-135/62 5	18.26
Change	93395	Biotrol Lockring 2 Base Plate 22-175 5	21.23
To Read	93395	Biotrol Lockring 2 Base Plate 22-175 5	18.26
Change	93551	Actreen Glys Catheter 225108E/18E 8-18 Ch. Male (Tiemann) 225208E/18E 8-18 Ch. Male & 225306E/16E 6-16 Ch. Female 30	61.60
To Read	93551	Actreen Glys Catheter 225108E/18E 8-18 Ch. Male (Tiemann) 225208E/18E 8-18 Ch. Male & 225306E/16E 6-16 Ch. Female 30	54.70

Instruction	Code	Description	Price €
Change	93586	Actreen Glys Set 226108E/16E 8-16 Ch. Male (Tiemann) 226208E/18E 8-18 Ch. Male 226306E/16E 6-16 Ch. Female 30	83.10
To Read	93586	Actreen Glys Set 226108E/16E 8-16 Ch. Male (Tiemann) 226208E/18E 8-18 Ch. Male 226306E/16E 6-16 Ch. Female 30	73.79
Change	93643	Uro-Tainer Suby G Twin (2 x 30 ml.) Catheter Solution Pack 9746609 10	60.72
To Read	93643	Uro-Tainer Suby G Twin (2 x 30 ml.) Catheter Solution Pack 9746609 10	57.66
Change	93687	Almarys Quiet Closed Pouch Transparent & Beige F018110E & F008110E/60E 30	95.82
To Read	93687	Almarys Quiet Closed Pouch Transparent & Beige F018110E & F008110E/60E 30	82.46
Change	93717	Almarys Twin+ Closed Pouch with Filter Transparent & Beige 037240E/80E & 037340E/80E 30	61.84
To Read	93717	Almarys Twin+ Closed Pouch with Filter Transparent & Beige 037240E/80E & 037340E/80E 30	55.00
Change	93724	Almarys Twin+ Flow Control Drainable Pouch with Filter Transparent & Beige 038840E/60E & 038740E/60E 30	64.84
To Read	93724	Almarys Twin+ Flow Control Drainable Pouch with Filter Transparent & Beige 038840E/60E & 038740E/60E 30	57.69
Change	93769	Biotrol Elite Closed Bag Transparent 30-810/70 30	108.80
To Read	93769	Biotrol Elite Closed Bag Transparent 30-810/70 30	93.52
Change	93849	Biotrol Elite Drainable Bag Transparent 31-810/70 30	109.37
To Read	93849	Biotrol Elite Drainable Bag Transparent 31-810/70 30	95.87
Change	93904	Biotrol Replacement Cone for Irrigation Set F05062E 1	4.48
To Read	93904	Biotrol Replacement Cone for Irrigation Set F05062E 1	3.86
Change	94238	Almarys Optima Drainable Pouch Transparent & Beige F018710E & F008710E/60E 30	102.86
To Read	94238	Almarys Optima Drainable Pouch Transparent & Beige F018710E & F008710E/60E 30	88.51
Change	94344	Almarys Optima Drainable Pouch with Filter Transparent & Beige F019510E & F009510E/60E 30	85.22
To Read	94344	Almarys Optima Drainable Pouch with Filter Transparent & Beige F019510E & F009510E/60E 30	86.99
Change	94498	Conveen Male Urinary Incontinence Sheath Liner System 5120/40 30	74.82
To Read	94498	Conveen Male Urinary Incontinence Sheath Liner System 5120/40 30	60.59
Change	94825	Conveen Security + One Piece Sheath 5221/25/30/35/40 30	73.11
To Read	94825	Conveen Security + One Piece Sheath 5221/25/30/35/40 30	55.26
Change	95013	Biotrol Petite Stoma Cap Beige F00011E & F00015E 30	53.55
To Read	95013	Biotrol Petite Stoma Cap Beige F00011E & F00015E 30	46.08

Instruction	Code	Description	Price €
Change	95129	Biotrol Lockring 2 Base Plate 24-235/75 5	20.81
To Read	95129	Biotrol Lockring 2 Base Plate 24-235/75 5	17.91
Change	95633	Biotrol Elite Closed Bag Petite Beige 37-310/45 30	98.09
To Read	95633	Biotrol Elite Closed Bag Petite Beige 37-310/45 30	84.42
Change	95784	Biotrol Elite Drainable Bag Petite Beige 37-710/45 30	101.33
To Read	95784	Biotrol Elite Drainable Bag Petite Beige 37-710/45 30	87.20
Change	96382	Conveen Security + Leg Bag 500 ml. Sterile 25 cm. 5162 & 50 cm. 5163 10	37.94
To Read	96382	Conveen Security + Leg Bag 500 ml. Sterile 25 cm. 5162 & 50 cm. 5163 10	19.54
Change	96565	Conveen Leg Bag Contoured 800 ml. 45 cm. Sterile 5175 10	43.32
To Read	96565	Conveen Leg Bag Contoured 800 ml. 45 cm. Sterile 5175 10	23.71
Change	97772	Biotrol Skin Protector 10 cm. x 10 cm. 32-076 10	28.27
To Read	97772	Biotrol Skin Protector 10 cm. x 10 cm. 32-076 10	24.33
Change	97969	Conveen Urisheath 5200/05/10/12/15 30	74.01
To Read	97969	Conveen Urisheath 5200/05/10/12/15 30	61.13
Change	98531	Biotrol Elite Closed Bag Beige 36-810/70 30	115.40
To Read	98531	Biotrol Elite Closed Bag Beige 36-810/70 30	99.31
Change	98558	Biotrol Elite Drainable Bag Skin Tone 38-810/70 30	118.10
To Read	98558	Biotrol Elite Drainable Bag Skin Tone 38-810/70 30	101.63
Change	98566	Biotrol Elite Drainable Bag White 34-815/70 30	118.10
To Read	98566	Biotrol Elite Drainable Bag White 34-815/70 30	101.63
Change	98590	Biotrol Elite Closed Bag White 32-815/70 30	115.40
To Read	98590	Biotrol Elite Closed Bag White 32-815/70 30	99.31
Change	99244	Conveen Security + Leg Bag 500 ml. Non-Sterile 25 cm. 5160 & 50 cm. 5161 10	35.69
To Read	99244	Conveen Security + Leg Bag 500 ml. Non-Sterile 25 cm. 5160 & 50 cm. 5161 10	20.84

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st April 2015

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE 1ST APRIL 2015.

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Aripiprazole Focus (KRKA Pharma) Tabs. 5 mg. 28 (A)	S1A	49.41	17290
Aripiprazole Focus (KRKA Pharma) Tabs. 10 mg. 28 (A)	S1A	47.26	17291
Aripiprazole Focus (KRKA Pharma) Tabs. 15 mg. 28 (A)	S1A	47.26	17292
Aripiprazole Focus (KRKA Pharma) Tabs. 30 mg. 28 (A)	S1A	84.94	17293
(Non-Proprietary Name Index: Aripiprazole)			
Clopidogrel TEVA Film Coated Tabs. 75 mg. 28 (A)	S1B	7.56	65038
(Non-Proprietary Name Index: Clopidogrel)			
Innohep Soln. for Inj. 8000 IU/0.4 ml. 0.4 ml. Pre-filled Syringe 10 (A)	S1A	66.93	61310
Innohep Soln. for Inj. 12000 IU/0.6 ml. 0.6 ml. Pre-filled Syringe 10 (A)	S1A	100.09	61311
Innohep Soln. for Inj. 16000 IU/0.8 ml. 0.8 ml. Pre-filled Syringe 10 (A)	S1A	133.87	61312
Code the number of syringes dispensed			
(Non-Proprietary Name Index: Tinzaparin)			
Kapake Tabs. 15 mg./500 mg. 100 (A)	S1A	8.42	40205
(Non-Proprietary Name Index: Codeine, combinations excl. Psycholeptics)			
Lactulose Fresenius Oral Soln. 670 mg./ml. 500 ml. (B)		4.07	30003
(Non-Proprietary Name Index: Lactulose)			
Metformin TEVA Film Coated Tabs. 500 mg. 84 (A)	S1B	2.00	36825
Metformin TEVA Film Coated Tabs. 850 mg. 56 (A)	S1B	2.21	36826
Metformin TEVA Film Coated Tabs. 1000 mg. 60 (A)	S1B	4.70	36827
(Non-Proprietary Name Index: Metformin)			
Rabeprazole (Gerard Labs.) Gastro-Resistant Tabs. 10 mg. 28 (A)	S1B	4.76	73102
Rabeprazole (Gerard Labs.) Gastro-Resistant Tabs. 20 mg. 28 (A)	S1B	8.40	73103
(Non-Proprietary Name Index: Rabeprazole)			
Simbrinza Eye Drops Susp. 10 mg./ml. + 2 mg./ml. 5 ml. (B)	S1B	15.66	50805
(Non-Proprietary Name Index: Brinzolamide, combinations)			

CHANGES

CHANGES UNDERLINED

Change	Levonelle Tab. 1500 mcg. 1 (A)	6.81	45961
To Read	Prevenelle Tab. 1500 mcg. 1 (A)	6.81	45961

DELETIONS

Flagyl Tabs. 200 mg. 250 (A)	25569
Lyrica (Polyfarma) Caps. 75 mg. 56 (A)	32437
Nalcrom Caps. 100 mg. 100 (A)	76635
Rustin Tabs. 5 mg. 28 (A)	58764
Salazopyrin Suppos. 500 mg. 10 (A)	44857
Tetmodis Tabs. 25 mg. 112 (A)	50530
Yasminelle Tabs. 63 (A)	53174

DELETIONS TO LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST APRIL 2015

CLINICAL NUTRITIONAL PRODUCTS

DELETIONS

Delete	Fresubin Creme 125 G. Pack 1 (A)	81146

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST APRIL 2015

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Casodex (Imbat Ltd.) Tabs. 50 mg. 28 (A)	88592	Bicalutamide	56.40	Eurodrug Ltd.	Eurodrug Ltd.
Copaxone Soln. for Inj., Pre-filled Syr. 40 mg./ml. 1 ml. Pack 12 (A) *Code the number of pre-filled syringes dispensed*	88580	Glatiramer Acetate	916.33	Teva Pharmaceuticals Ireland	United Drug
Jakavi Tabs. 10 mg. 56 (A)	88279	Ruxolitinib	4112.64	Novartis Ireland Limited	Movianto
Omnitrope Soln. for Inj. 5 mg./1.5 ml. 1.5 ml. 5 (A) *Code the number of injections dispensed*	88583	Somatropin	620.73	Rowex Ltd.	United Drug
Omnitrope Soln. for Inj. 10 mg./1.5 ml. 1.5 ml. 5 (A) *Code the number of injections dispensed*	88584	Somatropin	1246.59	Rowex Ltd.	United Drug

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Faslodex Soln. for Inj. 250 mg./5 ml. 5 ml. Pre-filled Syringe 1 (A)	88594	Fulvestrant	Aztra Zeneca

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st March 2015

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE 1ST MARCH 2015.

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
AirFluSal Forspiro Inhalation Powder 50 mcg./250 mcg. 60 Dose Pack 1 (A)	SIB	31.67	53487
AirFluSal Forspiro Inhalation Powder 50 mcg./500 mcg. 60 Dose Pack 1 (A)	S1B	41.41	53488
Code the number of packs dispensed			
(Non-Proprietary Name Index: Salmeterol and Fluticasone)			
Apidra SoloStar (P.C.O. Mfg.) Soln. for Inj. 100 units/ml. 3 ml. 5 (A)	S1B	36.78	53489
Code the number of pre-filled pens dispensed			
(Non-Proprietary Name Index: Insulin Glulisine, Fast Acting)			
DuoResp Spiromax TEVA Inhalation Powder 160 mcg./4.5 mcg. 120 Dose Pack 1 (A)	S1B	37.58	53490
DuoResp Spiromax TEVA Inhalation Powder 320 mcg./9 mcg. 60 Dose Pack 1 (A)	S1B	36.85	53491
Code the number of packs dispensed			
(Non-Proprietary Name Index: Formeterol and Budesonide)			
GlucaGen Hypokit (P.C.O. Mfg.) 1 mg. Pack 1 (A)	S1A	18.92	53492
Code the number of packs dispensed			
(Non-Proprietary Name Index: Glucagon)			
Omeprazole (Pinewood Healthcare) Gastro-Resistant Caps. 20 mg. 28 (A)	S1B	8.40	53495
(Non-Proprietary Name Index: Omeprazole)			
Pentasa Sachet Prolonged Release Grans. 4 G. 30 (A)	S1B	97.50	53496
Code the number of sachets dispensed			
(Non-Proprietary Name Index: Mesalazine)			
Pregabalin (KRKA Pharma) Hard Caps. 25 mg. 56 (A)	S1A	10.55	53504
Pregabalin (KRKA Pharma) Hard Caps. 50 mg. 84 (A)	S1A	31.65	53505
Pregabalin (KRKA Pharma) Hard Caps. 75 mg. 56 (A)	S1A	19.99	53508
Pregabalin (KRKA Pharma) Hard Caps. 100 mg. 84 (A)	S1A	38.83	53509
Pregabalin (KRKA Pharma) Hard Caps. 150 mg. 56 (A)	S1A	27.55	53511
Pregabalin (KRKA Pharma) Hard Caps. 200 mg. 84 (A)	S1A	52.93	53513
Pregabalin (KRKA Pharma) Hard Caps. 300 mg. 56 (A)	S1A	35.29	53514
(Non-Proprietary Name Index: Pregabalin)			
Salofalk Gastro-Resistant Prolonged Release Grans. Sachet 1.5 G. 60 (A)	S1B	60.53	53516
Code the number of sachets dispensed			
(Non-Proprietary Name Index: Mesalazine)			

CORRECTION TO FEBRUARY 2015 UPDATE
CORRECTIONS UNDERLINED

Colomycin (Actavis) Inj. 2 MU 10 (A)	S1A	45.96	91155
Colomycin Inj. 2 MU 10 (A)	S1A	45.96	66035

DELETIONS

Augmentin-Duo (P.C.O. Mfg.) Tabs. 500/125 mg. 12 (A)	14222
Bricanyl (P.C.O. Mfg.) Turbohaler 100 Dose Inhaler (A)	28151
Detrusitol (P.C.O. Mfg.) SR Tabs. 4 mg. 28 (A)	53629

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Dovobet (P.C.O. Mfg.) Oint. 50 mcg./G. + 0.5 mg./G. 60 G. (B)			44581
Dovobet (P.C.O. Mfg.) Oint. 50 mcg./G. + 0.5 mg./G. 120 G. (B)			44595

Lipostat (P.C.O. Mfg.) Tabs. 20 mg. 28 (A)	31734
Lipostat (P.C.O. Mfg.) Tabs. 40 mg. 28 (A)	31841
Mucodyne Syr. Paed. 125 mg./5 ml. 300 ml. (B)	34592
Omnic (P.C.O. Mfg.) Modified Release Caps. 400 mcg. 30 (A)	37531
Pulmicort (P.C.O. Mfg.) Turbohaler 200 mcg. 100 Dose Inhaler (A)	43408
Pulmicort (P.C.O. Mfg.) Turbohaler 400 mcg. 50 Dose Inhaler (A)	43491
Seroquel (P.C.O. Mfg.) Tabs. 100 mg. 60 (A)	45894
Spasmonal (P.C.O. Mfg.) Caps. 60 mg. 100 (A)	13204
Tambocor (P.C.O. Mfg.) Tabs. 50 mg. 60 (A)	49089
Starlix Tabs. 120 mg. 84 (A)	62038
Vagifem (P.C.O. Mfg.) Vaginal Tabs. 25 mcg. 15 (A)	51385

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST MARCH 2015

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Plegridy Starter (63 mcg. x 1 Pre-filled Pens and 94 mcg. x 1 Pre-filled Pen) Pack 1 (A) *Code the number of packs dispensed*	88461	Peginterferon Beta-1A	954.72	Biogen Idec	United Drug
Plegridy Soln. for Inj. Pre-filled Pen 125 mcg. 2 (A) *Code the number of pre-filled pens dispensed*	88462	Peginterferon Beta-1A	954.72	Biogen Idec	United Drug
Tecfidera Gastro-resistant Hard Caps. 120 mg. 14 (A)	88464	Dimethyl Fumarate	305.64	Biogen Idec	United Drug
Tecfidera Gastro-resistant Hard Caps. 240 mg. 56 (A)	88491	Dimethyl Fumarate	1222.56	Biogen Idec	United Drug

CHANGES
CHANGES UNDERLINED

PROPRIETARY NAME INDEX		CODE	NON-PROPRIETARY NAME	MANUFACTURER
Change	Leuprex 3.5 Implant 5 mg. 1 (A)	88561	Leuprorelin	Rowex Ltd.
To Read	Leuprex 3 Implant 5 mg. 1 (A)	88561	Leuprorelin	Rowex Ltd.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st February 2015

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST FEBRUARY 2015
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Azarga (P.C.O. Mfg.) Eye Drops Susp. 10 mg./ml. + 5 mg./ml. 5 ml. Pack 1 (A) *Code the number of Packs dispensed* *(Non-Proprietary Name Index: Timolol)*	S1B	14.30	54346
Bydureon Pdr. & Solv. for Prolonged Release Susp. for Inj. in Pre-filled Pen 2 mg. 4 (A) *Code the number of pre-filled pens dispensed* *(Non-Proprietary Name Index: Exenatide)*	S1A	100.22	54347
Colomycin (Actavis) Inj. 2 MU 10 (A) *Code the number of injections dispensed* *(Non-Proprietary Name Index: Colistin)*	S1A	45.96	91155
Combodart (P.C.O. Mfg.) Caps. 0.5 mg./0.4 mg. 90 (A) *(Non-Proprietary Name Index: Tamsulosin and Dutasteride)*	S1A	71.99	54351
Crinone (P.C.O. Mfg.) 8 % Vaginal Gel Applicator 15 (A) *(Non-Proprietary Name Index: Progesterone)*	S1A	53.32	54352
Dostinex (LTT Pharma Ltd) Tabs./0.5 mg. 8 (A) *(Non-Proprietary Name Index:Cabergoline)*	S1A	35.62	54353
Escitalopram (Accord Healthcare Ltd.) Film Coated Tabs. 5 mg. 28 (A) Escitalopram (Accord Healthcare Ltd.) Film Coated Tabs. 10 mg. 28 (A) Escitalopram (Accord Healthcare Ltd.) Film Coated Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Escitalopram)*	S1A S1A S1A	4.20 5.04 8.12	54354 54355 54357
Keppra (P.C.O. Mfg.) Oral Soln. 100 mg./ml. 300 ml. (B) *(Non-Proprietary Name Index: Levetiracetam)*	S1B	77.53	54365
Lamictal (P.C.O. Mfg.) Tabs. 100 mg. 56 (A) *(Non-Proprietary Name Index: Lamotrigine)*	S1B	50.59	54366
Logynon (P.C.O. Mfg) Tabs. 21 (A) *(Non-Proprietary Name Index: Levonorgestrel and Estrogen)*	S1B	3.89	54368
Lopid (P.C.O. Mfg) Film Coated Tabs. 600 mg. 60 (A) *(Non-Proprietary Name Index: Gemfibrozil)*	S1B	23.74	54369
Macrolief Pdr. For Oral Soln. 13.8 G. Sachet 30 (A) *Code the number of sachets dispensed* *(Non-Proprietary Name Index: Macrogol)*	S1B	7.50	54371
Metidate XL Prolonged Release Tabs. 36 mg. 30 (A) *(Non-Proprietary Name Index: Methylphenidate Hydrochloride)*	CD2	22.00	54372
Nebilet (P.C.O. Mfg.) Tabs. 5 mg. 28 (A) *(Non-Proprietary Name Index: Nebivolol)*	S1B	6.30	54373
Seebri Breezhaler (P.C.O. Mfg.) Inhalation Pdr. 44 mcg. Hard Caps. 30 Complete Pack 1 (A) *Code the number of Packs dispensed* *(Non-Proprietary Name Index: Glycopyrronium Bromide)*	S1B	36.15	54385

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Velphoro Chewable Tabs 500 mg. 90 (A) *(Non-Proprietary Name Index: Sucroferric Oxyhydroxide)*	S1B	194.16	54386

ADDITIONS TO LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST FEBRUARY 2015
CLINICAL NUTRITIONAL PRODUCTS
ADDITIONS

Fresubin 2 kcal Crème 125 G. Pot 1 (A) *Code the number of pots dispensed*	1.60	83959

DELETIONS

Fruco Tabs. 5 mg./40 mg. 56 (A)	25852
Fruco Tabs. 5 mg./40 mg. 28 (A)	25844
Primacine Susp. 500 mg./5 ml. 100 ml. (B)	92074
Ulcid Caps. 20 mg. 28 (A)	51046
Xalacom (P.C.O. Mfg.) Eye Drops 2.5 ml. Pack 1 (A)	53925

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ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
RoActerma Soln. for Inj. in Pre-filled Syringe 162 mg. 0.9 ml. Pack 4 (A) *Code the number of Pre-filled syringes dispensed*	88456	Tocilizumab	1153.44	Roche	Allphar/Unipolar

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Binocrit Soln. for Inj. in Pre-filled Syringe 2,000 iu/ml. 1 ml. 6 (A)	88033	Erythropoietin	Novartis Ireland Ltd.
Binocrit Soln. for Inj. in Pre-filled Syringe 4,000 iu/0.4 ml. 0.4 ml. 6 (A)	88218	Erythropoietin	Novartis Ireland Ltd.
Binocrit Soln. for Inj. in Pre-filled Syringe 5,000 iu/0.5 ml. 0.5 ml. 6 (A)	88219	Erythropoietin	Novartis Ireland Ltd.

Feidhmeannacht na Seirbhíse Sláinte
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Product Updates Notification
Effective 1st January 2015

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE 1ST JANUARY 2015.

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Celecoxib (Rowex) Hard Caps. 100 mg. 60 (A)	S1B	10.74	14503
Celecoxib (Rowex) Hard Caps. 200 mg. 30 (A)	S1B	10.72	14504
(Non-Proprietary Name Index: Celecoxib)			
Fluconazole (Accord Healthcare Ltd.) Hard Caps. 50 mg. 7 (A)	S1B	7.94	25105
Fluconazole (Accord Healthcare Ltd.) Hard Caps. 150 mg. 1 (A)	S1B	3.39	25106
Fluconazole (Accord Healthcare Ltd.) Hard Caps. 200 mg. 7 (A)	S1B	31.68	25107
(Non-Proprietary Name Index: Fluconazole)			
Incruse Ellipta Inhal. Pdr. 55 mcg., Pre-dispensed 30 Dose Pack 1 (A)	S1B	36.72	61510
Code the number of packs dispensed			
(Non-Proprietary Name Index: Umeclidinium Bromide)			
Irbesartan (Accord Healthcare Ltd.) Film Coated Tabs. 75 mg. 28 (A)	S1B	7.13	54330
Irbesartan (Accord Healthcare Ltd.) Film Coated Tabs. 150 mg. 28 (A)	S1B	7.92	54331
Irbesartan (Accord Healthcare Ltd.) Film Coated Tabs. 300 mg. 28 (A)	S1B	10.68	54332
(Non-Proprietary Name Index: Irbesartan)			
Losartan Potassium (Accord Healthcare Ltd.) Film Coated Tabs. 25 mg. 28 (A)	S1B	3.26	32637
(Non-Proprietary Name Index: Losartan)			
Memantine (Accord Healthcare Ltd.) F.C. Tabs. 10 mg. 28 (A)	S1A	17.16	32559
Memantine (Accord Healthcare Ltd.) F.C. Tabs. 10 mg. 56 (A)	S1A	34.31	32560
Memantine (Accord Healthcare Ltd.) F.C. Tabs. 20 mg. 28 (A)	S1A	34.31	32561
(Non-Proprietary Name Index: Memantine)			
Metformin (AuroBindo Pharma) Film Coated Tabs. 1000 mg. 60 (A)	S1B	4.49	36820
(Non-Proprietary Name Index: Metformin)			
Perindopril (KRKA Pharma) Tabs. 2 mg. 30 (A)	S1B	8.97	39117
(Non-Proprietary Name Index: Perindopril)			
Pramipexole (Accord Healthcare Ltd.) Tabs. 0.35 mg. 100 (A)	S1B	49.92	36631
(Non-Proprietary Name Index: Pramipexole)			
Selincro Film Coated Tabs. 18 mg. 14 (A)	S1A	54.30	54344
Selincro Film Coated Tabs. 18 mg. 28 (A)	S1A	108.60	54345
(Non-Proprietary Name Index: Nalmefene)			

DELETIONS

Clarie LA Tabs. 500 mg. 7 (A)	17002

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EFFECTIVE 1ST JANUARY 2015

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Binocrit Soln. for Inj. in Pre-filled Syr. 3,000 IU/0.3 ml. 0.3 ml. 6 (A)	88217	Erythropoietin	Novartis Ireland Ltd.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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Effective 1st December 2014

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AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE 1ST DECEMBER 2014.
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Alendronate/Colecalciferol Teva Tabs. 70 mg./2800 iu 4 (A)	S1B	10.65	13480
Alendronate/Colecalciferol Teva Tabs. 70 mg./5600 iu 4 (A)	S1B	8.09	13481
(Non-Proprietary Name Index: Alendronic Acid and Colecalciferol)			
Dorzolamide/Timolol (Actavis) Eye Drops Soln. 20 mg./ml. + 5 mg./ml. 5 ml. (B)	S1B	5.40	13482
(Non-Proprietary Name Index: Timolol, Combinations)			
Dovobet (Lexon UK Ltd.) Gel 50 mcg./G, + 0.5 mg/G. (30 G. Bottle x 2) Treatment Pack 1 (A)	S1A	19.89	13483
Code the number of packs dispensed			
(Non-Proprietary Name Index: Calcipotriol, combinations)			
Enalapril/Lercanidipine (KRKA Pharma) Film Coated Tabs. 10 mg./10 mg. 28 (A)	S1B	5.29	13484
Enalapril/Lercanidipine (KRKA Pharma) Film Coated Tabs. 20 mg./10 mg. 28 (A)	S1B	5.72	13485
(Non-Proprietary Name Index: Enalapril and Lercanidipine)			
Free-Breath Spacer for Aerosol 175 ml. without Mask (A)		3.23	13487
Free-Breath Spacer for Aerosol 175 ml. with Mask Baby/Child (A)		5.51	13488
(Non-Proprietary Name Index: Respiratory Device)			
Invokana Film Coated Tabs. 100 mg. 30 (A)	S1B	45.04	13489
Invokana Film Coated Tabs. 300 mg. 30 (A)	S1B	62.21	13490
(Non-Proprietary Name Index: Canagliflozin)			
Metidate XL Prolonged Release Tabs. 18 mg. 30 (A)	CD2	16.17	13491
Metidate XL Prolonged Release Tabs. 27 mg. 30 (A)	CD2	17.81	13492
(Non-Proprietary Name Index: Methylphenidate)			
Reltebon Prolonged Release Tabs. 5 mg. 28 (A)	CD2	5.43	13494
Reltebon Prolonged Release Tabs. 10 mg. 56 (A)	CD2	8.77	13495
Reltebon Prolonged Release Tabs. 20 mg. 56 (A)	CD2	17.53	13496
Reltebon Prolonged Release Tabs. 40 mg. 56 (A)	CD2	34.51	13497
Reltebon Prolonged Release Tabs. 80 mg. 56 (A)	CD2	63.51	13499
(Non-Proprietary Name Index: Oxycodone)			
Sastravi Film Coated Tabs. 50/12.5/200 mg. 100 (A)	S1B	44.14	13500
Sastravi Film Coated Tabs. 75/18.75/200 mg. 100 (A)	S1B	44.50	13502
Sastravi Film Coated Tabs. 100/25/200 mg. 100 (A)	S1B	44.50	13503
Sastravi Film Coated Tabs. 125/31.25/200 mg. 100 (A)	S1B	44.50	13504
Sastravi Film Coated Tabs. 150/37.5/200 mg. 100 (A)	S1B	44.50	13505
Sastravi Film Coated Tabs. 175/43.75/200 mg. 100 (A)	S1B	44.50	13506
Sastravi Film Coated Tabs. 200/50/200 mg. 100 (A)	S1B	44.50	13509
(Non-Proprietary Name Index: Levodopa, Decarboxylase Inhibitor and COMT Inhibitor)			

CORRECTION TO OCTOBER 2014 UPDATE
CORRECTIONS UNDERLINED

Lercanidipine (Gerard Labs.) Film Coated Tabs. 10 mg. 28 (A)	S1B	3.92	13357
Lercanidipine Mylan (Gerard Labs.) Film Coated Tabs. 10 mg. 28 (A)	S1B	3.92	13357
Lercanidipine (Gerard Labs.) Film Coated Tabs. 20 mg. 28 (A)	S1B	6.44	13359
Lercanidipine Mylan (Gerard Labs.) Film Coated Tabs. 20 mg. 28 (A)	S1B	6.44	13359

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
DELETIONS			
Atenogen Tabs. 25 mg. 28 (A)			13471
Atenogen Tabs. 50 mg. 28 (A)			13358
Atenogen Tabs. 100 mg. 28 (A)			13455
Ciprapine Tabs. 10 mg. 28 (A)			18409
Furadantin Tabs. 100 mg. 100 (A)			26352
Furadantin Tabs. 50 mg. 100 (A)			26336
Imodium Syr. 0.2 mg./ml. 100 ml. (B)			69450
Lozitar Tabs. 50 mg. 28 (A)			23548
Lozitar Tabs. 100 mg. 28 (A)			23871
Motilium Suppos. 10 mg. 6 (A)			34568
Nevanac Eye Drops Susp. 1 mg./ml. 5 ml. (B)			50705
Seroquel Starter Pack 1 (A)			45837
Seroquel Tabs. 4 Day Starter Pack 1 (A)			35428

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UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST DECEMBER 2014

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Binocrit Soln. for Inj. in Pre-filled Syringe 6,000 IU/0.6 ml. 0.6 ml. 6 (A)	88236	Erythropoietin	Novartis Ireland Ltd.
Binocrit Soln. for Inj. in Pre-filled Syringe 10,000 IU/ml. 1 ml. 6 (A)	88089	Erythropoietin	Novartis Ireland Ltd.
Binocrit Soln. for Inj. in Pre-filled Syringe 20,000 IU/0.5 ml. 0.5 ml. 6 (A)	88003	Erythropoietin	Novartis Ireland Ltd.
Binocrit Soln. for Inj. in Pre-filled Syringe 30,000 IU/0.75 ml. 0.75 ml. 6 (A)	88124	Erythropoietin	Novartis Ireland Ltd.
Binocrit Soln. for Inj. in Pre-filled Syringe 40,000 IU/1 ml. 1 ml. 6 (A)	88225	Erythropoietin	Novartis Ireland Ltd.
Neulasta Soln. for Inj. 6 mg./0.6 ml. Prefilled Syringe 1 (A)	88457	Pegfilgrastim	Amgen Ireland Ltd.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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Effective 1st November 2014

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AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE 1ST NOVEMBER 2014.
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
BIOVISC Ortho Pre-filled Syringe 20 mg./2 ml. 2 ml. 1 (A) *Code the number of pre-filled syringes dispensed* *(Non-Proprietary Name Index: Hyaluronic Acid)*		23.68	13399
Celecoxib (Actavis) Hard Caps. 100 mg. 60 (A)	S1B	10.74	13406
Celecoxib (Actavis) Hard Caps. 200 mg. 30 (A) *(Non-Proprietary Name Index: Celecoxib)*	S1B	10.72	13407
Celecoxib (KRKA Pharma) Hard Caps. 100 mg. 60 (A)	S1B	10.74	13408
Celecoxib (KRKA Pharma) Hard Caps. 200 mg. 30 (A) *(Non-Proprietary Name Index: Celecoxib)*	S1B	10.74	13409
Desmotabs Melt Tabs. 60 mcg. 30 (A) *(Non-Proprietary Name Index: Desmopressin)*	S1B	21.12	13410
Oxycodone (Actavis) Hard Caps. 5 mg. 56 (A)	CD2	4.78	13411
Oxycodone (Actavis) Hard Caps. 10 mg. 56 (A)	CD2	13.35	13413
Oxycodone (Actavis) Hard Caps. 20 mg. 56 (A) *(Non-Proprietary Name Index: Oxycodone)*	CD2	25.13	13414
Parox Film Coated Tabs. 10 mg. 30 (A) *(Non-Proprietary Name Index: Paroxetine)*	S1A	7.04	13415
Setinin XL Prolonged Release Tabs. 50 mg. 60 (A)	S1A	25.92	13416
Setinin XL Prolonged Release Tabs. 200 mg. 60 (A)	S1A	51.65	13417
Setinin XL Prolonged Release Tabs. 300 mg. 60 (A)	S1A	67.32	13418
Setinin XL Prolonged Release Tabs. 400 mg. 60 (A) *(Non-Proprietary Name Index: Quetiapine)*	S1A	90.21	13419
Telfast (McDowell Pharmaceutical) Tabs. 180 mg. 30 (A) *(Non-Proprietary Name Index: Fexofenadine)*	S1B	6.37	13421
Telmisartan/Hydrochlorothiazide Teva Tabs. 80 mg./12.5 mg. 28 (A)	S1B	8.83	13422
Telmisartan/Hydrochlorothiazide Teva Tabs. 80 mg./25 mg. 28 (A) *(Non-Proprietary Name Index: Telmisartan and Diuretics)*	S1B	9.07	13423

ADDITIONS TO LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST NOVEMBER 2014
CLINICAL NUTRITIONAL PRODUCTS
ADDITIONS

Nutilis Fruit Stage 3 150 G. Pot (A) *Code the number of pots dispensed*	1.60	83958

CHANGE TO OCTOBER 2014 DELETIONS
CHANGES UNDERLINED EFFECTIVE 1ST OCTOBER 2014

Delete	Serdolect Tabs. 4 mg. 30 (A)	78407
Add	Serdolect Tabs. 4 mg. 30 (A)	78407
Delete	Serdolect Tabs. 16 mg. 28 (A)	78431
Add	Serdolect Tabs. 16 mg. 28 (A)	78431
Delete	Serdolect Tabs. 20 mg. 28 (A)	78448
Add	Serdolect Tabs. 20 mg. 28 (A)	78448

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
DELETIONS			
Anugesic HC Suppos. 12 (A)			12750
Asmabec Clickhaler 100 mcg. 200 Dose Inhaler 1 (A)			13340
Amolin New Formula Tabs. 50 mg. 30 (A)			33685
Betnesol Tabs. 0.5 mg. 100 (A)			14869
Diflucan IV Infusion 2 mg./ml. 25 ml. Pack 1 (A)			21318
Polyfax Ophth. Oint. 4 G. (B)			41459
*Vigamox (ULM) Opth. Soln. 0.5% 3 ml. (B)			20240

***From 1st November 2014 20240 Vigamox (ULM) Opth. Soln. 0.5% 3 ml. (B) will not be reimbursed as an Exempt Medicinal Products as per circular 009/10 dated April 2010.*

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EFFECTIVE 1ST NOVEMBER 2014

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Casodex (Clear Pharmacy) Tabs. 50 mg. 28 (A)	88441	Bicalutamide	56.40	Clear Pharmacy	Clear Pharma
Cellcept (Clear Pharmacy) Tabs. 500 mg. 50 (A)	88442	Mycophenolic Acid	67.24	Clear Pharmacy	Clear Pharma
Exjade (Clear Pharmacy) Tabs. 250 mg. 28 (A)	88443	Deferasirox	366.70	Clear Pharmacy	Clear Pharma
Exjade (Clear Pharmacy) Tabs. 500 mg. 28 (A)	88445	Deferasirox	712.95	Clear Pharmacy	Clear Pharma
Glivec (Clear Pharmacy) Film Coated Tabs. 100 mg. 60 (A)	88446	Imatinib	1233.18	Clear Pharmacy	Clear Pharma
Glivec (Clear Pharmacy) Film Coated Tabs. 400 mg. 30 (A)	88447	Imatinib	2466.34	Clear Pharmacy	Clear Pharma
Tobi (Clear Pharmacy) Amps. 300 mg./5 ml. 5 ml. 56 (A) *Code the number of amps dispensed*	88448	Tobramycin	2275.18	Clear Pharmacy	Clear Pharma
Valcyte (Clear Pharmacy) Tabs. 450 mg. 60 (A)	88450	Valganciclovir	1540.00	Clear Pharmacy	Clear Pharma

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st October 2014

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE 1ST OCTOBER 2014.
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Abilify Maintena Powder & Solvent for Prolonged Release Susp. For Inj. 400 mg. Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Aripiprazole)*	S1A	348.51	13334
Budesonide Teva Neb. Susp. 1 mg./2 ml. 20 (A) *Code the number of amps dispensed* *(Non-Proprietary Name Index: Budesonide)*	S1B	19.86	13341
Calcichew-D3 Forte Double Strength Tabs. 1000 mg. 30 (A) *(Non-Proprietary Name Index: Calcium Carbonate and Colecalciferol)*		5.49	13342
Coverdine Film Coated Tabs. 5 mg./1.25 mg./5 mg. 30 (A)	S1B	19.13	13343
Coverdine Film Coated Tabs. 5 mg./1.25 mg./10 mg. 30 (A)	S1B	20.92	13344
Coverdine Film Coated Tabs. 10 mg./2.5 mg./5 mg. 30 (A)	S1B	26.37	13346
Coverdine Film Coated Tabs. 10 mg./2.5 mg./10 mg. 30 (A) *(Non-Proprietary Name Index: Perindopril, Amlodipine and Indapamide)*	S1B	27.69	13347
Dolmatil (LTT Pharma Ltd.) Tabs. 200 mg. 100 (A)	S1B	20.27	13349
Dolmatil (LTT Pharma Ltd.) Film Coated Tabs. 400 mg. 100 (A) *(Non-Proprietary Name Index: Sulpiride)*	S1B	44.53	13350
Lamot Tabs. 25 mg. 56 (A)	S1B	7.02	13353
Lamot Tabs. 50 mg. 56 (A)	S1B	11.82	13354
Lamot Tabs. 100 mg. 56 (A)	S1B	20.87	13355
Lamot Tabs. 200 mg. 56 (A) *(Non-Proprietary Name Index: Lamotrigine)*	S1B	38.06	13356
Lercanidipine (Gerard Labs.) Film Coated Tabs. 10 mg. 28 (A)	S1B	3.92	13357
Lercanidipine (Gerard Labs.) Film Coated Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Lercanidpine)*	S1B	6.44	13359
Mometasone Furoate TEVA Nasal Spray Susp. 50 mcg. 140 Dose Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Mometasone)*	S1A	4.00	13360
PEGlax Pdr. for Oral Soln. 10 G. Sachets 20 (A) *Code the numbers of sachets dispensed* *(Non-Proprietary Name Index: Macrogol)*	S1B	7.02	13361
Rabeprazole (Clonmel) Gastro-Resistant Tabs. 10 mg. 28 (A)	S1B	4.76	13362
Rabeprazole (Clonmel) Gastro-Resistant Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Rabeprazole)*	S1B	8.40	13363
Xatral (Lexon UK Ltd.) Film Coated Tabs. 2.5 mg. 60 (A) *(Non-Proprietary Name Index: Alfuzosin)*	S1B	17.32	13364

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code

ADDITIONS TO LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST OCTOBER 2014
CLINICAL NUTRITIONAL PRODUCTS
ADDITIONS

Nutilis Clear 175 G. Pack (A) *Code the number of packs dispensed*	8.19	83957

CORRECTION TO SEPTEMBER 2014 UPDATE
CORRECTIONS UNDERLINED

Change	Avamys (B & S Healthcare) Nasal Spray Susp. 27.5 mcg. 120 Dose Pack 1 *(Non-Proprietary Name Index: Etoricoxib)*	13239
To Read	Avamys (B & S Healthcare) Nasal Spray Susp. 27.5 mcg. 120 Dose Pack 1 *(Non-Proprietary Name Index: Fluticasone Furoate)*	13239

DELETIONS

Asmabec Clickhaler 250 mcg. 100 Dose Inhaler 1 (A)	13633
Clopixol Tabs. 25 mg. 100 (A)	17965
Dovobet Oint. 60 G. (B)	38726
Intrinsa Transdermal Patch 300 mcg./24 hours 8 (A)	29262
Micardis Plus (Polyfarma) Tabs. 80 mg./12.5 mg. 28 (A)	34692
Movox Tabs. 15 mg. 30 (A)	53652
Mucodyne Syr. 250 mg./5 ml. 300 ml. (B)	79588
Napamide PR Tabs. 1.5 mg. 30 (A)	37173
Nicorette Inhaler 10 mg. 42 Cartridge Refill Pack 1 (A)	36615
Serdolect Tabs. 4 mg. 30 (A)	78407
Serdolect Tabs. 16 mg. 28 (A)	78431
Serdolect Tabs. 20 mg. 28 (A)	78448

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST OCTOBER 2014

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Bemfola Soln. for Inj. in Pre-filled Pen 75 IU 1 (A) *Code the number of pre-filled pens dispensed*	88433	Follitropin Alfa	24.70	Finox Biotech	Allphar Ltd.
Bemfola Soln. for Inj. in Pre-filled Pen 150 IU 1 (A) *Code the number of pre-filled pens dispensed*	88434	Follitropin Alfa	48.99	Finox Biotech	Allphar Ltd.
Bemfola Soln. for Inj. in Pre-filled Pen 225 IU 1 (A) *Code the number of pre-filled pens dispensed*	88436	Follitropin Alfa	73.95	Finox Biotech	Allphar Ltd.
Bemfola Soln. for Inj. in Pre-filled Pen 300 IU 1 (A) *Code the number of pre-filled pens dispensed*	88437	Follitropin Alfa	98.82	Finox Biotech	Allphar Ltd.
Bemfola Soln. for Inj. in Pre-filled Pen 450 IU 1 (A) *Code the number of pre-filled pens dispensed*	88438	Follitropin Alfa	148.13	Finox Biotech	Allphar Ltd.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st September 2014

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE 1ST SEPTEMBER 2014.
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Abilify (B & S Healthcare) Oral. Soln. 1 mg./1 ml. 150 ml. (B) *(Non-Proprietary Name Index: Aripiprazole*)	S1A	131.51	13232
Accupro (B & S Healthcare) Tabs. 10 mg. 30 (A) *(Non-Proprietary Name Index: Quinapril*)	S1B	7.41	13233
Anapen Junior Soln. for Inj. Pre-filled Syringe 150 mcg./0.3 ml. 0.3 ml. 2 (A)	S1B	58.26	13236
Anapen Soln. for Inj. Pre-filled Syringe 300 mcg./0.3 ml. 0.3 ml. 2 (A) *Code the number of pre-filled syringes dispensed* *(Non-Proprietary Name Index: Epinephrine)*	S1B	58.26	13237
Anoro Ellipta Inhalation Powder Pre-Dispensed 55 mcg./22mcg. 30 Dose 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Vilanterol and Umeclidinium Bromide)*	S1B	43.15	13244
Arcoxia (B & S Healthcare) Tabs. 30 mg. 28 (A) *(Non-Proprietary Name Index: Etoricoxib)*	S1B	22.39	13238
Artelac (Lexon U.K.) Single Dose Unit 0.5 ml. 60 (A) *(Non-Proprietary Name Index: Hypromellose)*		9.30	13235
Avamys (B & S Healthcare) Nasal Spray Susp. 27.5 mcg. 120 Dose Pack 1 *Code the number of packs dispensed* *(Non-Proprietary Name Index: Etoricoxib)*	S1B	8.55	13239
Azarga (B & S Healthcare) Eye Drop Susp. 10 mg./ml. + 5 mg./ml. 5 ml. Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index:* Timolol, Combinations)	S1B	14.30	13240
Bonviva (B & S Healthcare) Tabs. 150 mg. 1 (A) (*Non-Proprietary Name Index: Ibandronic Acid*)	S1B	14.52	13241
Co-Amoxiclav (Actavis) Film Coated Tabs. 500 mg./125 mg. 21 (A) *(Non-Proprietary Name Index: Amoxicillin and Enzyme Inhibitor)*	S1A	3.79	13243
Competact (B & S Healthcare) Tabs. 15 mg./850 mg. 60 (A) *(Non-Proprietary Name Index: Metformin and Pioglitazone)*	S1B	41.73	13245
Jardiance Film Coated Tabs. 10 mg. 28 (A)	S1B	42.00	13256
Jardiance Film Coated Tabs. 25 mg. 28 (A) *(Non-Proprietary Name Index: Empagliflozin)*	S1B	42.00	13257
Isoptin SR (LTT Pharma Ltd.) Tabs. 240 mg. 30 (A) *(Non-Proprietary Name Index: Verapamil)*	S1B	5.42	13258
Istin (B & S Healthcare) Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Amlodipine)*	S1B	8.65	13259

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Istin (McDowell Pharmaceuticals) Tabs. 5 mg. 28 (A)	S1B	5.79	13260
Istin (McDowell Pharmaceuticals) Tabs. 10 mg. 28 (A)	S1B	8.65	13262
(Non-Proprietary Name Index: Amlodipine)			
Januvia (B & S Healthcare) Film Coated Tabs. 100 mg. 28 (A)	S1B	39.01	13263
(Non-Proprietary Name Index: Sitagliptin)			
Lamictal (McDowell Pharmaceuticals) Tabs. 50 mg. 56 (A)	S1B	28.64	13264
Lamictal (McDowell Pharmaceuticals) Tabs. 100 mg. 56 (A)	S1B	50.59	13266
(Non-Proprietary Name Index: Lamotrigine)			
Lustral (LTT Pharma Ltd.) Tabs. 50 mg. 28 (A)	S1A	13.23	13270
Lustral (LTT Pharma Ltd.) Tabs. 100 mg. 28 (A)	S1A	19.84	13271
(Non-Proprietary Name Index: Sertraline)			
Madopar (B & S Healthcare) Hard Caps. 200 mg./50 mg. 100 (A)	S1B	18.33	13272
(Non-Proprietary Name Index: Levodpa and Decarboxylase Inhibitor)			
Memantine (Gerard Labs.) Oral Soln. 10 mg./ml. 50 ml. (B)	S1A	30.35	13273
Memantine (Gerard Labs.) Oral Soln. 10 mg./ml. 100 ml. (B)	S1A	60.70	13274
(Non-Proprietary Name Index: Memantine)			
Mirapexin PR (B & S Healthcare) Tabs. 0.26 mg. 30 (A)	S1B	22.53	13275
Mirapexin PR (B & S Healthcare) Tabs. 1.05 mg. 30 (A)	S1B	83.04	13276
Mirapexin PR (B & S Healthcare) Tabs. 2.1 mg. 30 (A)	S1B	146.52	13278
Mirapexin PR (B & S Healthcare) Tabs. 3.15 mg. 30 (A)	S1B	247.23	13279
(Non-Proprietary Name Index: Pramipexole)			
Noctamid (B & S Healthcare) Tabs. 1 mg. 30 (A)	S1A	3.68	13281
(Non-Proprietary Name Index: Lormetazepam)			
NovoNorm (B & S Healthcare) Tabs. 0.5 mg. 90 (A)	S1A	14.02	13282
NovoNorm (B & S Healthcare) Tabs. 1 mg. 90 (A)	S1A	15.63	13283
NovoNorm (B & S Healthcare) Tabs. 2 mg. 90 (A)	S1A	18.57	13284
(Non-Proprietary Name Index: Repaglinide)			
Onbrez Breezhaler (B & S Healthcare) Inhalation Pdr. 150 mcg. Hard Caps. 30 Complete Pack 1 (A)	S1B	32.18	13286
Onbrez Breezhale (B & S Healthcare) Inhalation Pdr. 300 mcg. Hard Caps. 30 Complete Pack 1 (A)	S1B	34.91	13287
Code the number of packs dispensed			
(Non-Proprietary Name Index: Indacaterol)			
Opatanol (B & S Healthcare) Eye Drops 1 mg./ml. 5 ml. (B)	S1B	7.21	13288
(Non-Proprietary Name Index: Olopatadine)			
Rasilez (B & S Healthcare) 150 mg. 28 (A)	S1B	21.45	13291
(Non-Proprietary Name Index: Aliskiren)			
Rozex (B & S Healthcare) Gel 0.75% 30 G. (B)	S1B	5.86	13294
(Non-Proprietary Name Index: Metronidazole)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Sinemet Tabs. 10 mg./100 mg. 100 (A)	S1B	8.63	13296

Sinemet Tabs. 25 mg,/250 mg. 100 (A)	S1B	18.91	13297
Sinemet Plus Tabs. 25 mg./100 mg. 100 (A)	S1B	12.56	13300
(Non-Proprietary Name Index: Levodopa and Decarboxylase Inhibitor)			
Sodium Chloride (Fannin) Inj. 0.9% 5 ml. 50 (A)	S1A	6.12	13317
Sodium Chloride (Fannin) Inj. 0.9% 10 ml. 50 (A)	S1A	5.76	13318
Sodium Chloride (Fannin) Inj. 0.9% 20 ml. 20 (A)	S1A	4.28	13319
Code the number of injections dispensed			
(Non-Proprietary Name Index: Sodium Chloride)			
Spiriva (B & S Healthcare) Caps. Refill 18 mcg. 30 (A)	S1B	40.09	13306
(Non-Proprietary Name Index: Tiotropium Bromide)			
Telmisartan/Hydrochlorothiazide (Clonmel) Tabs. 40 mg./12.5 mg. 28 (A)	S1B	6.99	13309
Telmisartan/Hydrochlorothiazide (Clonmel) Tabs. 80 mg./12.5 mg. 28 (A)	S1B	8.83	13310
Telmisartan/Hydrochlorothiazide (Clonmel) Tabs. 80 mg./25 mg. 28 (A)	S1B	9.06	13311
(Non-Proprietary Name Index: Telmisartan and Diuretics)			
Trosyl (B & S Healthcare) Nail Soln. 283 mg./ml. 12 ml. (B)	S1B	28.58	13320
(Non-Proprietary Name Index: Tioconazole)			
Trusopt (B & S Healthcare) Eye Drops 2% 5 ml. (B)	S1B	5.29	13321
(Non-Proprietary Name Index: Dorzolamide)			
Water For Injection 5 ml. Amp. 50 (A)	S1A	6.12	13328
Water For Injection 10 ml. Amp. 50 (A)	S1A	5.76	13329
Water For Injection 20 ml. Vial 20 (A)	S1A	4.28	13331
Code the number of injections dispensed			
(Non-Proprietary Name Index: Water for Injection)			
Xailin Eye Gel 0.2% 10 G. (B)		2.89	13332
(Non-Proprietary Name Index: Artificial Tears and Other Indifferent Preparations)			
Zofran (B & S Healthcare) Tabs. 4 mg. 10 (A)	S1A	21.81	13335
Zofran (B & S Healthcare) Tabs. 8 mg. 10 (A)	S1A	33.60	13336
(Non-Proprietary Name Index: Ondansetron)			
Zonegran (B & S Healthcare) Hard Caps. 100 mg. 56 (A)	S1B	68.28	13337
(Non-Proprietary Name Index: *Zonisamide*)			

DELETIONS

Augmentin Tabs. 250/125mg. 100 (A)	13420
Cicatrin Cream 15 G. (B)	17639
Cicatrin Pdr. 15 G. (B	17655
Flixotide 250 Inhaler 60 Dose Aerosol 1 (A	24933
Humalog Mix 25 Pen 100 IU/ml. 3 ml. Pre-filled Pen 5 (A	69142
Humalog Mix 50 Pen 100 IU/ml. 3 ml. Pre-filled Pen 5 (A	63522
Lopid Caps. 300 mg. 112 (A)	32156
Serevent Inhaler 25 mcg. 120 Dose Aerosol 1 (A)	59994
Tizaflex Tabs. 2 mg. 120 (A	31570
Ventolin Tabs. 2 mg. 500 (A	52043
Ventolin Tabs. 4 mg. 500 (A)	57584

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST SEPTEMBER 2014

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Moderiba Film Coated Tabs. 200 mg. 168 (A)	88425	Ribavarin	273.28	Abbvie	Uniphar
Moderiba Film Coated Tabs. 400 mg. 56 (A)	88426	Ribavarin	182.20	Abbvie	Uniphar
Moderiba Film Coated Tabs. 600 mg. 56 (A)	88427	Ribavarin	273.28	Abbvie	Uniphar
Noxafil Gastro-Resistant Tabs. 100 mg. 24 (A)	88420	Posaconazole	788.49	Merck Sharp & Dohme Ltd.	United Drug Distributors
Tafinlar Hard Caps. 50 mg. 120 (A)	88430	Dabrafenib	4,485.89	GlaxoSmithKline	PRL Group/ GlaxoSmithKline
Tafinlar Hard Caps. 75 mg. 120 (A)	88432	Dabrafenib	6,728.40	GlaxoSmithKline	PRL Group/ GlaxoSmithKline
DELETIONS					
Preotact Pdr. & Solv. for Soln. for Inj. Cartridges 100 mcg. 2 (A)	88390	Parathyroid Hormone			

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st August 2014

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE 1ST AUGUST 2014.
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Aspirin (Clonmel) Gastro-Resistant Tabs. 75 mg. 28 (A) *(Non-Proprietary Name Index: Acetylsalicylic Acid)*	S1B	1.03	13103
Azithromycin (KRKA Pharma) Film Coated Tabs. 250 mg. 6 (A) *(Non-Proprietary Name Index: Azithromycin)*	S1A	6.97	13104
Bydureon (P.C.O. Mfg.) Pdr. and Solv. for Prolonged Release Susp. for Inj. 2 mg. 4 (A) *Code the number of injections dispensed* *(Non-Proprietary Name Index: Exenatide)*	S1A	97.22	13106
Co-Amoxiclav (Bluefish) Film Coated Tabs. 500 mg./125 mg. 21 (A) *(Non-Proprietary Name Index: Amoxicillin and Enzyme Inhibitor)*	S1A	3.79	13107
Cordarone X (LTT Pharma Ltd.) Tabs. 100 mg. 28 (A)	S1B	5.03	13108
Cordarone X (LTT Pharma Ltd.) Tabs. 200 mg. 28 (A) *(Non-Proprietary Name Index: Amiodarone)*	S1B	8.27	13111
ExforgeHCT (Clear Pharma Ltd.) Film Coated Tabs. 5 mg./160 mg./12.5 mg. 28 (A)	S1B	26.16	13191
ExforgeHCT (Clear Pharma Ltd.) Film Coated Tabs. 10 mg./160 mg./12.5 mg. 28 (A) *(Non-Proprietary Name Index: Valsartan, Amlodipine and Hydrochlorothiazide)*	S1B	27.67	13193
Januvia (LTT Pharma Ltd.) Film Coated Tabs. 25 mg. 28 (A) *(Non-Proprietary Name Index: Sitagliptin)*	S1B	39.01	13117
Memantine (Clonmel) Oral Soln. 10 mg./ml. 50 ml. (B)	S1A	30.35	13118
Memantine (Clonmel) Oral Soln. 10 mg./ml. 100 ml. (B) *(Non-Proprietary Name Index: Memantine)*	S1A	60.70	13119
Mezavant XL (Clear Pharma Ltd.) Gastro-Resistant Prolonged Release Tabs. 1200 mg. 60 (A) *(Non-Proprietary Name Index: Mesalazine)*	S1B	61.81	13195
Mirvaso Gel 3 mg./G. 30 G. (B) *(Non-Proprietary Name Index: Brimonidine)*	S1B	38.88	13127
Neupro Transdermal (P.C.O. Mfg.) Patches 6 mg./24 Hour 28 (A) *Code the number of patches dispensed* *(Non-Proprietary Name Index: Rotigotine)*	S1A	139.32	13168
Omesar Plus (P.C.O. Mfg.) Film Coated Tabs. 20 mg./25 mg. 28 (A) *(Non-Proprietary Name Index: Olmesartan Medoxomil and Diuretics)*	S1B	17.65	13179
Requip Modutab (P.C.O. Mfg.) Prolonged Release Tabs. 2 mg. 84 (A)	S1B	81.19	13180
Requip Modutab (P.C.O. Mfg.) Prolonged Release Tabs. 4 mg. 84 (A) *(Non-Proprietary Name Index: Ropinirole)*	S1B	146.92	13183
Seretide (P.C.O. Mfg.) Evohaler 50 mcg. 120 Dose Aerosol 1 (A)	S1B	28.24	13197
Seretide (P.C.O. Mfg.) Evohaler 125 mcg. 120 Dose Aerosol 1 (A)	S1B	41.88	13198
Seretide (P.C.O. Mfg.) Evohaler 250 mcg. 120 Dose Aerosol 1 (A) *Code the number of aerosols dispensed* *(Non-Proprietary Name Index: Salmeterol and other drugs for obstructive airway diseases)*	S1B	60.35	13199

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Sinemet Plus (P.C.O. Mfg.) Tabs. 25 mg./100 mg. 100 (A) *(Non-Proprietary Name Index: Levodopa and Decarboxylase Inhibitor)*	S1B	12.18	13200
Solaraze (P.C.O. Mfg.) Gel 3% 50 G. (B) *(Non-Proprietary Name Index: Diclofenac)*	S1B	50.12	13203
Spasmonal (P.C.O. Mfg.) Caps. 60 mg. 100 (A) *(Non-Proprietary Name Index: Alverine)*	S1B	13.45	13204
Spiriva Respimat (P.C.O. Mfg. D.P.R.) Soln. for Inhalation 2.5 mcg. Cartridge Plus Inhaler Complete Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Tiotropium Bromide)*	S1B	40.40	13205
Stalevo (P.C.O. Mfg.) Film Coated Tabs. 75/18.75/200 mg. 100 (A)	S1B	107.90	13206
Stalevo (P.C.O. Mfg.) Film Coated Tabs. 125/31.25/200 mg. 100 (A)	S1B	107.90	13207
Stalevo (P.C.O. Mfg.) Film Coated Tabs. 200/50/200 mg. 100 (A) *(Non-Proprietary Name Index: Levodopa, Decarboxylase Inhibitor and COMT Inhibitor)*	S1B	107.90	13208
Strattera (P.C.O. Mfg. D.P.R.) Caps. 10 mg. 28 (A)	S1A	82.66	13210
Strattera (P.C.O. Mfg. D.P.R.) Caps. 25 mg. 28 (A)	S1A	82.66	13211
Strattera (P.C.O. Mfg. D.P.R.) Caps. 40 mg. 28 (A) *(Non-Proprietary Name Index: Atomoxetine)*	S1A	82.66	13213
Tetralysal (P.C.O. Mfg.) Caps. 300 mg. 28 (A) *(Non-Proprietary Name Index: Lymecycline)*	S1A	8.25	13214
Topamax (P.C.O. Mfg.) Film Coated Tabs. 25 mg. 60 (A)	S1B	19.01	13184
Topamax (P.C.O. Mfg.) Film Coated Tabs. 50 mg. 60 (A) *(Non-Proprietary Name Index: Topiramate)*	S1B	32.82	13185
Toviaz (P.C.O. Mfg.) Prolonged Release Tabs. 4 mg. 28 (A)	S1A	35.61	13215
Toviaz (P.C.O. Mfg.) Prolonged Release Tabs. 8 mg. 28 (A) *(Non-Proprietary Name Index: Fesoterodine)*	S1A	40.22	13216
Trosyl (P.C.O. Mfg.) Nail Soln. 283 mg./ml. 12 ml. (B) *(Non-Proprietary Name Index: Tioconazole)*	S1B	28.58	13217
Urorec (P.C.O. Mfg.) Hard Caps. 8 mg. 30 (A) *(Non-Proprietary Name Index: Silodosin)*	S1B	15.13	13220
Victoza (P.C.O. Mfg.) Soln. for Inj., Pre-filled Pen 6 mg./ml. 3 ml. 2 (A) *Code the number of pre-filled pens dispensed* *(Non-Proprietary Name Index: Liraglutide)*	S1A	96.76	13221
Vimpat (P.C.O. Mfg.) Film Coated Tabs. 200 mg. 56 (A) *(Non-Proprietary Name Index: Lacosamide)*	S1B	169.80	13227
Xarelto (P.C.O. Mfg.) Film Coated Tabs. 10 mg. 30 (A) *(Non-Proprietary Name Index: Rivaroxaban)* *Approved as a second line therapy in circumstances where Warfarin may not be appropriate.*	S1B	66.63	13230
Zonegran (P.C.O. Mfg.) Hard Caps. 50 mg. 56 (A) *(Non-Proprietary Name Index: Zonisamide)*	S1B	51.11	13231

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
DELETIONS			
Aceomel Tabs. 12.5 mg. 56 (A)			11812
Aceomel Tabs. 25 mg. 56 (A)			11853
Aceomel Tabs. 50 mg. 56 (A)			11869
Alupent Syr. 10 mg./5 ml. 300 ml. (B)			11622
Capoten Tabs. 12.5 mg. 56 (A)			16562
Implanon Implant 68 mg. Pack 1 (A)			28837
Lantus OptiSet 100 IU/ml. 3 ml. Pre-filled Pen 5 (A)			69213
Mixtard 30 InnoLet Pre-filled Syringe 100 IU/ml. 3 ml. Syringe 5 (A)			71650
Mixtard 30 Vial 100 IU/ml. 10 ml. Vial 1 (A)			63401
Pulmoclase 500 Syr. 500 mg./5 ml. 70 ml. (B)			43401
Salbuvent (Breathe Pharmaceuticals) Neb. Soln. 2.5 mg./2.5 ml. 20 (A)			44905
Salbuvent (Breathe Pharmaceuticals) Neb. Soln. 5 mg./2.5 ml. 20 (A)			44906
Serenace Inj. 5 mg./ml. 1 ml. 10 (A)			46066

ADDENDUM TO JULY 2014 UPDATE DELETIONS DELETIONS EFFECTIVE 1ST JULY 2014	
Zyprexa Velotab (P.C.O. Mfg.) Tabs. 5 mg. 28 (A)	56073
Zyprexa (P.C.O. Mfg.) Velotab Orodispersible Tabs. 15 mg. 28 (A)	71708
Zyprexa (P.C.O. Mfg.) Velotab Tabs. 20 mg. 28 (A)	71822

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST AUGUST 2014

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Adempas Film Coated Tabs. 0.5 mg. 42 (A)	88599	Riociguat	1466.04	Bayer Ltd.	HE Clissman
Adempas Film Coated Tabs. 1 mg. 42 (A)	88690	Riociguat	1466.04	Bayer Ltd.	HE Clissman
Adempas Film Coated Tabs. 1.5 mg. 42 (A)	88692	Riociguat	1466.04	Bayer Ltd.	HE Clissman
Adempas Film Coated Tabs. 2 mg. 84 (A)	88694	Riociguat	2932.07	Bayer Ltd.	HE Clissman
Adempas Film Coated Tabs. 2.5 mg. 84 (A)	88695	Riociguat	2932.07	Bayer Ltd.	HE Clissman
Aubagio Film Coated Tabs. 14 mg. 28 (A)	88698	Teriflunomide	1350.44	Genzyme Therapeutics	Allphar
Decapeptyl (P.C.O. Mfg.) 3 Month Pack 11.25 mg. Pdr. and Solv. for Susp. for Inj. 1 (A) *Code the number of pack dispensed*	88716	Triptorelin	333.24	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.
Forsteo (P.C.O. Mfg.) Soln. for Inj. in Pre-filled Pen 20 mcg./80 mcl. 2.4 ml. 1 (A) *Code the number of Pre-filled pens dispensed*	88718	Teriparatide	378.28	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.
Mimpara (P.C.O. Mfg.) Tabs. 30 mg. 28 (A)	88724	Cinacalcet	182.76	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.
Neoral (P.C.O. Mfg.) Caps. 100 mg. 30 (A)	88728	Ciclosporin	85.51	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.
Rilutek (P.C.O. Mfg.) Tabs. 50 mg. 56 (A)	88734	Riluzole	298.49	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.
Xtandi Soft Caps. 40 mg. 112 (A)	88699	Enzalutamide	3515.40	Astellas Pharma Co. Ltd.	United Drug

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st July 2014

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE 1ST JULY 2014.
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Bufomix Easyhaler 160 mcg./4.5 mcg. Inhalation Powder 120 Dose 1 (A)	S1B	31.86	13169
Bufomix Easyhaler 320 mcg./9 mcg. Inhalation Powder 60 Dose 1 (A)	S1B	31.86	13171
Code the number of inhalers dispensed			
(Non-Proprietary Name Index: Budesonide and Formoterol Fumarate Dihydrate)			
Detrunorm XL Modified Release Caps. 45 mg. 28 (A)	S1B	52.33	13173
(Non-Proprietary Name Index: Propiverine)			
Eplerenone (Rowex) Film Coated Tabs. 25 mg. 28 (A)	S1B	24.19	13175
Eplerenone (Rowex) Film Coated Tabs. 50 mg. 28 (A)	S1B	24.19	13176
(Non-Proprietary Name Index: Eplerenone)			
Marixino (KRKA Pharma Ltd.) Film Coated Tabs. 10 mg. 28 (A)	S1A	17.16	13177
Marixino (KRKA Pharma Ltd.) Film Coated Tabs. 10 mg. 56 (A)	S1A	34.31	13178
(Non-Proprietary Name Index: Memantine)			
Pradaxa Hard Caps. 150 mg. 10 (A)	S1B	12.69	60603
(Non-Proprietary Name Index: Dabigatran Etexilate)			
Approved as a second line therapy in circumstances where warfarin may not be appropriate.			
Striverdi Respimat 2.5 mcg. Soln. for Inhalation 60 Dose 1 (A)	S1B	29.16	13182
Code the number of Inhalers dispensed			
(Non-Proprietary Name Index: Olodaterol)			
Treclinac 1%/0.025% Gel 30 G. (B)	S1A	15.66	13186
(Non-Proprietary Name Index: Clindamycin and Tretinoin)			
Valsartan/Hydrochlorothiazide (KRKA Pharma) Film Coated Tabs. 320 mg./12.5 mg. 28 (A)	S1B	18.59	13187
Valsartan/Hydrochlorothiazide (KRKA Pharma) Film Coated Tabs. 320 mg./25 mg. 28 (A)	S1B	19.15	13189
(Non-Proprietary Name Index: Valsartan and Diuretics)			
Xailin Fresh 0.5% Preservative Free Eye Drops Single Dose Unit 0.4 ml. 30 (A)		3.50	13190
Code the number of single dose vials dispensed			
(Non-Proprietary Name Index: Carmellose)			
Xailin Night Preservative Free Eye Oint. 5 G. (B)		2.76	13202
(Non-Proprietary Name Index: White Soft Paraffin)			

ADDITIONS TO LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST JULY 2014
CLINICAL NUTRITIONAL PRODUCTS
ADDITIONS

Ensure Compact 125 ml. Pack 1 (B)	1.38	83956
Code the number of packs dispensed		

DELETIONS

Asmasal Clickhaler 200 Dose Inhaler 1 (A)	13159
Estraderm TTS (P.C.O. Mfg.) 25 Patches 8 (A)	23686
Estraderm TTS (P.C.O. Mfg.) 50 Patches 8 (A)	23698
Estraderm TTS (P.C.O. Mfg.) 100 Patches 8 (A)	23760
Nicotinell Gum 2 mg. 96 (A)	34199
Trental Tabs. 400 mg. 100 (A)	50697

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UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST JULY 2014

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Caprelsa Film Coated Tabs. 100 mg. 30 (A)	88786	Vandetanib	2397.60	Astra Zeneca Pharmaceticals (Ireland) Ltd.	United Drug
Caprelsa Film Coated Tabs. 300 mg. 30 (A)	88787	Vandetanib	5333.04	Astra Zeneca Pharmaceticals (Ireland) Ltd.	United Drug

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Roferon-A Cartridge 18 miu/0.6 ml. 1 (A)	88330	Interferon alfa-2a	Roche Products Ireland Ltd.

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Effective 1st June 2014

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE 1ST JUNE 2014.
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Azarga (Lexon UK Ltd.) Eye Drops Susp. 10 mg./ml. + 5 mg./ml. 5 ml. Pack 1 (A)	S1B	14.30	13112
Code the number of packs dispensed			
(Non-Proprietary Name Index: Timolol, combinations			
Esciprex Film Coated Tabs. 5 mg. 28 (A)	S1A	4.58	13114
Esciprex Film Coated Tabs. 10 mg. 28 (A)	S1A	8.55	13116
Esciprex Film Coated Tabs. 15 mg. 28 (A)	S1A	12.50	13120
Esciprex Film Coated Tabs. 20 mg. 28 (A)	S1A	15.18	13121
(Non-Proprietary Name Index: Escitalopram)			
Escitalpro Film Coated Tabs. 5 mg. 28 (A)	S1A	4.58	13122
Escitalpro Film Coated Tabs. 10 mg. 28 (A)	S1A	8.55	13124
Escitalpro Film Coated Tabs. 15 mg. 28 (A)	S1A	12.51	13125
Escitalpro Film Coated Tabs. 20 mg. 28 (A)	S1A	15.18	13128
(Non-Proprietary Name Index: Escitalopram)			
Escitalopram (Actavis) Film Coated Tabs. 5 mg. 28 (A)	S1A	4.58	13129
Escitalopram (Actavis) Film Coated Tabs. 10 mg. 28 (A)	S1A	8.55	13130
Escitalopram (Actavis) Film Coated Tabs. 15 mg. 28 (A)	S1A	12.51	13131
Escitalopram (Actavis) Film Coated Tabs. 20 mg. 28 (A)	S1A	15.18	13132
(Non-Proprietary Name Index: Escitalopram)			
Escitalopram (Cipla Europe Ltd.) Film Coated Tabs. 5 mg. 28 (A)	S1A	4.58	13134
Escitalopram (Cipla Europe Ltd.) Film Coated Tabs. 10 mg. 28 (A)	S1A	8.55	13135
Escitalopram (Cipla Europe Ltd.) Film Coated Tabs. 20 mg. 28 (A)	S1A	15.18	13136
(Non-Proprietary Name Index: Escitalopram)			
Escitalopram (KRKA Pharma) Film Coated Tabs. 5 mg. 28 (A)	S1A	4.58	13138
Escitalopram (KRKA Pharma) Film Coated Tabs. 10 mg. 28 (A)	S1A	8.55	13139
Escitalopram (KRKA Pharma) Film Coated Tabs. 15 mg. 28 (A)	S1A	12.51	13140
Escitalopram (KRKA Pharma) Film Coated Tabs. 20 mg. 28 (A)	S1A	15.18	13141
(Non-Proprietary Name Index: Escitalopram)			
Escitalopram TEVA Film Coated Tabs. 5 mg. 28 (A)	S1A	4.58	13142
Escitalopram TEVA Film Coated Tabs. 10 mg. 28 (A)	S1A	8.55	13143
Escitalopram TEVA Film Coated Tabs. 15 mg. 28 (A)	S1A	12.51	13144
Escitalopram TEVA Film Coated Tabs. 20 mg. 28 (A)	S1A	15.18	13146
(Non-Proprietary Name Index: Escitalopram)			
Etalopro Film Coated Tabs. 5 mg. 28 (A)	S1A	4.58	13147
Etalopro Film Coated Tabs. 10 mg. 28 (A)	S1A	8.55	13148
Etalopro Film Coated Tabs. 15 mg. 28 (A)	S1A	12.51	13149
Etalopro Film Coated Tabs. 20 mg. 28 (A)	S1A	15.18	13150
(Non-Proprietary Name Index: Escitalopram)			
Metoject Soln. for Inj. Pre-filled Syr. 50 mg./ml. 7.5 mg./0.15 ml. Pack 1 (A)	S1A	14.72	13152
Metoject Soln. for Inj. Pre-filled Syr. 50 mg./ml. 10 mg./0.2 ml. Pack 1 (A)	S1A	15.89	13153
Metoject Soln. for Inj. Pre-filled Syr. 50 mg./ml. 15 mg./0.3 ml. Pack 1 (A)	S1A	18.61	13154
Metoject Soln. for Inj. Pre-filled Syr. 50 mg./ml. 20 mg./0.4 ml. Pack 1 (A)	S1A	21.93	13155
Metoject Soln. for Inj. Pre-filled Syr. 50 mg./ml. 25 mg./0.5 ml. Pack 1 (A)	S1A	25.84	13156
Code the number of syringes dispensed			
(Non-Proprietary Name Index: Methotrexate)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Omeprazole TEVA Gastro-Resistant Hard Caps. 10 mg. 28 (A)	S1B	7.40	13158
Omeprazole TEVA Gastro-Resistant Hard Caps. 20 mg. 28 (A)	S1B	13.93	13160
Omeprazole TEVA Gastro-Resistant Hard Caps. 40 mg. 28 (A)	S1B	13.91	13162
(Non-Proprietary Name Index: Omeprazole)			
Telmisartan/Hydrochlorothiazide (Rowex) Tabs. 40 mg./12.5 mg. 28 (A)	S1B	6.99	13163
Telmisartan/Hydrochlorothiazide (Rowex) Tabs. 80 mg./12.5 mg. 28 (A)	S1B	8.83	13164
Telmisartan/Hydrochlorothiazide (Rowex) Tabs. 80 mg./25 mg. 28 (A)	S1B	9.07	13165
(Non-Proprietary Name Index: Telmisartan/Hydrochlorothiazide)			

DELETIONS

Lipostat (P.C.O. Mfg.) Tabs. 10 mg. 28 (A)	31725

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UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST JUNE 2014

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Orencia Soln. for Inj. in Pre-filled Syringe 1 ml. Pack 4 (A) *Code the number of pre-filled syringes dispensed*	88782	Abatacept	976.32	Bristol-Myers Squibb	United Drug
Xalkori Hard Caps. 200 mg. 60 (A)	88783	Crizotinib	5308.65	Pfizer Healthcare	Pfizer Healthcare
Xalkori Hard Caps. 250 mg. 60 (A)	88784	Crizotinib	5724.00	Pfizer Healthcare	Pfizer Healthcare

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st May 2014

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE 1ST MAY 2014.
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Candesartan TEVA Tabs. 4 mg. 28 (A) *(Non-Proprietary Name Index: Candesartan)*	S1B	7.40	15453
Ganfort Eye Drops Soln. 300 mcg./ml. + 5 mg./ml. 0.4 ml. Single Dose Container Pack 30 (A) *Code the number of single dose vials dispensed* *(Non-Proprietary Name Index: Timolol, Combinations)*	S1A	26.19	15460
Januvia (Lexon UK) Film Coated Tabs. 50 mg. 28 (A)	S1B	39.01	15547
Januvia (Lexon UK) Film Coated Tabs. 100 mg. 28 (A) *(Non-Proprietary Name Index: Sitagliptin)*	S1B	39.01	15682
Ketovite Liquid 150 ml. (B) *(Non-Proprietary Name Index: Vitamins, other combinations)*		22.53	16081
Ketovite Tabs. 100 (A) *(Non-Proprietary Name Index: Combinations of Vitamins)*		10.86	16035
Minatev LA TEVA Prolonged Release Tabs. 500 mg. 7 (A) *(Non-Proprietary Name Index: Clarithromycin)*	S1A	7.88	17049
Palexia Oral Soln. 20 mg./ml. 200 ml. (B) *(Non-Proprietary Name Index: Tapentadol)*	CD2	45.36	18245
Sertraline (Bluefish) Film Coated Tabs. 50 mg. 28 (A)	S1A	13.37	19742
Sertraline (Bluefish) Film Coated Tabs. 100 mg. 28 (A) *(Non-Proprietary Name Index: Sertraline)*	S1A	20.04	19864

CHANGE TO MARCH 2014 UPDATE DELETIONS
CHANGES UNDERLINED EFFECTIVE 1ST MARCH 2014

Delete	Clonamox Caps. 500 mg. 500 (A)	17973
Add	Clonamox Caps. 500 mg. 500 (A)	17973

DELETIONS

Cefuroxime (Actavis) Film Coated Tabs. 250 mg. 14 (A)	17465
Cefuroxime (Actavis) Film Coated Tabs. 500 mg. 14 (A)	17466

DELETIONS TO LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST MAY 2014
CLINICAL NUTRITIONAL PRODUCTS
DELETIONS

Ensure Plus Juce 200 ml. Pack 1 (A)	83784

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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Effective 1st April 2014

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE 1ST APRIL 2014.
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Ebixa (Clear Pharmacy) Film Coated Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Memantine)*	S1A	29.12	18792
Eklira Genuair Inhalation Powder 322 mcg. 60 Dose Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Aclidinium Bromide)*	S1B	37.26	18836
Forxiga Film Coated Tabs. 5 mg. 28 (A)	S1B	42.00	18921
Forxiga Film Coated Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Dapafliglozin)*	S1B	42.00	18954
Janumet (Lexon UK) Film Coated Tabs. 50 mg./1000 mg. 56 (A) *(Non-Proprietary Name Index: Metformin and Sitagliptin)*	S1B	40.74	19035
Neupro Transdermal (Lexon UK) Patches 4 mg./24 Hour 28 (A)	S1A	115.45	19300
Neupro Transdermal (Lexon UK) Patches 6 mg./24 Hour 28 (A)	S1A	139.32	19347
Neupro Transdermal (Lexon UK) Patches 8 mg./24 Hour 28 (A) *Code the number of patches dispensed* *(Non-Proprietary Name Index: Rotigotine)*	S1A	160.74	19369
Relvar Ellipta Inhalation Pdr. Pre-Dispensed 92 mcg./22 mcg. 30 Dose Pack 1 (A)	S1B	39.47	19732
Relvar Ellipta Inhalation Pdr. Pre-Dispensed 184 mcg./22 mcg. 30 Dose Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Vilanterol and Fluticasone Furoate)*	S1B	52.43	19758
Vimpat (Lexon UK) Film Coated Tabs. 100 mg. 14 (A)	S1B	23.79	19930
Vimpat (Lexon UK) Film Coated Tabs. 150 mg. 14 (A) *(Non-Proprietary Name Index: Lacosamide)*	S1B	33.46	19982

ADDITIONS TO LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST APRIL 2014
CLINICAL NUTRITIONAL PRODUCTS
ADDITIONS

HCU Anamix Junior LQ 125 ml. Bottles 36 (A) *Code the number of bottles dispensed*	333.83	81605
HCU Lophlex LQ 125 ml. Foil Pouch 30 (A) *Code the number of pouches dispensed*	517.48	81656
MSUD Lophlex LQ 125 ml. Foil Pouch 30 (A) *Code the number of pouches dispensed*	517.48	81851
PKU Lophlex Sensation 20 109 G. Pots 36 (A) *Code the number of pots dispensed*	382.47	81873
TYR Lophlex LQ 125 ml. Foil Pouch 30 (A) *Code the number of pouches dispensed*	517.48	81892

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
DELETIONS			
Amaryl (P.C.O. Mfg.) Tabs. 1 mg. 60 (A)			12803
Amaryl (P.C.O. Mfg.) Tabs. 2 mg. 30 (A)			12827
Amaryl (P.C.O. Mfg.) Tabs. 3 mg. 60 (A)			12891
Amaryl (P.C.O. Mfg.) Tabs. 4 mg. 30 (A)			12749
Asasantin Retard (P.C.O. Mfg.) Caps. 200 mg./25 mg. 60 (A)			13345
Betagan (P.C.O. Mfg.) Opth. Soln. 0.5 % 5 ml. (B)			14690
Betnovate (P.C.O. Mfg.) Scalp Application 50 ml. (B)			14821
Cardicor (P.C.O. Mfg.) Tabs. 7.5 mg. 28 (A)			17429
Cardicor (P.C.O. Mfg.) Tabs. 10 mg. 28 (A)			17430
Cilest (P.C.O. Mfg.) Tabs. 250 mcg./35 mg. 21 (A)			17625
Combivent (P.C.O. Mfg.) Metered Inhaler 200 Dose Aerosol 1 (A)			18437
Crestor (P.C.O. Mfg.) Tabs. 10 mg. 28 (A)			19105
Crestor (P.C.O. Mfg.) Tabs. 20 mg. 28 (A)			19114
Crestor (P.C.O. Mfg.) Tabs. 40 mg. 28 (A)			19140
Daonil (P.C.O. Mfg.) Tabs. 5 mg. 30 (A)			19731
Deltacortril Enteric (P.C.O. Mfg.) Tabs. 5 mg. 100 (A)			20234
Detrusitol (P.C.O. Mfg.) Tabs. 1 mg. 56 (A)			20434
Detrusitol (P.C.O. Mfg.) Tabs. 2 mg. 56 (A)			20452
Dilzem XL (P.C.O. Mfg.) Caps. 240 mg. 28 (A)			21713
Dovonex (P.C.O. Mfg.) Cream 30 G. (B)			22301
Dovonex (P.C.O. Mfg.) Oint. 30 G. (B)			22337
Dovonex (P.C.O. Mfg.) Scalp Soln. 30 ml. (B)			22386
Elantan LA 25 (P.C.O. Mfg.) Caps. 25 mg. 28 (A)			28220
Elantan LA 50 (P.C.O. Mfg.) Caps. 50 mg. 28 (A)			28221
Eltroxin (P.C.O. Mfg.) Tabs. 50 mcg. 28 (A)			23143
Eltroxin (P.C.O. Mfg.) Tabs. 100 mcg. 28 (A)			23168
Emcor (P.C.O. Mfg.) Tabs. 10 mg. 30 (A)			22545
Epanutin (P.C.O. Mfg. D.P.R.) Caps. 300 mg. 28 (A)			23527
Half-Inderal LA (P.C.O. Mfg.) Caps. 80 mg. 28 (A)			28980
Imdur (P.C.O Mfg.) Tabs. 60 mg. 28 (A)			28659
Inderal LA (P.C.O. Mfg.) Caps. 160 mg. 28 (A)			73620
Klacid LA (P.C.O. Mfg.) Tabs. 500 mg. 6 (A)			30009
Lipantil Micro 200 (P.C.O. Mfg.) Caps. 200 mg. 30 (A)			31683
Loavel Tabs. 1.25 mg. 28 (A)			31404
Loavel Tabs. 2.5 mg. 28 (A)			31418
Loavel Tabs. 5 mg. 28 (A)			31423
Loavel Tabs. 10 mg. 28 (A)			31434
Losec MUPS (P.C.O. Mfg.) Tabs. 10 mg. 30 (A)			32155
Losec MUPS (P.C.O. Mfg.) Tabs. 20 mg. 30 (A)			65344
Losec MUPS (P.C.O. Mfg.) Tabs. 40 mg. 15 (A)			65356
Lyrica (P.C.O. Mfg.) Caps. 50 mg. 84 (A)			32497
Lyrica (P.C.O. Mfg.) Caps. 75 mg. 56 (A)			32321
Lyrica (P.C.O. Mfg.) Caps. 100 mg. 84 (A)			32404
Macrodantin (P.C.O. Mfg.) Caps. 100 mg. 30 (A)			59680
Mycostatin (P.C.O. Mfg.) Oral Susp. 30 ml. (B)			60030
Nebilet (P.C.O. Mfg.) Tabs. 5 mg. 28 (A)			35620
Neoclarityn (P.C.O. Mfg.) Tabs. 5 mg. 30 (A)			35835
Nu-Seals (P.C.O. Mfg.) Aspirin Tabs. 75 mg. 56 (A)			37317
Nu-Seals (P.C.O. Mfg.) Aspirin Tabs. 300 mg. 100 (A)			37335
Pariet (P.C.O. Mfg.) Tabs. 10 mg. 28 (A)			38875
Pariet (P.C.O. Mfg.) Tabs. 20 mg. 28 (A)			73118
Premarin (P.C.O. Mfg.) Tabs. 0.625 mg. 28 (A)			67827
Premarin (P.C.O. Mfg.) Tabs. 0.625 mg. 84 (A)			67813
Provigil (P.C.O. Mfg.) Tabs. 100 mg. 30 (A)			44534
Provigil (P.C.O. Mfg.) Tabs. 200 mg. 30 (A)			44535
Risperdal (P.C.O. Mfg.) Tabs. 1 mg. 20 (A)			45290

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
DELETIONS			
Risperdal (P.C.O. Mfg.) Tabs. 1 mg. 60 (A)			45451
Risperdal (P.C.O. Mfg.) Tabs. 2 mg. 20 (A)			45425
Risperdal (P.C.O. Mfg.) Tabs. 2 mg. 60 (A)			45463
Risperdal (P.C.O. Mfg.) Tabs. 3 mg. 20 (A)			45446
Risperdal (P.C.O. Mfg.) Tabs. 4 mg. 20 (A)			44199
Selectol (P.C.O. Mfg.) Tabs. 200 mg. 28 (A)			45509
Selectol (P.C.O. Mfg.) Tabs. 400 mg. 28 (A)			45562
Seroquel (P.C.O. Mfg.) Tabs. 25 mg. 60 (A)			45981
Seroquel (P.C.O. Mfg.) Tabs. 300 mg. 60 (A)			45857
Solian (P.C.O. Mfg.) Tabs. 200 mg. 60 (A)			46717
Spiriva (McDowell Pharmaceuticals) Caps. Refill 18 mcg. 30 (A)			61459
Sporanox (P.C.O. Mfg.) Caps. 100 mg. 15 (A)			61434
Tegretol (P.C.O. Mfg.) Tabs. 200 mg. 50 (A)			67404
Tegretol Retard (P.C.O. Mfg.) Tabs. 400 mg. 30 (A)			49425
Teveten (P.C.O. Mfg.) Tabs. 400 mg. 28 (A)			49472
Vaniqa (P.C.O. Mfg.) Cream 11.5% 30 G. (B)			52306
Yasmin Tabs. 63 (A)			52988
Zestril (P.C.O. Mfg.) Tabs. 2.5 mg. 28 (A)			58496
Zocor (P.C.O. Mfg.) Tabs. 10 mg. 28 (A)			52126
Zocor (P.C.O. Mfg.) Tabs. 20 mg. 28 (A)			52138
Zocor (P.C.O. Mfg.) Tabs. 40 mg. 28 (A)			52236
Zovirax (P.C.O. Mfg.) Tabs. Disp. 800 mg. 35 (A)			52952
Zyban (P.C.O. Mfg.) Prolonged Release Tabs. 150 mg. 100 (A)			54172
Zyprexa Velotab (P.C.O. Mfg.) Tabs. 10 mg. 28 (A)			56095

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST APRIL 2014

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Opsumit Film Coated Tabs. 10 mg. 30 (A)	88038	Macitentan	2,855.98	Actelion Pharmaceuticals UK Ltd.	Allphar

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Copegus (P.C.O. Mfg.) Tabs. 200 mg. 168 (A)	88372	Ribavirin	P.C.O. Manufacturing Ltd.

Feidhmeannacht na Seirbhíse Sláinte
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Product Updates Notification
Effective 1st March 2014

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST MARCH 2014.
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Actelsar HCT Tabs. 40 mg./12.5 mg. 28 (A)	S1B	6.99	18132
Actelsar HCT Tabs. 80 mg./12.5 mg. 28 (A)	S1B	8.83	18765
Actelsar HCT Tabs. 80 mg./25 mg. 28 (A)	S1B	9.07	18943
(Non-Proprietary Name Index: Telmisartan and Diuretics)			
Bisoprolol (KRKA Pharma) Film Coated Tabs. 2.5 mg. 28 (A)	S1B	2.20	19324
Bisoprolol (KRKA Pharma) Film Coated Tabs. 5 mg. 28 (A)	S1B	2.87	19465
Bisoprolol (KRKA Pharma) Film Coated Tabs. 10 mg. 28 (A)	S1B	3.47	19530
(Non-Proprietary Name Index: Bisoprolol)			
Candesartan TEVA Tabs. 8 mg. 28 (A)	S1B	9.40	21306
Candesartan TEVA Tabs. 16 mg. 28 (A)	S1B	12.69	21498
(Non-Proprietary Name Index: Candesartan)			
Cerazette (P.C.O. Mfg.) Film Coated Tabs. 75 mcg. 28 (A)	S1B	6.04	30753
(Non-Proprietary Name Index: Desogestrel)			
Dovobet Oint. 50 mcg.G. + 0.5 mg./G. 30 G. (B)	S1A	20.50	31520
(Non-Proprietary Name Index: Calcipotriol, combinations)			
HYLO-TEAR Pres. Free Eye Drops 0.1% 7.5 ml. Pack 1 (A)		6.16	41536
HYLO-FORTE Pres. Free Eye Drops 0.2% 7.5 ml. Pack 1 (A)		6.72	41780
Code the number of packs dispensed			
(Non-Proprietary Name Index: Sodium Hyaluronate)			
Konverge (P.C.O. Mfg.) Film Coated Tabs. 20 mg./5 mg. 28 (A)	S1B	20.55	50421
Konverge (P.C.O. Mfg.) Film Coated Tabs. 40 mg./5 mg. 28 (A)	S1B	23.16	50790
Konverge (P.C.O. Mfg.) Film Coated Tabs. 40 mg./10 mg. 28 (A)	S1B	24.13	51384
(Non-Proprietary Name Index: Olmesartan Medoxomil and Amlodipine)			
Prolia (P.C.O. Mfg.) Soln. for Inj. in a Pre-filled Syringe 60 mg./ml. 1 ml. Pack 1 (A)	S1A	231.49	52697
Code the number of pre-filled packs dispensed			
(Non-Proprietary Name Index: Denosumab)			
Tolucombi Tabs. 40 mg./12.5 mg. 28 (A)	S1B	8.74	61075
Tolucombi Tabs. 80 mg./12.5 mg. 28 (A)	S1B	11.05	61132
Tolucombi Tabs. 80 mg./25 mg. 28 (A)	S1B	11.34	61453
(Non-Proprietary Name Index: Telmisartan and Diuretics)			
VitA-POS Pres. Free Eye Oint. 5 G. (B)		2.91	71020
(Non-Proprietary Name Index: Retinol)			

CORRECTION TO FEBRUARY 2014 UPDATE
CORRECTIONS UNDERLINED

Change	Irfirmacombi Film Coated Tabs. 150 mg./12.5 mg. 28 (A)	S1B	7.79	19630
To Read	Ifirmacombi Film Coated Tabs. 150 mg./12.5 mg. 28 (A)	S1B	7.79	19630
Change	Irfirmacombi Film Coated Tabs. 300 mg./12.5 mg. 28 (A)	S1B	10.81	19671
To Read	Ifirmacombi Film Coated Tabs. 300 mg./12.5 mg. 28 (A)	S1B	10.81	19671
Change	Irfirmacombi Film Coated Tabs. 300 mg./25 mg. 28 (A)	S1B	10.71	19723
To Read	Ifirmacombi Film Coated Tabs. 300 mg./25 mg. 28 (A)	S1B	10.71	19723

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
DELETIONS			
Amoxil Caps. 250 mg. 100 (A)			58319
Amoxil Caps. 500 mg. 21 (A)			67811
Amoxil Forte Syr. 250 mg./5 ml. 100 ml. (B)			91065
Betaloc Tabs. 50 mg. 100 (A)			67334
Betaloc Tabs. 100 mg. 100 (A)			67342
Ciprapine Tabs. 20 mg. 28 (A)			18473
Clonamox Caps. 250 mg. 100 (A)			17981
Clonamox Caps. 250 mg. 1000 (A)			17957
Clonamox Caps. 500 mg. 500 (A)			17973
Geramox Caps. 250 mg. 15 (A)			12138
Geramox Caps. 250 mg. 50 (A)			11983
Geramox Caps. 500 mg. 15 (A)			12181
Lansoprazole (Bentley) Caps. 15 mg. 28 (A)			63742
Lansoprazole (Bentley) Caps. 30 mg. 28 (A)			63764
Laxose Soln. 1 Litre (A)			31034
Metop Tabs. 50 mg. 100 (A)			30333
Metop Tabs. 100 mg. 100 (A)			30368
Microlite Tabs. 100 mcg./20 mcg. 63 (A)			34249
Omeprazole (Bentley) Caps. 10 mg. 28 (A)			37509
Omeprazole (Bentley) Caps. 20 mg. 28 (A)			37542
Omeprazole (Bentley) Caps. 40 mg. 14 (A)			37581
Topamax (G & A Licensing Ltd.) Tabs. 50 mg. 60 (A)			69857

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ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Esmya Tabs. 5 mg. 28 (A)	88109	Ulipristal	159.51	Gedeon Richter	Allphar

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Zavedos Inj. 10 mg. 1 (A)	88224	Idarubicin	Pfizer Healthcare Ireland

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ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
∗Blugral Film Coated Tabs. 25 mg. 4 (A)	S1A	11.30	18039
∗Blugral Film Coated Tabs. 50 mg. 4 (A)	S1A	13.18	18147
∗Blugral Film Coated Tabs. 100 mg. 4 (A)	S1A	16.01	18243
(Non-Proprietary Name Index: Sildenafil)			
Ifirmacombi Film Coated Tabs. 150 mg./12.5 mg. 28 (A)	S1B	7.79	19630
Ifirmacombi Film Coated Tabs. 300 mg./12.5 mg. 28 (A)	S1B	10.81	19671
Ifirmacombi Film Coated Tabs. 300 mg./25 mg. 28 (A)	S1B	10.71	19723
(Non-Proprietary Name Index: Irbesartan and Diuretics)			
Losartan/Hydrochlorothiazide (KRKA Pharma) Film Coated Tabs. 50 mg./12.5 mg. 28 (A)	S1B	9.40	23456
Losartan/Hydrochlorothiazide (KRKA Pharma) Film Coated Tabs. 100 mg./12.5 mg. 28 (A)	S1B	13.53	23710
Losartan/Hydrochlorothiazide (KRKA Pharma) Film Coated Tabs. 100 mg./25 mg. 28 (A)	S1B	16.28	23842
(Non-Proprietary Name Index: Losartan and Diuretics)			
Memantine (Clonmel) Film Coated Tabs. 10 mg. 28 (A)	S1A	21.45	30852
Memantine (Clonmel) Film Coated Tabs. 10 mg. 56 (A)	S1A	42.89	31123
(Non-Proprietary Name Index: Memantine)			
Oprymea Prolonged Release Tabs. 0.26 mg. 30 (A)	S1B	11.61	35820
Oprymea Prolonged Release Tabs. 0.52 mg. 30 (A)	S1B	26.04	35837
Oprymea Prolonged Release Tabs. 1.05 mg. 30 (A)	S1B	42.80	35849
Oprymea Prolonged Release Tabs. 2.1 mg. 30 (A)	S1B	75.52	35858
(Non-Proprietary Name Index: Pramipexole)			
Prindavam Tabs. 4 mg./1.25 mg. 30 (A)	S1B	7.14	37381
(Non-Proprietary Name Index: Perindropril & Diuretics)			
Simvastatin Teva Film Coated Tabs. 10 mg. 28 (A)	S1B	3.49	38230
Simvastatin Teva Film Coated Tabs. 20 mg. 28 (A)	S1B	5.92	38247
Simvastatin Teva Film Coated Tabs. 40 mg. 28 (A)	S1B	5.92	38256
(Non-Proprietary Name Index: Simvastatin)			
Tolura Tabs. 20 mg. 28 (A)	S1B	6.93	40258
Tolura Tabs. 40 mg. 28 (A)	S1B	8.22	40271
Tolura Tabs. 80 mg. 28 (A)	S1B	10.75	40288
(Non-Proprietary Name Index: Telmisartan)			
Trospium (Rowex) Film Coated Tabs. 20 mg. 60 (A)	S1B	10.65	53752
(Non-Proprietary Name Index: Trospium)			

**** Please Note:- Reimbursement Restrictions as per Circular PB285 Apply***

CHANGE TO JANUARY 2014 UPDATE DELETIONS
CHANGES UNDERLINED EFFECTIVE 1ST JANUARY 2014

Delete	Simvastatin (KRKA Pharma) Film Coated Tabs. 20 mg. 28	44336
Add	Simvastatin (KRKA Pharma) Film Coated Tabs. 20 mg. 28	44336

DELETIONS

Adalat LA (IPS Healthcare) Tabs. 20 mg. 28 (A)	56068
Adalat LA (IPS Healthcare) Tabs. 30 mg. 28 (A)	56069
Adalat LA (IPS Healthcare) Tabs. 60 mg. 28 (A)	56070
Amoxil Caps. 250 mg. 21 (A)	12083
Bellramil Caps. 2.5 mg 30 (A)	25780
Bellramil Caps. 5 mg. 30 (A)	14307
Bellramil Caps. 10 mg. 30 (A)	25792
Bellsert Tabs. 50 mg. 28 (A)	25101
Bellsert Tabs. 100 mg. 28 (A)	25137
By-Madol Caps. 50 mg. 100 (A)	15906
Cimeldene Tabs. 200 mg. 120 (A)	16616
Epanutin (IPS Healthcare) Caps. 100 mg. 84 (A)	23550
Epanutin (IPS Healthcare) Caps. 300 mg. 28 (A)	23551
Epanutin (IPS Healthcare) Susp. 30 mg./5 ml. 500 ml. (B)	23552
Implanon NXT (IPS Healthcare) Implant 68 mg. Pack 1 (A)	28865
Imuran (IPS Healthcare) Tabs. 25 mg. 100 (A)	84643
Imuran (IPS Healthcare) Tabs. 50 mg. 100 (A)	84644
Olanzapine (Accord Healthcare Ltd.) Film Coated Tabs. 20 mg. 28 (A)	42315
Simvastatin (IVAX) Tabs. 10 mg. 28 (A)	76311
Simvastatin (IVAX) Tabs. 20 mg. 28 (A)	76339
Simvastatin (IVAX) Tabs. 40 mg. 28 (A)	76380
Tambocor (IPS Healthcare) Tabs. 100 mg. 60 (A)	49008
Tetretol (IPS Healthcare) Tabs. 200 mg. 84 (A)	49403
Tegretol (IPS Healthcare) Tabs. 400 mg. 56 (A)	49404
Zestril (IPS Healthcare) Tabs. 5 mg. 28 (A)	58470
Zestril (IPS Healthcare) Tabs. 10 mg. 28 (A)	58471
Zestril (IPS Healthcare) Tabs. 20 mg. 28 (A)	58472

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ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Giotrif Film Coated Tabs. 20 mg. 28 (A)	88011	Afatinib	2,115.42	Boehringer Ingelheim Ltd.	Allphar
Giotrif Film Coated Tabs. 30 mg. 28 (A)	88028	Afatinib	2,115.42	Boehringer Ingelheim Ltd.	Allphar
Giotrif Film Coated Tabs. 40 mg. 28 (A)	88037	Afatinib	2,115.42	Boehringer Ingelheim Ltd.	Allphar
Giotrif Film Coated Tabs. 50 mg. 28 (A)	88108	Afatinib	2,115.42	Boehringer Ingelheim Ltd.	Allphar
Jakavi Tabs. 5 mg. 56 (A)	88170	Ruxolitinib	2,056.32	Novartis Ireland Ltd.	Movianto
Jakavi Tabs. 15 mg. 56 (A)	88182	Ruxolitinib	4,112.64	Novartis Ireland Ltd.	Movianto
Jakavi Tabs. 20 mg. 56 (A)	88289	Ruxolitinib	4,112.64	Novartis Ireland Ltd.	Movianto
Simponi Soln. for Inj. in Pre-filled Pen 100 mg./ml. 1 ml. 1 (A) *Code the number of pre-filled pens dispensed*	88331	Golimumab	1,085.40	MSD Ireland	United Drug

CHANGE TO JANUARY 2014 UPDATE ADDITIONS.					
CHANGES UNDERLINED EFFECTIVE 1ST JANUARY 2014					
Bosulif Film Coated Tabs. 500 mg. 28 (A)	88032	Bosutinib	4,740.28	Pfizer Healthcare Ire.	Pfizer Healthcare Ire.
Bosulif Film Coated Tabs. 500 mg. 28 (A)	88032	Bosutinib	4,740.58	Pfizer Healthcare Ire.	Pfizer Healthcare Ire.

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ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Actos (Lexon UK) Tabs. 45 mg. 28 (A) *(Non-Proprietary Name Index: Pioglitazone)*	S1B	26.96	15530
Co-Amoxiclav (Rowex) Tabs. 500 mg./125 mg. 21 (A) *(Non-Proprietary Name Index: Amoxicillin and Enzyme Inhibitor)*	S1A	3.79	15582
Co-Amoxiclav (Brown & Burk) Film Coated Tabs. 250 mg./125 mg. 21 (A)	S1A	2.99	15610
Co-Amoxiclav (Brown & Burk) Film Coated Tabs. 500 mg./125 mg. 21 (A)	S1A	3.78	15672
Co-Amoxiclav (Brown & Burk) Sugar Free Pdr. for Oral Susp. 400 mg./57 mg./5 ml. 30 ml. (B)	S1A	2.37	90132
Co-Amoxiclav (Brown & Burk) Sugar Free Pdr. for Oral Susp. 400 mg./57 mg./5 ml. 70 ml. (B) *(Non-Proprietary Name Index: Amoxicillin and Enzyme Inhibitor)*	S1A	4.46	90258
Crestor (iMED Healthcare Ltd.) Film Coated Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Rosuvastatin)*	S1B	17.30	15726
Cystrin Tabs. 3 mg. 56 (A)	S1B	9.69	15734
Cystrin Tabs. 5 mg. 84 (A) *(Non-Proprietary Name Index: Oxybutynin)*	S1B	14.54	15752
Detrusitol SR (iMED Healthcare Ltd.) Caps. 4 mg. 28 (A) *(Non-Proprietary Name Index: Tolterodine)*	S1B	20.94	16325
Dexketoprofen (Rowex) Film Coated Tabs. 25 mg. 50 (A) *(Non-Proprietary Name Index: Dexketoprofen)*	S1B	6.45	17532
Ebixa (iMED Healthcare Ltd.) Film Coated Tabs. 10 mg. 28 (A)	S1A	29.13	18691
Ebixa (iMED Healthcare Ltd.) Film Coated Tabs. 10 mg. 56 (A) *(Non-Proprietary Name Index: Memantine)*	S1A	58.23	18758
Jaydess Intrauterine Delivery System 13.5 mg. Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Plastic IUD with Progestogen)*	S1A	104.87	33478
Kentera (P.C.O. Mfg.) Transdermal Patch 3.9 mg./24 Hour 8 (A) *Code the number of patches dispensed* *(Non-Proprietary Name Index: Oxybutynin)*	S1B	36.80	21456
Keppra (Lexon UK) Film Coated Tabs. 1000 mg. 60 (A) *(Non-Proprietary Name Index: Levetiracetam)*	S1B	105.11	22863
Keral (P.C.O. Mfg.) Film Coated Tabs. 25 mg. 50 (A) *(Non-Proprietary Name Index: Dexketoprofen)*	S1B	12.50	22910
Lamictal (P.C.O. Mfg.) Tabs. Disp. 200 mg. 56 (A) *(Non-Proprietary Name Index: Lamotrigine)*	S1B	65.94	22973
Lantus (P.C.O. Mfg.) Soln. for Inj. 100 units/ml. 3 ml. 5 (A) *Code the number of pre-filled cartridges dispensed* *(Non-Proprietary Name Index: Insulin Glargine, Long-Acting)*	S1B	55.35	26953

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Levofloxacin (Bluefish) Film Coated Tabs. 250 mg. 10 (A)	S1A	11.22	27159
Levofloxacin (Bluefish) Film Coated Tabs. 500 mg. 10 (A) *(Non-Proprietary Name Index: Levofloxacin)*	S1A	16.26	27342
Lexapro (P.C.O. Mfg.) Film Coated Tabs. 15 mg. 28 (A) *(Non-Proprietary Name Index: Escitalopram)*	S1A	30.32	28574
Losartan and Hydrochlorothiazide (Bluefish) Film Coated Tabs. 50 mg./12.5 mg. 28 (A)	S1B	9.40	28912
Losartan and Hydrochlorothiazide (Bluefish) Film Coated Tabs. 100 mg./25 mg. 28 (A) *(Non-Proprietary Name Index: Losartan and Diuretics)*	S1B	16.28	29658
Lumigan (P.C.O. Mfg.) Eye Drops Soln. 0.3 mg./ml. 3 ml. (B) *(Non-Proprietary Name Index: Bimatoprost)*	S1A	14.42	15701
Lyrica (iMED Healthcare Ltd.) Hard Caps. 50 mg. 84 (A) *(Non-Proprietary Name Index: Pregabalin)*	S1A	76.78	35269
Lyrica (P.C.O. Mfg.) Hard Caps. 25 mg. 56 (A)	S1A	25.60	37136
Lyrica (P.C.O. Mfg.) Hard Caps. 200 mg. 84 (A) *(Non-Proprietary Name Index: Pregabalin)*	S1A	128.37	37537
Lyrinel XL (P.C.O. Mfg. D.P.R.) Tabs. 5 mg. 30 (A) *(Non-Proprietary Name Index: Oxybutynin)*	S1B	15.06	38073
Memantine (Ratiopharm) Film Coated Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Memantine)*	S1A	21.45	38102
Micardis Plus (iMED Healthcare Ltd.) Tabs. 80/12.5 mg. 28 (A) *(Non-Proprietary Name Index: Telmisartan and Diuretics)*	S1B	21.43	39320
Movicol Paed. (P.C.O. Mfg.) 6.9 G. Powder Sachets 30 (A) *Code the number of sachets dispensed* *(Non-Proprietary Name Index: Macrogol, Combinations)*		7.48	40589
Omesar (iMED Healthcare Ltd.) Film Coated Tabs. 20 mg. 28 (A)	S1B	16.92	40751
Omesar (iMED Healthcare Ltd.) Film Coated Tabs. 40 mg. 28 (A) *(Non-Proprietary Name Index: Olmesartan Medoxomil)*	S1B	20.57	40852
Omesar (P.C.O. Mfg.) Film Coated Tabs. 20 mg. 28 (A)	S1B	16.92	41857
Omesar (P.C.O. Mfg.) Film Coated Tabs. 40 mg. 28 (A) *(Non-Proprietary Name Index: Olmesartan Medoxomil)*	S1B	20.57	41978
Omesar Plus (P.C.O. Mfg.) Film Coated Tabs. 20 mg./12.5 mg. 28 (A) *(Non-Proprietary Name Index: Olmesartan Medoxomil and Diuretics)*	S1B	17.10	42103
Onbrez Breezhaler (P.C.O. Mfg.) Inhalation Pdr. 150 mcg. Hard Caps. 30 Complete Pack 1 (A)	S1A	32.18	42843
Onbrez Breezhaler (P.C.O. Mfg.) Inhalation Pdr. 300 mcg. Hard Caps. 30 Complete Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Indacaterol)*	S1A	34.91	42891
Onglyza (P.C.O. Mfg.) Film Coated Tabs. 5 mg. 28 (A) *(Non-Proprietary Name Index: Saxagliptin)*	S1B	37.98	42941

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Onglyza (P.C.O. Mfg.) Film Coated Tabs. 5 mg. 28 (A) *(Non-Proprietary Name Index: Saxagliptin)*	S1B	37.98	42941
Osteofos D3 (P.C.O. Mfg.) Sachets Pdr. for Oral Susp. 1200 mg./800 IU 30 (A) *Code the number of sachets dispensed* *(Non-Proprietary Name Index: Calcium Phosphate and Colecalciferol)*	S1B	7.69	43620
Palexia Film Coated Tabs. 100 mg. 28 (A) *(Non-Proprietary Name Index: Tapentadol)*	CD2	31.75	45752
PEGlax Pdr. for Oral Soln. 10 G. Sachets 50 (A) *Code the number of sachets dispensed* *(Non-Proprietary Name Index: Macrogol)*	S1B	17.55	45789
Pentasa (P.C.O. Mfg. D.P.R.) Sachets Prolonged Release Grans. 1 G. 50 (A) *Code the number of sachets dispensed* *(Non-Proprietary Name Index: Mesalazine)*	S1B	40.47	46820
Plaquenil (iMED Healthcare Ltd.) Film Coated Tabs. 200 mg. 60 (A) *(Non-Proprietary Name Index: Hydroxychloroquine)*	S1B	6.07	46837
Rasilez (P.C.O. Mfg.) Film Coated Tabs. 300 mg. 28 (A) *(Non-Proprietary Name Index: Aliskiren)*	S1B	25.78	48963
Rectogesic (iMED Healthcare Ltd. D.P.R.) Rectal Oint. 4 mg./G. 30 G. (B) *(Non-Proprietary Name Index: Glyceryl Trinitrate)*	S1B	45.10	49102
Regurin (P.C.O. Mfg.) Film Coated Tabs. 20 mg. 60 (A) *(Non-Proprietary Name Index: Trospium)*	S1B	29.68	49562
Reminyl XL (P.C.O. Mfg. D.P.R.) Caps. 16 mg. 28 (A) Reminyl XL (P.C.O. Mfg. D.P.R.) Caps. 24 mg. 28 (A) *(Non-Proprietary Name Index: Galantamine)*	S1A S1A	42.26 52.23	51208 51387
Renvela (P.C.O. Mfg.) Film Coated Tabs. 800 mg. 180 (A) *(Non-Proprietary Name Index: Sevelamer)*	S1A	187.63	51698
Requip Modutab (P.C.O. Mfg.) Prolonged Release Tabs. 8 mg. 28 (A) *(Non-Proprietary Name Index: Ropinirole)*	S1B	90.14	52761
Salazopyrin EN (iMED Healthcare Ltd.) Gastro-Resistant Tabs. 500 mg. 100 (A) *(Non-Proprietary Name Index: Sulfasalazine)*	S1B	9.74	52872
Seretide (iMED Healthcare Ltd.) Diskus 50 mcg./250 mcg. 60 Blisters Complete Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Salmeterol and Other Drugs for Obstructive Airway Diseases)*	S1B	40.96	53413
Seretide (P.C.O. Mfg.) Diskus 50 mcg./100 mcg. 60 Blisters Complete Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Salmeterol and Other Drugs for Obstructive Airway Diseases)*	S1B	30.48	54830
Seroquel (iMED Healthcare Ltd.) Film Coated Tabs. 100 mg. 60 (A) *(Non-Proprietary Name Index: Quetiapine)*	S1A	56.53	56874

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Seroquel XR (iMED Healthcare Ltd.) Prolonged Release Tabs. 50 mg. 60 (A)	S1A	62.86	60130
Seroquel XR (iMED Healthcare Ltd.) Prolonged Release Tabs. 300 mg. 60 (A)	S1A	163.25	60258
(Non-Proprietary Name Index: Quetiapine)			
Seroxat (LTT Pharma Ltd.) Film Coated Tabs. 30 mg. 30 (A)	S1A	10.90	60317
(Non-Proprietary Name Index: Paroxetine)			
Spiriva Combopack (iMED Healthcare Ltd.) 18 mcg. i.e. 1 Handihaler/30 Caps. 1 (A)	S1B	40.40	60453
Code the number of packs dispensed			
(Non-Proprietary Name Index: Tiotropium Bromide)			
Stalevo (iMED Healthcare Ltd.) Film Coated Tabs. 100 mg./25 mg./200 mg. 100 (A)	S1B	107.89	61530
(Non-Proprietary Name Index: Levodopa Decarboxylase Inhibitor and Comt Inhibitor)			
Symbicort Turbohaler (iMED Healthcare Ltd.) 200 mcg./6 mcg. 120 Dose Inhaler 1 (A)	S1B	48.61	61572
Code the number of inhalers dispensed			
(Non-Proprietary Name Index: Formoterol and Other Drugs for Obstructive Airway Diseases, Inhalants)			
Targaxan Film Coated Tabs. 550 mg. 56 (A)	S1A	283.40	61720
(Non-Proprietary Name Index: Rifaximin)			
Tefin Suppos. 75 mg. 10 (A)		4.55	61734
Tefin Suppos. 150 mg. 10 (A)		5.91	62983
(Non-Proprietary Name Index: Ibuprofen)			
Telmisartan (Rowex) Tabs. 20 mg. 28 (A)	S1B	6.93	63075
Telmisartan (Rowex) Tabs. 40 mg. 28 (A)	S1B	8.22	63289
Telmisartan (Rowex) Tabs. 80 mg. 28 (A)	S1B	10.75	63759
(Non-Proprietary Name Index: Telmisartan)			
Tevaquel XL Prolonged Release Tabs. 50 mg. 60 (A)	S1A	32.40	65982
Tevaquel XL Prolonged Release Tabs. 200 mg. 60 (A)	S1A	64.55	65997
Tevaquel XL Prolonged Release Tabs. 300 mg. 60 (A)	S1A	84.14	67832
Tevaquel XL Prolonged Release Tabs. 400 mg. 60 (A)	S1A	112.76	67965
(Non-Proprietary Name Index: Quetiapine)			
Tipol Suppos. 125 mg. 10 (A)		4.51	68183
Tipol Suppos. 250 mg. 10 (A)		4.72	68296
Tipol Suppos. 500 mg. 10 (A)		5.49	68472
Tipol Max Suppos. 1000 mg. 10 (A)		9.90	68534
(Non-Proprietary Name Index: Paracetamol)			
Ursofalk (iMED Healthcare Ltd.) Caps. 250 mg. 100 (A)	S1B	37.61	68561
(Non-Proprietary Name Index: Ursodeoxycholic Acid)			
Ursofalk (LTT Pharma Ltd.) Hard Caps. 250 mg. 100 (A)	S1B	22.56	68953
(Non-Proprietary Name Index: Ursodeoxycholic Acid)			
Vesitirim (iMED Healthcare Ltd.) Film Coated Tabs. 5 mg. 30 (A)	S1B	35.50	69103
Vesitirim (iMED Healthcare Ltd.) Film Coated Tabs. 10 mg. 30 (A)	S1B	46.23	69369
(Non-Proprietary Name Index: Solifenacin)			
Vesitirim (LTT Pharma Ltd.) Film Coated Tabs. 5 mg. 30 (A)	S1B	35.50	70521
(Non-Proprietary Name Index: Solifenacin)			
Xyzal (LTT Pharma) Film Coated Tabs. 5 mg. 30 (A)	S1B	5.26	70682
(Non-Proprietary Name Index: Levocetirizine)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Zithromax (iMED Healthcare Ltd.) Hard Caps. 250 mg. 6 (A) *(Non-Proprietary Name Index: Azithromycin)*	S1A	8.61	71148
Zofran (iMED Healthcare Ltd.) Film Coated Tabs. 4 mg. 10 (A) *(Non-Proprietary Name Index: Ondansetron)*	S1A	22.58	73893
Zomig Rapimelt (iMED Healthcare Ltd.) Orodispersible Tabs. 2.5 mg. 6 (A) *(Non-Proprietary Name Index: Zolmitriptan)*	S1B	15.33	76851
Zyclara Cream 3.75% Sachets 28 (A) *Code the number of sachets dispensed* *(Non-Proprietary Name Index: Imiquimod)*	S1B	130.39	78698

DELETIONS

Brufen Retard Tabs. 800 mg. 56	14478
Nicotinell Gum 4 mg. 24	34427
Opticrom SR Eye Drops 5 ml.	37796
Simvastatin (KRKA Pharma) Film Coated Tabs. 20 mg. 28	44336
Topamax (G & A Licensing Ltd.) Tabs. 25 mg. 60	69843
Vimpat Syrup 15 mg./ml. 200 ml.	49397
Zydol XL Tabs. 150 mg. 30	54220

ADDITIONS/DELETIONS TO LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST JANUARY 2014
CLINICAL NUTRITIONAL PRODUCTS
ADDITIONS

	€	
Ketocal 4:1 Liquid 200 ml. Pack 1 (A) *Code the number of packs dispensed*	4.48	81191

DELETIONS

Ketocal 237 ml. Pack 1 (A)	5.31	81412

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST JANUARY 2014

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Afinitor Tabs. 2.5 mg. 30 (A)	88009	Everolimus	1,298.43	Novartis Ireland Ltd.	Movianto
Bosulif Film Coated Tabs. 100 mg. 28 (A)	88107	Bosutinib	1,185.06	Pfizer Healthcare Ire.	Pfizer Healthcare Ire.
Bosulif Film Coated Tabs. 500 mg. 28 (A)	88032	Bosutinib	4,740.28	Pfizer Healthcare Ire.	Pfizer Healthcare Ire.
Capecitabine (Accord Healthcare Ltd.) Film Coated Tabs. 150 mg. 60 (A)	88097	Capecitabine	29.45	Accord Healthcare Ltd.	Medisource
Capecitabine (Accord Healthcare Ltd.) Film Coated Tabs. 500 mg. 120 (A)	88139	Capecitabine	195.40	Accord Healthcare Ltd.	Medisource
Firazyr Soln. for Inj. in Pre-filled Syringe 10 mg./ml. 3 ml. 1 (A) *Code the number of Pre-filled syringes dispensed*	88148	Icatibant	1,861.09	Shire Pharmaceuticals	Shire Pharmaceuticals
Lonquex Soln. for Inj. 6 mg. 1 (A) *Code the number of injections dispensed*	88171	Lipegfilgrastim	890.09	Teva Pharmaceuticals Ireland	United Drug
Pheburane Grans. 483 mg./G. 174 G. Pack 1 (A) *Code the number of packs dispensed*	88264	Sodium Phenylbutyrate	584.28	Lucane Pharma	Lucane Pharma

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st December 2013

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST DECEMBER 2013
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Anastrozole (Rowex) Film Coated Tabs. 1 mg. 28 (A) *(Non-Proprietary Name Index: Anastrozole)*	S1A	45.68	12960
Atovaquone/Proguanil Hydrochloride (Generics U.K.) Film Coated Tabs. 250 mg./ 100 mg. 12 (A) *(Non-Proprietary Name Index: Proguanil, Combinations)*	S1A	15.78	13718
Epipen Junior Soln. for Inj. in Pre-filled Pen 150 mcg. 1 (A)	S1A	32.35	15920
Epipen Junior Soln. for Inj. in Pre-filled Pen 150 mcg. 2 (A)	S1A	64.69	15928
Epipen Soln. for Inj. in Pre-filled Pen 300 mcg. 1 (A)	S1A	32.35	15943
Epipen Soln. for Inj. in Pre-filled Pen 300 mcg. 2 (A) *Code the number of pre-filled pens dispensed* *(Non-Proprietary Name Index: Epinephrine)*	S1A	64.69	15951
Mometasone (Rowex) Nasal Spray Susp. 50 mcg. 140 Dose (18 G.) Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Mometasone)*	S1A	4.99	23450
Quetex XR Prolonged Release Tabs. 50 mg. 60 (A) *(Non-Proprietary Name Index: Quetiapine)*	S1A	32.40	46021
Rabeprazole (KRKA Pharma) Gastro-Resistant Tabs. 10 mg. 28 (A)	S1B	9.02	73109
Rabeprazole (KRKA Pharma) Gastro-Resistant Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Rabeprazole)*	S1B	14.14	73110
Telmisartan (Actavis) Tabs. 20 mg. 28 (A)	S1B	6.93	64414
Telmisartan (Actavis) Tabs. 40 mg. 28 (A)	S1B	8.22	64415
Telmisartan (Actavis) Tabs. 80 mg. 28 (A) *(Non-Proprietary Name Index: Telmisartan)*	S1B	10.75	64416
Telmisartan (Clonmel) Film Coated Tabs. 20 mg. 28 (A)	S1B	6.93	64422
Telmisartan (Clonmel) Film Coated Tabs. 40 mg. 28 (A)	S1B	8.22	64423
Telmisartan (Clonmel) Film Coated Tabs. 80 mg. 28 (A) *(Non-Proprietary Name Index: Telmisartan)*	S1B	10.75	64424
Telmisartan Mylan (Gerard Labs.) Tabs. 20 mg. 28 (A)	S1B	6.93	64428
Telmisartan Mylan (Gerard Labs.) Tabs. 40 mg. 28 (A)	S1B	8.22	64429
Telmisartan Mylan (Gerard Labs.) Tabs. 80 mg. 28 (A) *(Non-Proprietary Name Index: Telmisartan)*	S1B	10.75	64430
Telmisartan TEVA Pharma Tabs. 20 mg. 28 (A)	S1B	6.93	64434
Telmisartan TEVA Pharma Tabs. 40 mg. 28 (A)	S1B	8.22	64435
Telmisartan TEVA Pharma Tabs. 80 mg. 28 (A) *(Non-Proprietary Name Index: Telmisartan)*	S1B	10.75	64436
Ultibro Breezhaler Inhalation Pdr. 85 mcg. + 43 mcg. Hard Caps 30 plus 1 Inhaler Complete Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Indacatero and Glycopyrronium Bromide)*	S1B	55.08	37690

DELETIONS

Actos (Polyfarma) Tabs. 30 mg. 28 (A)	10733
Arixtra Soln. for Inj. Pre-filled Syr. 1.5 mg./0.3 ml. 0.3 ml. 7 (A)	13192
Arixtra Pre-filled Syringe 2.5 mg./0.5 ml. 0.5 ml. 10 (A)	14218
Atorvastatin (Niche Generics) Film Coated Tabs. 10 mg. 28 (A)	41973
Atorvastatin (Niche Generics) Film Coated Tabs. 20 mg. 28 (A)	41974
Atorvastatin (Niche Generics) Film Coated Tabs. 40 mg. 28 (A)	41975
Intal Spincaps 112 (A)	18643
Nizoral (McDowell Pharmaceuticals) Shampoo 20 mg./G. 120 ml. (B)	76373
Proscar (McDowell Pharmaceuticals) Tabs. 5 mg. 28 (A)	42660
Protium (McDowell Pharmaceuticals) Tabs. 20 mg. 28 (A)	43553
Protium (McDowell Pharmaceuticals) Tabs. 40 mg. 28 (A)	43554
Prozac Weekly Caps. 90 mg. 4 (A)	28588
Rohypnol Tabs. 1 mg. 30 (A)	44423

CHANGE TO NOVEMBER 2013 UPDATE DELETIONS
CHANGES UNDERLINED EFFECIVE 1ST NOVEMBER 2013

Delete	Movox Tabs. 15 mg. 30 (A)	53652
Add	Movox Tabs. 15 mg. 30 (A)	53652

ADDITIONS/DELETIONS TO LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST DECEMBER 2013
CLINICAL NUTRITIONAL PRODUCTS
ADDITIONS

	€	
Nepro HP 220 ml. Pack 1 (A)	2.60	81186
Nepro HP 500 ml. Pack 1 (A)	6.64	81188

DELETIONS

Nepro 200 ml. Pack 1 (A)	81091
Nepro 500 ml. Pack 1 (A)	81185

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST DECEMBER 2013

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Capecitabine (Actavis) Film Coated Tabs. 150 mg. 60 (A)	88326	Capecitabine	29.45	Actavis Ireland	Allphar
Capecitabine (Actavis) Film Coated Tabs. 500 mg. 120 (A)	88346	Capecitabine	195.40	Actavis Ireland	Allphar
Capecitabine Sandoz Film Coated Tabs. 150 mg. 60 (A)	88349	Capecitabine	29.45	Rowex Ltd.	United Drug
Capecitabine Sandoz Film Coated Tabs. 500 mg. 120 (A)	88358	Capecitabine	195.40	Rowex Ltd.	United Drug

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st November 2013

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST NOVEMBER 2013
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Actos (Doncaster Ltd.) Tabs. 45 mg. 28 (A) *(Non-Proprietary Name Index: Pioglitazone)*	S1B	29.85	15590
Acular (Imbat Ltd.) Eye Drops Soln. 0.5% 5 ml. (B) *(Non-Proprietary Name Index: Ketorolac)*	S1B	5.41	13045
Arcoxia (Imbat Ltd.) Film Coated Tabs. 30 mg. 28 (A) *(Non-Proprietary Name Index: Etoricoxib)*	S1B	22.39	14239
Arcoxia (LTT Pharma Ltd.) Film Coated Tabs. 30 mg. 28 (A)	S1B	22.39	14235
Arcoxia (LTT Pharma Ltd.) Film Coated Tabs. 60 mg. 30 (A) *(Non-Proprietary Name Index: Etoricoxib)*	S1B	28.46	14236
Arcoxia (P.C.O. Mfg. D.P.R.) Tabs. 30 mg. 28 (A) *(Non-Proprietary Name Index: Etoricoxib)*	S1B	22.39	14260
Arimidex (Imbat Ltd.) Film Coated Tabs. 1 mg. 28 (A) *(Non-Proprietary Name Index: Anastrozole)*	S1A	55.99	12935
Augmentin-Duo (Imbat Ltd.) Susp. 400 mg./57 mg./5 ml. 35 ml. (B) *(Non-Proprietary Name Index:* Amoxicillin and Enzyme Inhibitor)	S1A	5.37	91115
Avamys (P.C.O. Mfg.) Nasal Spray Susp 27.5 mcg. 120 Dose Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Fluticasone Furoate)*	S1B	8.55	53645
Byetta (P.C.O. Mfg.) Soln. for Inj., Pre-filled Pen 5 mcg. 60 Dose Pack 1 (A)	S1A	93.24	47522
Byetta (P.C.O. Mfg.) Soln. for Inj., Pre-filled Pen 10 mcg. 60 Dose Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Exenatide)*	S1A	94.86	47523
Canesten HC (LTT Pharma Ltd.) Cream 30 G. (B) *(Non-Proprietary Name Index: Imidazole and Triazole Derivatives, Combinations)*	S1B	3.86	70223
Cardicor (P.C.O. Mfg.) Tabs. 7.5 mg. 28 (A)	S1B	4.21	17429
Cardicor (P.C.O. Mfg.) Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Bisoprolol)*	S1B	4.67	17430
Celluvisc (P.C.O. Mfg. D.P.R.) Eye Drop Soln. 0.5% 0.4 ml. Unit Dose 30 (A)		3.77	17082
Celluvisc (P.C.O. Mfg. D.P.R.) Eye Drop Soln. 1% 0.4 ml. Unit Dose 30 (A) *Code the number of vials dispensed* *(Non-Proprietary Name Index: Artificial Tears and Other Indifferent Preparations)*		7.14	17083
Clexane (P.C.O. Mfg.) Soln. for Inj. 100 mg./ml. 0.4 ml. 10 (A) *Code the number of injections dispensed* *(Non-Proprietary Name Index: Enoxaparin)*	S1A	39.98	17710
Colomycin (P.C.O. Mfg. D.P.R.) Inj. 1 MU 10 (A) *Code the number of injections dispensed* *(Non-Proprietary Name Index: Colistin)*	S1A	22.29	66030
Comtess (P.C.O. Mfg.) Tabs. 200 mg. 100 (A) *(Non-Proprietary Name Index: Entacapone)*	S1B	79.57	18230

Cosopt (iMED Healthcare Ltd.) Eye Drops Soln. 20 mg./ml. + 5 mg./ml. 5 ml. (B) *(Non-Proprietary Name Index: Timolol, Combinations)*	S1B	13.10	18510
Cosopt (LTT Pharma Ltd.) Eye Drops Soln. 20 mg./ml. + 5mg./ml. 5 ml. (B) *(Non-Proprietary Name Index: Timolol, Combinations)*	S1B	13.10	18515
Coversyl (LTT Pharma Ltd.) Arginine Film Coated Tabs. 5 mg. 30 (A)	S1B	10.05	68346
Coversyl (LTT Pharma Ltd.) Arginine Film Coated Tabs. 10 mg. 30 (A) *Non-Proprietary Name Index: Perindopril)*	S1B	16.42	68347
Cozaar Comp (Imbat Ltd.) Tabs. 50 mg./12.5 mg. 28 (A) *(Non-Proprietary Name Index: Losartan and Diuretics)*	S1B	10.29	19280
Creon 10,000 (Imbat Ltd.) Gastro-Resistant Caps. 100 (A) *(Non-Proprietary Name Index: Multienzymes (Lipase, Protease etc.))*	S1B	15.80	19117
Dermovate (LTT Pharma Ltd.) Scalp Applic. 100 ml. (B) *(Non-Proprietary Name Index: Clobetasol)*	S1B	12.03	64877
Desmotabs (P.C.O. Mfg.) Melt Tabs. 120 mcg. 30 (A) *(Non-Proprietary Name Index: Desmopressin)*	S1B	40.99	22007
Detrusitol (Imbat Ltd.) Film Coated Tabs. 1 mg. 56 (A) *(Non-Proprietary Name Index: Tolterodine)*	S1B	33.02	20469
Dianette (iMED Healthcare Ltd.) Film Coated Tabs. 21 (A) *(Non-Proprietary Name Index: Cyproterone and Estrogen)*	S1A	5.21	20710
Ditropan (P.C.O. Mfg.) Tabs. 5 mg. 84 (A) *(Non-Proprietary Name Index: Oxybutynin)*	S1B	15.10	21541
Efient (P.C.O. Mfg.) Film Coated Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Prasugrel)*	S1B	51.20	13809
Elocon (P.C.O. Mfg.) Cream 0.1% 30 G. (B) *(Non-Proprietary Name Index: Mometasone)*	S1B	4.80	23440
Elocon (P.C.O. Mfg.) Oint 0.1% 30 G. (B) *(Non-Proprietary Name Index: Mometasone)*	S1B	4.80	23447
Eplerenone (Actavis) Film Coated Tabs. 25 mg. 30 (A)	S1B	32.40	30530
Eplerenone (Actavis) Film Coated Tabs. 50 mg. 30 (A) *(Non-Proprietary Name Index: Eplerenone)*	S1B	32.40	30531
Exelon (BR Lewis Pharmaceuticals) Caps. 6 mg. 56 (A) *(Non-Proprietary Name Index: Rivastigmine)*	S1A	46.94	24410
Exelon Transdermal (P.C.O. Mfg.) Patch 4.6 mg./24 Hour 30 (A)	S1A	83.68	24490
Exelon Transdermal (P.C.O. Mfg.) Patch 9.5 mg./24 Hour 30 (A) *Code the number of patches dispensed* *(Non-Proprietary Name Index: Rivastigmine)*	S1A	85.96	24491
Exforge (iMED Healthcare Ltd.) Film Coated Tabs. 5 mg./160 mg. 28 (A)	S1B	23.82	32627
Exforge (iMED Healthcare Ltd.) Film Coated Tabs. 10 mg./160 mg. 28 (A) *(Non-Proprietary Name Index: Valsartan and Amlodipine)*	S1B	25.30	32628
Exforge (P.C.O. Mfg.) Film Coated Tabs. 5 mg./80 mg. 28 (A)	S1B	19.04	32661
Exforge (P.C.O. Mfg.) Film Coated Tabs. 5 mg./160 mg. 28 (A)	S1B	23.82	32662
Exforge (P.C.O. Mfg.) Film Coated Tabs. 10 mg./160 mg. 28 (A) *(Non-Proprietary Name Index: Valsartan and Amlodipine)*	S1B	25.30	32663

ExforgeHCT (P.C.O. Mfg.) Film Coated Tabs. 5 mg./160 mg./12.5 mg. 28 (A)	S1B	26.16	14578
ExforgeHCT (P.C.O. Mfg.) Film Coated Tabs. 10 mg./160 mg./12.5 mg. 28 (A)	S1B	27.67	14579
Non-Proprietary Name Index: Valsartan, Amlodipine and Hydrochlorothiazide)			
Folic Acid (Clonmel) Tabs. 5 mg. 56 (A)	S1B	1.58	25805
(Non-Proprietary Name Index: Folic Acid)			
Fosavance (iMED Healthcare Ltd.) Tabs. 70 mg./5600 IU 4 (A)	S1B	19.62	75212
Non-Proprietary Name Index: Alendronic Acid and Colecalciferol)			
Ganfort (P.C.O. Mfg.) Eye Drops, Soln. 300 mcg./ml. + 5 mg./ml. 3 ml. (B)	S1A	16.96	27520
(Non-Proprietary Name Index: Timolol, Combinations)			
Ideos (LTT Pharma Ltd.) Chewable Tabs. 500 mg./400 IU 60 (A)		7.78	28905
(Non-Proprietary Name Index: Calcium Carbonate and Colecalciferol)			
Invega (P.C.O. Mfg.) Prolonged Release Tabs. 6 mg. 28 (A)	S1A	117.66	29205
Non-Proprietary Name Index: Paliperidone)			
Irprezide Film Coated Tabs. 150 mg./12.5 mg. 28 (A)	S1B	7.79	54390
Irprezide Film Coated Tabs. 300 mg./12.5 mg. 28 (A)	S1B	10.81	54391
Irprezide Film Coated Tabs. 300 mg./25 mg. 28 (A)	S1B	10.71	54392
(Non-Proprietary Name Index: Irbesartan and Diuretics)			
Ixprim (Imbat Ltd.) Tabs. 37.5 mg./325 mg. 60 (A)	S1A	13.81	29012
(Non-Proprietary Name Index: Tramadol, Combinations)			
Ixprim (iMED Healthcare Ltd.) Tabs. 37.5 mg./325 mg. 60 (A)	S1A	13.81	29022
(Non-Proprietary Name Index: Tramadol, Combinations)			
Janumet (P.C.O. Mfg.) Tabs. 50 mg./850 mg. 56 (A)	S1B	40.58	29710
(Non-Proprietary Name Index: Metformin and Sitagliptin)			
Keppra (iMED Healthcare Ltd.) Tabs. 500 mg. 60 (A)	S1B	57.65	51429
(Non-Proprietary Name Index: Levetiracetam)			
Lamictal (Imbat Ltd.) Tabs. Disp/Chewable 50 mg. 56 (A)	S1B	19.90	39220
Lamictal (Imbat Ltd.) Tabs. Disp/Chewable 100 mg. 56 (A)	S1B	44.10	39221
Lamictal (Imbat Ltd.) Tabs. Disp/Chewable 200 mg. 56 (A)	S1B	65.94	39222
(Non-Proprietary Name Index: Lamotrigine)			
Lamictal (iMED Healthcare Ltd.) Tabs. Disp/Chewable 50 mg. 56 (A)	S1B	19.90	39229
Lamictal (iMED Healthcare Ltd.) Tabs. Disp/Chewable 100 mg. 56 (A)	S1B	44.10	39230
Lamictal (iMED Healthcare Ltd.) Tabs. Disp/Chewable 200 mg. 56 (A)	S1B	65.94	39231
(Non-Proprietary Name Index: Lamotrigine)			
Lamictal (LTT Pharma Ltd.) Tabs. 200 mg. 56 (A)	S1B	92.31	39235
(Non-Proprietary Name Index: Lamotrigine)			
Lexapro (iMED Healthcare Ltd.) Film Coated Tabs. 15 mg. 28 (A)	S1A	30.32	31320
(Non-Proprietary Name Index: Escitalopram)			
Logynon (iMED Healthcare Ltd.) Tabs. 21 (A)	S1B	3.89	77505
(Non-Proprietary Name Index: Levonorgestrel and Estrogen)			
Mezavant XL (Imbat Ltd.) Gastro-Resistant Prolonged Release Tabs. 1200 mg. 60 (A)	S1B	61.81	44018
(Non-Proprietary Name Index: Mesalazine)			
Minox (Imbat Ltd.) Film Coated Tabs. 50 mg. 100 (A)	S1A	31.38	34406
(Non-Proprietary Name Index: Minocycline)			

Neupro Transdermal (Doncaster Ltd.) Patches 2 mg./24 Hour 28 (A)	S1A	103.46	37910
Neupro Transdermal (Doncaster Ltd.) Patches 4 mg./24 Hour 28 (A)	S1A	115.45	37911
Neupro Transdermal (Doncaster Ltd.) Patches 6 mg./24 Hour 28 (A)	S1A	139.32	37912
Neupro Transdermal (Doncaster Ltd.) Patches 8 mg./24 Hour 28 (A)	S1A	160.30	37913
Code the number of patches dispensed			
(Non-Proprietary Name Index: Rotigotine)			
Noctamid (Imbat Ltd.) Tabs. 1 mg. 30 (A)	S1A	3.68	36808
(Non-Proprietary Name Index: Lormetazepam)			
Omeprazole (Bluefish) Gastro-Resistant Caps. 10 mg. 28 (A)	S1B	7.40	36513
(Non-Proprietary Name Index: Omeprazole)			
Omesar (Imbat Ltd.) Film Coated Tabs. 40 mg. 28 (A)	S1B	20.57	37620
(Non-Proprietary Name Index: Olmesartan Medoxomil)			
Osteofos D3 (Imbat Ltd.) Sachets Pdr. for Oral Susp. 1200 mg./800 IU 30 (A)	S1B	7.69	69805
Code the number of sachets dispensed			
(Non-Proprietary Name Index: Calcium Phosphate and Colecalciferol)			
Proscar (LTT Pharma Ltd.) Film Coated Tabs. 5 mg. 28 (A)	S1A	11.64	42605
(Non-Proprietary Name Index: Finasteride)			
Prosentio Tabs. 100 mg. 30 (A)	S1A	29.26	44517
Prosentio Tabs. 200 mg. 30 (A)	S1A	58.56	45518
(Non-Proprietary Name Index: Modafinil)			
Protopic (Doncaster Ltd.) Oint 0.03% 30 G. (B)	S1A	26.32	66306
(Non-Proprietary Name Index: Tacrolimus)			
Protopic (Doncaster Ltd.) Oint. 0.1% 30 G. (B)	S1A	29.30	66310
(Non-Proprietary Name Index: Tacrolimus)			
Regurin (LTT Pharma Ltd.) Film Coated Tabs. 20 mg. 60 (A)	S1B	28.79	43410
(Non-Proprietary Name Index: Trospium)			
Selectol (LTT Pharma Ltd.) Tabs. 200 mg. 28 (A)	S1B	12.01	45516
Selectol (LTT Pharma Ltd.) Tabs. 400 mg. 28 (A)	S1B	15.83	45517
(Non-Proprietary Name Index: Celiprolol)			
Seretide Diskus (Imbat Ltd.) 50 mcg./100 mcg. 60 Blisters Complete 1 (A)	S1B	30.48	72803
Code the number of packs dispensed			
(Non-Proprietary Name Index: Salmeterol and other Drugs for Obstructive Airway Diseases)			
Seretide Diskus (LTT Pharma Ltd.) 50 mcg./250 mcg. 60 Blisters Complete 1 (A)	S1B	40.96	72805
Code the number of packs dispensed			
(Non-Proprietary Name Index: Salmeterol and other Drugs for Obstructive Airway Diseases)			
Seroxat (LTT Pharma Ltd.) Tabs. 20 mg. 30 (A)	S1A	7.26	45206
(Non-Proprietary Name Index: Paroxetine)			
Sinemet (Eurodrug Ltd. D.P.R.) Prolonged Release Tabs. 12.5 mg. + 50 mg. 90 (A)	S1B	9.01	46105
(Non-Proprietary Name Index: Levodopa and Decarboxylase Inhibitor)			
Sinemet-Plus (LTT Pharma Ltd.) Tabs. 90 (A)	S1B	10.97	46116
(Non-Proprietary Name Index: Levodopa and Decarboxylase Inhibitor)			
Spasmonal (LTT Pharma Ltd.) Caps. 60 mg. 100 (A)	S1B	13.45	46704
(Non-Proprietary Name Index: Alverine)			

Spasmonal Forte (LTT Pharma Ltd.) Caps. 120 mg. 60 (A) *(Non-Proprietary Name Index: Alverine)*	S1B	16.15	46710
Sporanox (LTT Pharma Ltd.) Caps. 100 mg. 15 (A) *(Non-Proprietary Name Index: Itraconazole)*	S1B	10.37	61411
Stalevo (Doncaster Ltd.) Tabs. 75/18.75/200 mg. 100 (A) *(Non-Proprietary Name Index: Levodopa, Decarboxylase Inhibitor and Comt Inhibitor)*	S1B	107.90	62505
Symbicort Turbohaler (Imbat Ltd.) 100 mcg./6 mcg. 120 Dose Inhaler 1 (A) *Code the number of Inhalers dispensed* *(Non-Proprietary Name Index: Formoterol and other Drugs for Obstructive Airways Diseases, Inhalants)*	S1B	42.17	36910
Tetralysal 300 (Imbat Ltd.) Caps. 28 (A) *(Non-Proprietary Name Index: Lymecycline)*	S1A	8.25	78308
Teveten (LTT Pharma Ltd.) Film Coated Tabs. 400 mg. 56 (A)	S1B	22.66	49502
Teveten (LTT Pharma Ltd.) Film Coated Tabs. 600 mg. 28 (A) *(Non-Proprietary Name Index: Eprosartan)*	S1B	16.97	49503
Toviaz (Doncaster Ltd.) Prolonged Release Tabs. 4 mg. 28 (A)	S1A	35.61	47505
Toviaz (Doncaster Ltd.) Prolonged Release Tabs. 8 mg. 28 (A) *(Non-Proprietary Name Index: Fesoteridine)*	S1A	40.22	47506
Trospium Chloride (Auden Mckenzie (Pharma Division Ltd.)) Film Coated Tabs. 20 mg. 60 (A) *(Non-Proprietary Name Index: Trospium)*	S1B	21.30	43707
Valdoxan (Doncaster Ltd.) Tabs. 25 mg. 28 (A) *(Non-Proprietary Name Index: Agomelatine)*	S1A	39.07	51206
Ventolin Evohaler (LTT Pharma Ltd.) 100 mcg. 200 Dose Aerosol 1 (A) *Code the number of aerosols dispensed* *(Non-Proprietary Name Index: Salbutamol)*	S1B	3.10	52005
Vermox (LTT Pharma Ltd.) Oral Susp. 100 mg./5 ml. 30 ml. (B) *(Non-Proprietary Name Index: Mebendazole)*		2.21	73906
Vermox (LTT Pharma Ltd.) Tabs. 100 mg. 6 (A) *(Non-Proprietary Name Index: Mebendazole)*		1.92	73914
Versatis (LTT Pharma Ltd.) Medicated Plasters 5 % 30 (A) *(Non-Proprietary Name Index: Lidocaine)*	S1B	91.14	13096
Vimpat (Doncaster Ltd.) Film Coated Tabs. 50 mg. 14 (A)	S1B	11.99	49374
Vimpat (Doncaster Ltd.) Film Coated Tabs. 100 mg. 14 (A)	S1B	23.79	49375
Vimpat (Doncaster Ltd.) Film Coated Tabs. 150 mg. 14 (A) *(Non-Proprietary Name Index: Lacosamide)*	S1B	33.46	49376
Xarelto (Doncaster Ltd.) Tabs. 10 mg. 10 (A)	S1B	22.11	53356
Xarelto (Doncaster Ltd.) Tabs. 10 mg. 30 (A) *(Non-Proprietary Name Index: Rivaroxaban)* *Approved as a second line therapy in circumstances where warfarin may not be appropriate.*	S1B	66.31	53357
Xatral (LTT Pharma Ltd.) Prolonged Release Tabs. 10 mg. 30 (A) *(Non-Proprietary Name Index: Alfuzosin)*	S1B	19.52	53512
Zanidip (LTT Pharma Ltd.) Tabs. 10 mg. 28 (A)	S1B	6.87	63817
Zanidip (LTT Pharma Ltd.) Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Lercanidipine)*	S1B	11.22	63818

Zantac (LTT Pharma Ltd.) Tabs. 150 mg. 60 (A)	S1B	10.84	55702
Zantac (LTT Pharma Ltd.) Tabs. 300 mg. 30 (A)	S1B	9.99	55703
(Non-Proprietary Name Index: Ranitidine)			
Zestoretic (LTT Pharma Ltd.) Tabs. 10 mg./12.5 mg. 28 (A)	S1B	4.72	52207
Zestoretic (LTT Pharma Ltd.) Tabs. 20 mg./12.5 mg. 28 (A)	S1B	5.41	52208
(Non-Proprietary Name Index: Lisinopril and Diuretics)			
Zestril (LTT Pharma Ltd.) Tabs. 5 mg. 28 (A)	S1B	3.82	58410
Zestril (LTT Pharma Ltd.) Tabs. 20 mg. 28 (A)	S1B	5.41	58411
(Non-Proprietary Name Index: Lisinopril)			
Zineryt (Imbat Ltd.) Pdr. & Solv. for Soln. 40 mg./12 mg./ml. 30 ml. (B)	S1A	9.01	91910
(Non-Proprietary Name Index: Erythromycin, Combinations)			
Zonegran (BR Lewis Pharmaceuticals) Caps. 25 mg. 14 (A)	S1B	9.63	74805
(Non-Proprietary Name Index: Zonisamide)			

PREPARATION TO BE ADDED TO LIST OF APPROVED DRUGS TO BE DISPENSED UNDER THE METHADONE TREATMENT SCHEME EFFECTIVE 1ST NOVEMBER 2013

Add	Methadone Hydrochloride (Rowex) Oral Soln. 1 mg./1 ml. 500 ml. (B)	CD2	11.66	46115
	(Non-Proprietary Name Index: Methadone)			

DELETIONS

Actos (Polyfarma) Tabs. 15 mg. 28 (A)	10708
Aldactide Tabs. 25 mg. 100 (A)	11029
Doxel Prolonged Release Tabs. 4 mg. 28 (A)	68982
Hay-Crom Aqueous Eye Drops 13.5 ml. Pack 1 (A)	27577
Movox Tabs. 7.5 mg. 30 (A)	53607
Movox Tabs. 15 mg. 30 (A)	53652
Myostin Tabs. 5 mg. 28 (A)	35324
Myostin Tabs. 10 mg. 28 (A)	35392
Nizoral (B & S Healthcare) Shampoo 120 ml. (B)	32283

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST NOVEMBER 2013

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Colobreathe 1,662,500 IU Inhalation Powder, Hard Caps 56 (A)	88254	Colistin	1,300.00	Forest Labs.	Allphar

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st October 2013

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST OCTOBER 2013
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Acerycal (iMED Healthcare Ltd.) Tabs. 5 mg./5 mg. 30 (A)	S1B	15.79	13580
Acerycal (iMED Healthcare Ltd.) Tabs. 5 mg./10 mg. 30 (A)	S1B	17.53	13581
Acerycal (iMED Healthcare Ltd.) Tabs. 10 mg./5 mg. 30 (A)	S1B	22.82	13582
Acerycal (iMED Healthcare Ltd.) Tabs. 10 mg./10 mg. 30 (A)	S1B	24.09	13583
(Non-Proprietary Name Index: Perindopril and Amlodipine)			
Adalat LA (iMED Healthcare Ltd.) Tabs. 20 mg. 28 (A)	S1B	9.64	56335
Adalat LA (iMED Healthcare Ltd.) Tabs. 30 mg. 28 (A)	S1B	12.41	56336
Adalat LA (iMED Healthcare Ltd.) Tabs. 60 mg. 28 (A)	S1B	18.45	56337
(Non-Proprietary Name Index: Nifedipine)			
Adalat LA (LTT Pharma) Tabs. 30 mg. 28 (A)	S1B	12.41	56355
(Non-Proprietary Name Index: Nifedipine)			
Arcoxia (Clear Pharmacy D.P.R.) Film Coated Tabs. 120 mg. 28 (A)	S1B	29.69	14288
(Non-Proprietary Name Index: Etoricoxib)			
Arcoxia (iMED Healthcare Ltd. D.P.R.) Film Coated Tabs. 60 mg. 28 (A)	S1B	26.56	14294
(Non-Proprietary Name Index: Etoricoxib)			
Atacand Plus (iMED Healthcare Ltd.) Tabs. 16 mg./12.5 mg. 28 (A)	S1B	15.54	15437
(Non-Proprietary Name Index: Candesartan and Diuretics)			
Augmentin-Duo (iMED Healthcare Ltd.) Susp. 400 mg./57 mg./5 ml. 35 ml. (B)	S1A	5.37	91132
Augmentin-Duo (iMED Healthcare Ltd.) Susp. 400 mg./57 mg./5 ml. 70 ml. (B)	S1A	8.16	91134
(Non-Proprietary Name Index: Amoxicillin and Enzyme Inhibitor)			
Avamys (iMED Healthcare Ltd.) Nasal Spray Susp. 27.5 mcg. 120 Dose Pack 1 (A)	S1B	8.55	53625
Code the number of packs dispensed			
(Non-Proprietary Name Index: Fluticasone Furoate)			
Calcichew-D3 Forte (iMED Healthcare Ltd. D.P.R.) Tabs. 500 mg. 100 (A)		8.88	15805
(Non-Proprietary Name Index: Calcium Carbonate and Colecalciferol)			
Canesten HC (iMED Healthcare Ltd.) Cream 30 G. (B)	S1B	3.86	70220
(Non-Proprietary Name Index: Imidazole and Triazole Derivatives, Combinations)			
Celluvisc (iMED Healthcare Ltd. D.P.R.) Eye Drop Soln. 1% 0.4 ml. Unit Dose 60 (A)		14.26	17010
Code the number of vials dispensed			
(Non-Proprietary Name Index: Artificial Tears and Other Indifferent Preparations)			
Champix (iMED Healthcare Ltd.) Tabs. 1 mg. 56 (A)	S1B	76.68	34608
(Non-Proprietary Name Index: Varenicline)			
Cialis (Doncaster Ltd.) Tabs. 10 mg. 4 (A)	S1A	25.30	17580
(Non-Proprietary Name Index: Tadalafil)			
Please note:- Reimbursement Restrictions as per Circular PB383 Apply			
Co-Diovan (iMED Healthcare Ltd.) Film Coated Tabs. 80 mg./12.5 mg. 28 (A)	S1B	11.19	18750
Co-Diovan (iMED Healthcare Ltd.) Film Coated Tabs. 160 mg./12.5 mg. 28 (A)	S1B	15.00	18751
Co-Diovan (iMED Healthcare Ltd.) Film Coated Tabs. 160 mg./25 mg. 28 (A)	S1B	15.28	18752
(Non-Proprietary Name Index: Valsartan and Diuretics)			

Combodart (iMED Healthcare Ltd.) Caps. 0.5 mg./0.4 mg. 30 (A) *(Non-Proprietary Name Index: Tamsulosin and Dutasteride)*	S1A	24.00	13905
Cymbalta (Doncaster Ltd.) Caps. 30 mg. 28 (A) *(Non-Proprietary Name Index: Duloxetine)*	S1A	21.48	21006
Exforge (Doncaster Ltd.) Tabs. 5 mg./160 mg. 28 (A) *(Non-Proprietary Name Index: Valsartan and Amlodipine)*	S1B	23.82	32651
Flotros (Eurodrug Ltd. D.P.R.) Film Coated Tabs. 20 mg. 60 (A) *(Non-Proprietary Name Index: Trospium)*	S1B	20.66	43750
Fosavance (Doncaster Ltd.) Tabs. 70 mg./5600 iu 4 (A) *(Non-Proprietary Name Index: Alendronic Acid and Colecalciferol)*	S1B	19.62	75315
Fosavance (P.C.O. Mfg.) Tabs. 70 mg./5600 iu 4 (A) *(Non-Proprietary Name Index: Alendronic Acid and Colecalciferol)*	S1B	19.62	75318
Fycompa Film Coated Tabs. 2 mg. 7 (A)	S1B	44.23	43760
Fycompa Film Coated Tabs. 4 mg. 28 (A)	S1B	176.90	43761
Fycompa Film Coated Tabs. 6 mg. 28 (A)	S1B	176.90	43762
Fycompa Film Coated Tabs. 8 mg. 28 (A)	S1B	176.90	43763
Fycompa Film Coated Tabs. 10 mg. 28 (A)	S1B	176.90	43764
Fycompa Film Coated Tabs. 12 mg. 28 (A) *(Non-Proprietary Name Index: Perampanel)*	S1B	176.90	43765
Istin (LTT Pharma) Tabs. 5 mg. 28 (A)	S1B	5.79	29185
Istin (LTT Pharma) Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Amlodipine)*	S1B	8.65	29186
Ixprim (P.C.O. Mfg.) Tabs. 37.5 mg./325 mg. 60 (A) *(Non-Proprietary Name Index: Tramadol, Combinations)*	S1A	13.81	29005
Janumet (P.C.O. Mfg.) Tabs. 50 mg./1000 mg. 56 (A) *(Non-Proprietary Name Index: Metformin and Sitagliptin)*	S1B	40.74	29705
Januvia (P.C.O. Mfg.) Tabs. 100 mg. 28 (A) *(Non-Proprietary Name Index: Sitagliptin)*	S1B	39.01	29720
Keflex (Imbat Ltd.) Hard Caps. 250 mg. 28 (A) *(Non-Proprietary Name Index: Cefalexin)*	S1A	3.56	58445
Kentera (Doncaster Ltd.) Transdermal Patch 3.9 mg./24 hour 8 (A) *Code the number of patches dispensed* *(Non-Proprietary Name Index: Oxybutynin)*	S1B	36.80	30276
Keppra (Doncaster Ltd.) Oral Soln. 100 mg./ml. 300 ml. (B) *(Non-Proprietary Name Index: Levetiracetam)*	S1B	77.53	30290
Lamisil (Imbat Ltd.) Cream 15 G. (B) *(Non-Proprietary Name Index: Terbinafine (Topical))*	S1B	5.54	31013
Lantus SoloStar (P.C.O. Mfg.) Soln. for Inj. 100 units/ml. 3 ml. 5 (A) *Code the number of pre-filled pens dispensed* *(Non-Proprietary Name Index: Insulin Glargine, Long-Acting)*	S1B	55.28	69207
Lescol XL (LTT Pharma) Tabs. 80 mg. 28 (A) *(Non-Proprietary Name Index: Fluvastatin)*	S1B	8.00	77106
Levemir (P.C.O. Mfg.) Penfill Cartridge 100 units/ml. 3 ml. 5 (A) *Code the number of cartridges dispensed* *(Non-Proprietary Name Index: Insulin Detemir, Long-Acting)*	S1B	54.87	63005

Levemir (P.C.O. Mfg.) Flexpen Pre-Filled Pen 100 units/ml. 3 ml. 5 (A) *Code the number of pre-filled pens dispensed* *(Non-Proprietary Name Index: Insulin Detemir, Long-Acting)*	S1B	57.04	63015
Loceryl (LTT Pharma) Nail Lacquer 5 ml. (B) *(Non-Proprietary Name Index: Amorolfine)*	S1B	27.49	31450
Lyrica (Doncaster Ltd.) Caps. 200 mg. 84 (A)	S1A	128.37	53134
Lyrica (Doncaster Ltd.) Caps. 300 mg. 56 (A) *(Non-Proprietary Name Index: Pregabalin)*	S1A	85.58	53135
Lyrica (Lexon UK) Caps. 25 mg. 56 (A)	S1A	25.60	53150
Lyrica (Lexon UK) Caps. 200 mg. 84 (A) *(Non-Proprietary Name Index: Pregabalin)*	S1A	128.37	53151
Lyrinel XL (Eurodrug Ltd. D.P.R.) Tabs. 5 mg. 30 (A) *(Non-Proprietary Name Index: Oxybutynin)*	S1B	15.06	32383
Midon (P.C.O. Mfg.) Tabs. 2.5 mg. 100 (A) *(Non-Proprietary Name Index: Midodrine)*	S1B	30.99	34404
Mirapexin (Doncaster Ltd.) Tabs. 0.18 mg. 100 (A) *(Non-Proprietary Name Index: Pramipexole)*	S1B	25.50	36607
Mirapexin (Eurodrug Ltd.) Tabs. 0.7 mg. 100 (A) *(Non-Proprietary Name Index: Pramipexole)*	S1B	102.23	36621
Mirapexin PR (Doncaster Ltd.) Tabs. 0.26 mg. 30 (A)	S1B	22.53	36616
Mirapexin PR (Doncaster Ltd.) Tabs. 1.05 mg. 30 (A)	S1B	83.04	36617
Mirapexin PR (Doncaster Ltd.) Tabs. 2.1 mg. 30 (A)	S1B	146.52	36618
Mirapexin PR (Doncaster Ltd.) Tabs. 3.15 mg. 100 (A) *(Non-Proprietary Name Index: Pramipexole)*	S1B	247.23	36619
Mirapexin PR (Lexon UK) Tabs. 0.26 mg. 10 (A)	S1B	7.51	36653
Mirapexin PR (Lexon UK) Tabs. 0.52 mg. 10 (A)	S1B	16.87	36654
Mirapexin PR (Lexon UK) Tabs. 1.05 mg. 30 (A)	S1B	83.04	36655
Mirapexin PR (Lexon UK) Tabs. 2.1 mg. 30 (A)	S1B	146.52	36656
Mirapexin PR (Lexon UK) Tabs. 3.15 mg. 30 (A) *(Non-Proprietary Name Index: Pramipexole)*	S1B	247.23	36657
Movicol (LTT Pharma) 13 G. Powder Sachets 20 (A) *Code the number of sachets dispensed* *(Non-Proprietary Name Index: Macrogol, combinations)*	S1B	6.86	53734
Nexium (LTT Pharma) Gastro Resistant Tabs. 20 mg. 28 (A)	S1B	19.17	61404
Nexium (LTT Pharma) Gastro Resistant Tabs. 40 mg. 28 (A) *(Non-Proprietary Name Index: Esomeprazole)*	S1B	29.58	61405
NovoMix 30 (P.C.O. Mfg.) FlexPen 100 IU/ml. 3 ml. Pre-filled Pen 5 (A) *Code the number of pre-filled pens dispensed* *(Non-Proprietary Name Index: Insulin Aspart Intermediate-Acting combined with Fast-Acting)*	S1B	37.59	68930
NovoRapid (P.C.O. Mfg.) FlexPen 100 IU/ml. 3 ml. Pre-filled Pen 5 (A) *Code the number of pre-filled pens dispensed* *(Non-Proprietary Name Index: Insulin Aspart, Fast-Acing)*	S1B	39.87	62720
NovoRapid (P.C.O. Mfg.) Penfill Cartridge 100 IU/ml. 3 ml. Cartridge 5 (A) *Code the number of cartridges dispensed* *(Non-Proprietary Name Index: Insulin Aspart, Fast-Acting)*	S1B	35.83	62730

Omesar (P.C.O. Mfg.) Film Coated Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Olmesartan Medoxomil)*	S1B	13.51	37628
Oramox Hard Caps. 250 mg. 100 (A)	S1A	7.80	37675
Oramox Hard Caps. 250 mg. 500 (A)	S1A	39.00	37676
Oramox Hard Caps. 500 mg. 100 (A)	S1A	15.62	37677
Oramox Hard Caps. 500 mg. 500 (A) *(Non-Proprietary Name Index: Amoxicillin)*	S1A	78.06	37678
Oramox Susp. 125 mg./5 ml. 100 ml. (B)	S1A	0.96	91610
Oramox Susp. 250 mg./5 ml. 100 ml. (B) *(Non-Proprietary Name Index: Amoxicillin)*	S1A	1.93	91611
Prednisolone (Clonmel) Tabs. 5 mg. 98 (A) *(Non-Proprietary Name Index: Prednisolone)*	S1A	1.87	59430
Procoralan (Lexon UK) Tabs. 5 mg. 56 (A) *(Non-Proprietary Name Index: Ivabradine)*	S1B	52.19	42710
Procoralan (P.C.O. Mfg.) Tabs. 5 mg. 56 (A) *(Non-Proprietary Name Index: Ivabradine)*	S1B	52.19	42725
Raporsin Prolonged Release Tabs. 4 mg. 28 (A) *(Non-Proprietary Name Index: Doxazosin)*	S1B	3.97	53922
Rasilez (Lexon UK) Tabs. 150 mg. 28 (A)	S1B	21.45	68210
Rasilez (Lexon UK) Tabs. 300 mg. 28 (A) *(Non-Proprietary Name Index: Aliskiren)*	S1B	25.78	68211
Rasilez (P.C.O. Mfg.) Tabs. 150 mg. 28 (A) *(Non-Proprietary Name Index: Aliskiren)*	S1B	21.45	68230
Risperdal Consta (P.C.O. Mfg. D.P.R.) Inj. 25 mg. Pdr. c. 2 ml. Diluent Pack 1 (A)	S1A	115.56	45522
Risperdal Consta (P.C.O. Mfg. D.P.R.) Inj. 37.5 mg. Pdr. c. 2 ml. Diluent Pack 1 (A)	S1A	164.98	45523
Risperdal Consta (P.C.O. Mfg. D.P.R.) Inj. 50 mg. Pdr. c. 2 ml. Diluent Pack 1 (A) *Code the number of injections dispensed* *(Non-Proprietary Name Index: Risperidone)*	S1A	211.11	45524
Salofalk (P.C.O. Mfg.) Enema 7 (A) *(Non-Proprietary Name Index: Mesalazine)*	S1B	37.37	44006
Singulair (Clear Pharmacy) Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Montelukast)*	S1B	24.16	73030
Singulair Paed. (Clear Pharmacy) Chewable Tabs. 4 mg. 28 (A)	S1B	24.16	73034
Singulair Paed. (Clear Pharmacy) Chewable Tabs. 5 mg. 28 (A) *(Non-Proprietary Name Index: Montelukast)*	S1B	24.16	73035
Topamax (Clear Pharmacy) Tabs. 50 mg. 60 (A)	S1B	32.82	69908
Topamax (Clear Pharmacy) Tabs. 100 mg. 60 (A) *(Non-Proprietary Name Index: Topiramate)*	S1B	56.07	69909
Valdoxan (P.C.O. Mfg.) Tabs. 25 mg. 28 (A) *(Non-Proprietary Name Index: Agomelatine)*	S1A	39.07	51203
Vesitirim (P.C.O. Mfg.) Tabs. 5 mg. 30 (A)	S1B	35.50	51920
Vesitirim (P.C.O. Mfg.) Tabs. 10 mg. 30 (A) *(Non-Proprietary Name Index: Solifenacin)*	S1B	46.23	51921
Xalacom (P.C.O. Mfg.) Eye Drops 2.5 ml. Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Timolol, Combinations)*	S1A	14.97	53925

Xalatan (P.C.O. Mfg.) 0.005% w/v Eye Drops Soln. 2.5 ml. Pack 1 (A) *Code the number of packs dispensed* *Non-Proprietary Name Index: Latanoprost)*	S1A	10.76	53420
Vagifem Vaginal Tabs. 10 mcg. 24 (A) *(Non-Proprietary Name Index: Estradiol)*	S1A	20.65	51303

DELETIONS

Motilium Suppos. 60 mg. 6 (A)	34584
Paracodin Drops 1% 15 G. (B)	38768
Plavix (Polyfarma) Film Coated Tabs. 75 mg. 28 (A)	41009
Tamoxifen (Generics UK) Tabs. 10 mg. 30 (A)	48631
Tenox Tabs. 10 mg. 30 (A)	48974
Tenox Tabs. 10 mg. 100 (A)	48986
Tenox Tabs. 20 mg. 100 (A)	48526
Tenox Tabs. 20 mg. 500 (A)	56928
Xatral (G & A Licensing Ltd.) PR Tabs. 10 mg. 30 (A)	53524

CHANGES
CHANGES UNDERLINED

Change	BioCard Tabs. 3.125 mg. 28 (A)	15501
To Read	Carvedilol (KRKA Pharma) Tabs. 3.125 mg. 28 (A)	15501
Change	BioCard Tabs. 6.25 mg. 28 (A)	15536
To Read	Carvedilol (KRKA Pharma) Tabs. 6.25 mg. 28 (A)	15536
Change	BioCard Tabs. 12.5 mg. 28 (A)	15578
To Read	Carvedilol (KRKA Pharma) Tabs. 12.5 mg. 28 (A)	15578
Change	BioCard Tabs. 25 mg. 28 (A)	15597
To Read	Carvedilol (KRKA Pharma) Tabs. 25 mg. 28 (A)	15597
Change	Biofloxcin Tabs. 250 mg. 10 (A)	15011
To Read	Ciprofloxacin (KRKA Pharma) Film Coated Tabs. 250 mg. 10 (A)	15011
Change	Biofloxcin Tabs. 250 mg. 20 (A)	15028
To Read	Ciprofloxacin (KRKA Pharma) Film Coated Tabs. 250 mg. 20 (A)	15028
Change	Biofloxcin Tabs. 500 mg. 10 (A)	15043
To Read	Ciprofloxacin (KRKA Pharma) Film Coated Tabs. 500 mg. 10 (A)	15043
Change	Biofloxcin Tabs. 500 mg. 20 (A)	15097
To Read	Ciprofloxacin (KRKA Pharma) Film Coated Tabs. 500 mg. 20 (A)	15097
Change	Biofloxcin Tabs. 750 mg. 10 (A)	15100
To Read	Ciprofloxacin (KRKA Pharma) Film Coated Tabs. 750 mg. 10 (A)	15100

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST OCTOBER 2013

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Drogenil Tabs. 250 mg. 84 (A)	88035	Flutamide	MSD Ireland (Human Health) Ltd.
Mycophenolate Mofetil Mylan (Gerard) Film Coated Tabs. 500 mg. 50 (A)	88963	Mycophenolic Acid	Gerard Laboratories
Nebris Steri-Neb Nebuliser Soln. 300 mg./5 ml. 56 (A)	88002	Tobramycin	Teva Pharmaceuticals
Zavedos Caps. 5 mg. 1 (A)	88220	Idarubicin	Pfizer Healthcare Ireland

CHANGES
CHANGES UNDERLINED

CHANGE	TO READ	CODE
Viraferon Peg Pen 50 mcg. 1 (A)	ViraferonPeg Pdr. & Solv. for Inj. in Pre-filled Pen 50 mcg./0.5 ml. 1	88374
Viraferon Peg Pen 80 mcg. 1 (A)	ViraferonPeg Pdr. & Solv. for Inj. in Pre-filled Pen 80 mcg./0.5 ml. 1	88481
Viraferon Peg Pen 100 mcg. 1 (A)	ViraferonPeg Pdr. & Solv. for Inj. in Pre-filled Pen 100 mcg./0.5 ml. 1	88428
Viraferon Peg Pen 120 mcg. 1 (A)	ViraferonPeg Pdr. & Solv. for Inj. in Pre-filled Pen 120 mcg./0.5 ml. 1	88193
Viraferon Peg Pen 150 mcg. 1 (A)	ViraferonPeg Pdr. & Solv. for Inj. in Pre-filled Pen 150 mcg./0.5 ml. 1	88547

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st September 2013

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST SEPTEMBER 2013
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Acerycal (Imbat Ltd.) Tabs. 5 mg./5 mg. 30 (A)	S1B	15.79	13536
Acerycal (Imbat Ltd.) Tabs. 5 mg./10 mg. 30 (A)	S1B	17.53	13537
Acerycal (Imbat Ltd.) Tabs. 10 mg./5 mg. 30 (A)	S1B	22.82	13538
Acerycal (Imbat Ltd.) Tabs. 10 mg./10 mg. 30 (A)	S1B	24.09	13539
(Non-Proprietary Name Index: Perindopril and Amlodipine)			
Acerycal (LTT Pharma) Tabs. 5 mg./5 mg. 30 (A)	S1B	15.79	13555
Acerycal (LTT Pharma) Tabs. 5 mg./10 mg. 30 (A)	S1B	17.53	13556
Acerycal (LTT Pharma) Tabs. 10 mg./5 mg. 30 (A)	S1B	22.82	13557
Acerycal (LTT Pharma) Tabs. 10 mg./10 mg. 30 (A)	S1B	24.09	13558
(Non-Proprietary Name Index: Perindopril and Amlodipine)			
Acerycal (P.C.O. Mfg.) Tabs. 5 mg./5 mg. 30 (A)	S1B	15.79	13572
Acerycal (P.C.O. Mfg.) Tabs. 5 mg./10 mg. 30 (A)	S1B	17.53	13573
Acerycal (P.C.O. Mfg.) Tabs. 10 mg./5 mg. 30 (A)	S1B	22.82	13574
Acerycal (P.C.O. Mfg.) Tabs. 10 mg./10 mg. 30 (A)	S1B	24.09	13575
(Non-Proprietary Name Index: Perindopril and Amlodipine)			
Actonel (LTT Pharma) Once A Week Tabs. 35 mg. 4 (A)	S1B	19.39	13010
(Non-Proprietary Name Index: Risedronic Acid)			
Actonel Plus (P.C.O. Mfg.) CA & D Treatment Pack 1 (A)	S1B	28.99	13015
Code the number of packs dispensed			
(Non-Proprietary Name Index: Risedronic Acid, Calcium and Colecalciferol, Sequential)			
Acular (LTT Pharma) Eye Drops Soln. 0.5% 5 ml. (B)	S1B	5.41	13018
(Non-Proprietary Name Index: Ketorolac)			
Acular (P.C.O. Mfg.) Eye Drops Soln. 0.5% 5 ml. (B)	S1B	5.41	13023
(Non-Proprietary Name Index: Ketorolac)			
Adalat LA (LTT Pharma) Tabs. 20 mg. 28 (A)	S1B	9.64	56378
Adalat LA (LTT Pharma) Tabs. 60 mg. 28 (A)	S1B	18.45	56380
(Non-Proprietary Name Index: Nifedipine)			
Adalat Retard (LTT Pharma) Tabs. 10 mg. 56 (A)	S1B	10.17	56385
Adalat Retard (LTT Pharma) Tabs. 20 mg. 60 (A)	S1B	13.33	56386
(Non-Proprietary Name Index: Nifedipine)			
Alphagan (Doncaster Ltd. D.P.R.) Eye Drops 0.2% 5 ml. (B)	S1B	8.32	13033
(Non-Proprietary Name Index: Brimonidine)			
Arcoxia (Clear Pharmacy D.P.R.) Film Coated Tabs. 120 mg. 7 (A)	S1B	7.43	13025
(Non-Proprietary Name Index: Etoricoxib)			
Aromasin (Imbat Ltd.) Film Coated Tabs. 25 mg. 30 (A)	S1A	84.84	13712
(Non-Proprietary Name Index: Exemestane)			
Atacand (Imbat Ltd.) Tabs. 4 mg. 28 (A)	S1B	9.05	15427
Atacand (Imbat Ltd.) Tabs. 8 mg. 28 (A)	S1B	11.51	15428
(Non-Proprietary Name Index: Candesartan)			

Augmentin-Duo (P.C.O. Mfg.) Susp. 400 mg./57 mg./5 ml. 35 ml. (B)	S1A	5.37	91129
Augmentin-Duo (P.C.O. Mfg.) Susp. 400 mg./57 mg./5 ml. 70 ml. (B)	S1A	8.16	91130
(Non-Proprietary Name Index: Amoxicillin and Enzyme Inhibitor)			
Avamys (Doncaster Ltd.) Nasal Spray Susp. 27.5 mcg. 120 Dose Pack 1 (A)	S1B	8.55	53605
Code the number of packs dispensed			
(Non-Proprietary Name Index: Fluticasone Furoate)			
Avamys (Lexon UK) Nasal Spray Susp. 27.5 mcg. 120 Dose Pack 1 (A)	S1B	8.55	53612
Code the number of packs dispensed			
(Non-Proprietary Name Index: Fluticasone Furoate)			
Azyter Eye Drops Soln. 15 mg./G. Single Dose Container 6 (A)	S1A	6.78	13113
Code the numbers of containers dispensed			
(Non-Proprietary Name Index: Azithromycin)			
Bactroban (Imbat Ltd.) Nasal Oint. 2% 3 G. (B)	S1A	6.40	13716
(Non-Proprietary Name Index: Mupirocin)			
Betagan (LTT Pharma) Eye Drops Soln. 0.5% 5 ml. (B)	S1B	3.01	14806
(Non-Proprietary Name Index: Levobunolol)			
Bricanyl (Imbat Ltd.) Turbohaler 500 mcg. 100 Dose Inhaler Pack 1 (A)	S1B	6.10	76408
Code the number of aerosols dispensed			
(Non-Proprietary Name Index: Terbutaline)			
Cardura (LTT Pharma) XL Tabs. 4 mg. 28 (A)	S1B	7.70	16408
(Non-Proprietary Name Index: Doxazosin)			
Co-Diovan (Imbat Ltd.) Film Coated 80 mg./12.5 mg. 28 (A)	S1B	11.18	18727
Co-Diovan (Imbat Ltd.) Film Coated 160 mg./12.5 mg. 28 (A)	S1B	15.00	18728
Co-Diovan (Imbat Ltd.) Film Coated 160 mg./25 mg. 28 (A)	S1B	15.28	18729
(Non-Proprietary Name Index: Valsartan and Diuretics)			
Co-Diovan (P.C.O. Mfg.) Film Coated Tabs. 320 mg./25 mg. 28 (A)	S1B	46.44	18735
(Non-Proprietary Name Index: Valsartan and Diuretics)			
Coversyl (LTT Pharma) Arginine Plus Film Coated 5 mg./1.25 mg. 30 (A)	S1B	13.86	68311
(Non-Proprietary Name Index: Perindopril and Diuretics)			
Coversyl (P.C.O. Mfg.) Arginine Plus Film Coated 10 mg./2.5 mg. 30 (A)	S1B	15.89	68319
(Non-Proprietary Name Index: Perindopril and Diuretics)			
Cymbalta (BR Lewis Pharmaceuticals) Caps. 60 mg. 28 (A)	S1A	35.51	21010
(Non-Proprietary Name Index: Duloxetine)			
Detrusitol (Imbat Ltd.) Film Coated Tabs. 2 mg. 56 (A)	S1B	33.22	20470
(Non-Proprietary Name Index: Tolterodine)			
Detrusitol SR (Imbat Ltd.) Prolonged Release Hard Caps. 4 mg. 28 (A)	S1B	29.31	53617
(Non-Proprietary Name Index: Tolterodine)			
Dianette (Imbat Ltd.) Film Coated Tabs. 21 (A)	S1B	5.21	20705
(Non-Proprietary Name Index: Cyproterone and Estrogen)			
Diovan (Imbat Ltd.) Film Coated Tabs. 40 mg. 28 (A)	S1B	9.87	73708
(Non-Proprietary Name Index: Valsartan)			
Diovan (P.C.O. Mfg.) Film Coated Tabs. 80 mg. 28 (A)	S1B	11.19	73712
Diovan (P.C.O. Mfg.) Film Coated Tabs. 160 mg. 28 (A)	S1B	14.48	73713
(Non-Proprietary Name Index: Valsartan)			

Dovobet (P.C.O. Mfg.) Gel 50 mcg./G. + 0.5 mg./G. 60 G. (B) *(Non-Proprietary Name Index: Calcipotriol, Combinations)*	S1A	39.78	44630
Durogesic DTrans (Imbat Ltd.) Transdermal Patches 25 mcg./hour 5 (A)	CD2	21.73	73204
Durogesic DTrans (Imbat Ltd.) Transdermal Patches 50 mcg./hour 5 (A)	CD2	40.36	73205
Durogesic DTrans (Imbat Ltd.) Transdermal Patches 75 mcg./hour 5 (A)	CD2	56.87	73206
Durogesic DTrans (Imbat Ltd.) Transdermal Patches 100 mcg./hour 5 (A) *Code the number of patches dispensed* *(Non-Proprietary Name Index: Fentanyl)*	CD2	71.31	73207
Ebixa (Lexon UK) Tabs. 10 mg. 28 (A)	S1A	41.60	74503
Ebixa (Lexon UK) Tabs. 10 mg. 56 (A) *(Non-Propreitary Name Index: Memantine)*	S1A	83.20	74504
Eldepryl (P.C.O. Mfg.) Tabs. 5 mg. 100 (A) *(Non-Proprietary Name Index: Selegiline)*	S1B	36.22	22805
Exforge (Clear Pharma Ltd.) Film Coated Tabs. 5 mg./160 mg. 28 (A)	S1B	23.82	32406
Exforge (Clear Pharma Ltd.) Film Coated Tabs. 10 mg./160 mg. 28 (A) *(Non-Proprietary Name Index: Valsartan and Amlodipine)*	S1B	25.30	32407
Fosamax (Clear Pharmacy) Once Weekly Tabs. 70 mg. 4 (A) *(Non-Proprietary Name Index: Alendronic Acid)*	S1B	13.81	75202
Fucibet Lipid (P.C.O. Mfg.) 20 mg./G. & 1 mg./G. Cream 30 G. (B) *(Non-Proprietary Name Index: Betamethasone and Antibiotics)*	S1A	12.48	25213
Ganfort (Lexon UK) Eye Drops Soln. 300 mcg./ml. + 5 mg./ml. 3 ml. (B) *(Non-Proprietary Name Index: Timolol, combinations)*	S1A	16.96	27518
Gyno-Daktarin (P.C.O. Mfg.) Vaginal Cream 20 mg./G. 78 G. Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Miconazole)*	S1B	6.03	59805
Ikorel (Imbat Ltd.) Tabs. 10 mg. 60 (A)	S1B	10.70	28708
Ikorel (Imbat Ltd.) Tabs. 20 mg. 60 (A) *(Non-Proprietary Name Index: Nicorandil)*	S1B	18.25	28709
Ikorel (LTT Pharma) Tabs. 10 mg. 60 (A)	S1B	10.70	28715
Ikorel (LTT Pharma) Tabs. 20 mg. 60 (A) *(Non-Proprietary Name Index: Nicorandil)*	S1B	18.26	28716
Implanon NXT (P.C.O. Mfg.) Implant 68 mg. Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Etonogestrel)*	S1A	122.26	28801
Keflex (Imbat Ltd.) Film Coated Tabs. 500 mg. 21 (A) *(Non-Proprietary Name Index: Cefalexin)*	S1A	6.27	30205
Keflex (P.C.O. Mfg.) Hard Caps. 250 mg. 28 (A) *(Non-Proprietary Name Index: Cefalexin)*	S1A	3.56	30213
Lipantil Supra (Imbat Ltd.) Film Coated Tabs. 145 mg. 30 (A) *(Non-Proprietary Name Index: Fenofibrate)*	S1B	7.82	31605
Memantine Mylan (Gerard Labs.) Film Coated Tabs. 10 mg. 28 (A)	S1A	21.45	32526
Memantine Mylan (Gerard Labs.) Film Coated Tabs. 10 mg. 56 (A) *(Non-Proprietary Name Index: Memantine)*	S1A	42.89	32527
Mezavant XL (P.C.O. Mfg.) Gastro-Resistant Prolonged Release Tabs. 1200 mg. 60 (A) *(Non-Proprietary Name Index: Mesalazine)*	S1B	61.81	44010

Micardis Plus (Clear Pharmacy) Tabs. 80 mg./25 mg. 28 (A)	S1B	21.99	64410
(Non-Proprietary Name Index: Telmisartan and Diuretics)			
Mirapexin PR (P.C.O. Mfg.) Tabs. 1.05 mg. 30 (A)	S1B	83.04	36612
Mirapexin PR (P.C.O. Mfg.) Tabs. 2.10 mg. 30 (A)	S1B	146.52	36613
(Non-Proprietary Name Index: Pramipexole)			
Mirena (P.C.O. Mfg.) 20 mcg./24 hrs. Intrauterine System Pack 1 (A)	S1A	113.00	33526
Code the number of packs dispensed			
(Non-Proprietary Name Index: Plastic IUD with Progestogen)			
Montelukast (KRKA Pharma) Chewable Tabs. 4 mg. 28 (A)	S1B	16.77	45107
Montelukast (KRKA Pharma) Chewable Tabs. 5 mg. 28 (A)	S1B	17.17	45108
Montelukast (KRKA Pharma) Film Coated Tabs. 10 mg. 28 (A)	S1B	16.86	45109
(Non-Proprietary Name Index: Montelukast)			
Multaq (P.C.O. Mfg.) Twice Daily Film Coated Tabs. 400 mg. 60 (A)	S1B	76.15	32615
(Non-Proprietary Name Index: Dronedarone)			
Neupro Transdermal (P.C.O. Mfg.) Patches 8 mg./24 Hour 28 (A)	S1A	160.74	44506
Code the number of patches dispensed			
(Non-Proprietary Name Index: Rotigotine)			
Perindopril Tosilate TEVA Film Coated Tabs. 5 mg. 30 (A)	S1B	5.18	39109
Perindopril Tosilate TEVA Film Coated Tabs. 10 mg. 30 (A)	S1B	8.46	39110
(Non-Proprietary Name Index: Perindopril)			
Perindopril Tosilate/Indapamide TEVA Film Coated Tabs. 2.5 mg./0.625 mg. 30 (A)	S1B	6.39	39114
Perindopril Tosilate/Indapamide TEVA Film coated Tabs. 5 mg./1.25 mg. 30 (A)	S1B	7.14	39115
(Non-Proprietary Name Index: Perindopril and Diuretics)			
Pradaxa (P.C.O. Mfg.) Hard Caps. 75 mg. 60 (30 Day Dose) (A)	S1B	73.73	60615
Pradaxa (P.C.O. Mfg.) Hard Caps. 110 mg. 60 (30 Day Dose) (A)	S1B	73.73	60616
Pradaxa (P.C.O. Mfg.) Hard Caps. 150 mg. 60 (30 Day Dose) (A)	S1B	73.73	60617
(Non-Proprietary Name Index: Dabigatran Etexilate)			
Approved as a second line therapy in circumstances where warfarin may not be appropriate.			
Procoralan (P.C.O. Mfg.) Tabs. 7.5 mg. 56 (A)	S1B	52.30	42706
(Non-Proprietary Name Index: Ivabradine)			
Pulmicort (Clear Pharmacy) Respules 0.5 mg. 20 (A)	S1B	20.02	42207
Pulmicort (Clear Pharmacy) Respules 1 mg. 20 (A)	S1B	28.89	42208
Code the number of respules dispensed			
(Non-Proprietary Name Index: Budesonide)			
Quetiapine (KRKA Pharma) Film Coated Tabs. 25 mg. 60 (A)	S1A	20.40	46015
Quetiapine (KRKA Pharma) Film Coated Tabs. 100 mg. 60 (A)	S1A	58.28	46016
Quetiapine (KRKA Pharma) Film Coated Tabs. 200 mg. 60 (A)	S1A	66.43	46017
Quetiapine (KRKA Pharma) Film Coated Tabs. 300 mg. 60 (A)	S1A	108.01	46023
(Non-Proprietary Name Index: Quetiapine)			
Ramipril TEVA Pharma Tabs. 1.25 mg. 28 (A)	S1B	2.38	50034
Ramipril TEVA Pharma Tabs. 2.5 mg. 28 (A)	S1B	3.36	50035
Ramipril TEVA Pharma Tabs. 5 mg. 28 (A)	S1B	4.68	50036
Ramipril TEVA Pharma Tabs. 10 mg. 28 (A)	S1B	6.37	50037
(Non-Proprietary Name Index: Ramipril)			
Ranexa PR (P.C.O. Mfg.) Tabs. 375 mg. 60 (A)	S1B	55.20	43262
Ranexa PR (P.C.O. Mfg.) Tabs. 500 mg. 60 (A)	S1B	55.20	43263
(Non-Proprietary Name Index: Ranolazine)			

Rasilez (Clear Pharmacy) Film Coated Tabs. 150 mg. 28 (A)	S1B	21.45	68204
Rasilez (Clear Pharmacy) Film Coated Tabs. 300 mg. 28 (A)	S1B	25.78	68205
(Non-Proprietary Name IndeX: Aliskiren)			
Risperdal Consta (Clear Pharmacy) Inj. 25 mg. c. 2 ml. Diluent Pack 1 (A)	S1A	115.56	45506
Risperdal Consta (Clear Pharmacy) Inj. 37.5 mg. c. 2 ml. Diluent Pack 1 (A)	S1A	164.98	45507
Risperdal Consta (Clear Pharmacy) Inj. 50 mg. c. 2 ml. Diluent Pack 1 (A)	S1A	211.11	45508
Code the number of injections dispensed			
(Non-Proprietary Name Index: Risperidone)			
Seroquel (Imbat Ltd.) Tabs. 100 mg. 60 (A)	S1A	67.82	45903
(Non-Proprietary Name Index: Quetiapine)			
Sinemet CR (P.C.O. Mfg.) Prolonged Release Tabs. 50 mg./200 mg. 60 (A)	S1B	14.95	46101
(Non-Proprietary Name Index: Levodopa and Decarboxylase Inhibitor)			
Symbicort Turbohaler (P.C.O. Mfg.) 100/6 mcg. 120 Dose Inhaler 1 (A)	S1B	42.17	47912
Code the number of inhalers dispensed			
(Non-Proprietary Name Index: Formoterol and Other Drugs for Obstructive Airway Diseases)			
Vagifem (P.C.O. Mfg.) Vaginal Tabs. 25 mcg. 15 (A)	S1A	13.17	51385
(Non-Proprietary Name Index: Estradiol)			
Valdoxan (Clear Pharmacy) Tabs. 25 mg. 28 (A)	S1A	39.07	51215
(Non-Proprietary Name Index: Agomelatine)			
Versatis (P.C.O. Mfg.) Medicated Plasters 5% 30 (A)	S1B	91.14	13035
(Non-Proprietary Name Index: Lidocaine)			
Vesitirim (Imbat Ltd.) Tabs. 5 mg. 30 (A)	S1B	35.50	51910
Vesitirim (Imbat Ltd.) Tabs. 10 mg. 30 (A)	S1B	46.22	51911
(Non-Proprietary Name Index: Solifenacin)			
Xarelto (Clear Pharmacy) Film Coated Tabs. 10 mg. 10 (A)	S1B	22.20	53345
Xarelto (Clear Pharmacy) Film Coated Tabs. 10 mg. 30 (A)	S1B	66.63	53346
(Non-Proprietary Name Index: Rivaroxaban)			
Approved as a second line therapy in circumstances where warfarin may not be appropriate.			
Xeplion (P.C.O. Mfg.) Susp. for Inj. in Pre-filled Syringe 100 mg. Pack 1 (A)	S1A	433.99	34220
Xeplion (P.C.O. Mfg.) Susp. for Inj. in Pre-filled Syringe 150 mg. Pack 1 (A)	S1A	622.86	34221
Code the number of syringes dispensed			
(Non-Proprietary Name Index: Paliperidone)			

DELETIONS

Abilify (Polyfarma) Tabs. 10 mg. 28	10215
Abilify (Polyfarma) Tabs. 15 mg. 28	10293
Accupro (G & A Licensing Ltd.) Tabs. 5 mg. 28	10523
Actonel Once A Week (Profind Wholesale Ltd.) Tabs. 35 mg. 4	10796
Acular (G & A Licensing Ltd.) Eye Drops 0.5% Soln. 5 ml.	10416
Adalat LA (Profind Wholesale Ltd.) Tabs. 20 mg. 28	56350
Adalat LA (Profind Wholesale Ltd.) Tabs. 30 mg. 28	56351
Adalat LA (Profind Wholesale Ltd.) Tabs. 60 mg. 28	56352
Aldactide Tabs. 50 mg. 100	72818
Aldara (Polyfarma) 5% Cream Sachet 12	11152
Alphagan (IPS Healthcare) Eye Drops 0.2% 5 ml.	11337
Amaryl (Profind Wholesale Ltd.) Tabs. 2 mg. 30	12924
Amaryl (Profind Wholesale Ltd.) Tabs. 4 mg. 30	12925
Aprovel (Polyfarma) Tabs. 75 mg. 28	12001
Aprovel (Polyfarma) Tabs. 150 mg. 28	12041
Aprovel (Polyfarma) Tabs. 300 mg. 28	12068
Arava (Polyfarma) Film Coated Tabs. 10 mg. 30	65773

DELETIONS

Arcoxia (IPS Healthcare) Tabs. 30 mg. 28	14290
Arcoxia (IPS Healthcare) Tabs. 60 mg. 28	14291
Aricept (G & A Licensing Ltd.) Film Coated Tabs. 5 mg. 28	13126
Aricept (G & A Licensing Ltd.) Film Coated Tabs. 10 mg. 28	13181
Aricept (Profind Wholesale Ltd.) Tabs. 10 mg. 28	13212
Aromasin (IPS Healthcare) Tabs. 25 mg. 30	13706
Arthrotec 50 (IPS Healthcare) Modified Release Tabs. 60	14618
Asasantin Retard (Profind Wholesale Ltd.) Caps. 200 mg./25 mg. 60	13348
Aspirin Dispersible (Cox) Tabs. 75 mg. 1000	11647
Avodart (Profind Wholesale Ltd.) Caps. 0.5 Mg. 30	53610
Azopt (Polyfarma) Eye Drops 10 mg./5ml. 5 ml.	50745
Bricanyl (IPS Healthcare) Turbohaler 500 mcg. 100 Dose Inhaler 1	65031
Bricanyl (Profind Wholesale Ltd.) Turbohaler 500 mcg. 100 Dose Inhaler Pack 1	65002
Brufen Tabs. 600 mg. 100	15636
Cardicor (Profind Wholesale Ltd.) Tabs. 1.25 mg. 28	17413
Cardura XL (IPS Healthcare) Tabs. 4 mg. 28	16413
Cardura XL (IPS Healthcare) Tabs. 8 mg. 28	16414
Cardura XL (Profind Wholesale Ltd.) Tabs. 4 mg. 28	16361
Cardura XL (Profind Wholesale Ltd.) Tabs. 8 mg. 28	16362
Cipramil (Profind Wholesale Ltd.) Film Coated Tabs. 20 mg. 28	18398
Co Aprovel (Polyfarma) Tabs. 150 mg./12.5 mg. 28	17812
Co Aprovel (Polyfarma) Tabs. 300 mg./12.5 mg. 28	50182
Co-Diovan (Profind Wholesale Ltd.) Tabs. 160/12.5 mg. 28	18715
Co-Diovan (Profind Wholesale Ltd.) Tabs. 160/25 mg. 28	18716
Cosopt (IPS Healthcare) Eye Drops Soln. 20 mg./ml. 5 ml.	18540
Coversyl Arginine (IPS Healthcare) Tabs. 10 mg. 30	68376
Coversyl Arginine (Profind Wholesale Ltd.) Tabs. 5 mg. 30	19420
Coversyl Arginine (Profind Wholesale Ltd.) Tabs. 10 mg. 30	19421
Coversyl Arginine Plus (Profind Wholesale Ltd.) Tabs. 5 mg./1.25 mg. 30	18427
Cozaar (Profind Wholesale Ltd.) Tabs. 50 mg. 28	76566
Cozaar (Profind Wholesale Ltd.) Tabs. 100 mg. 28	76567
Crestor (Profind Wholesale Ltd.) Tabs. 20 mg. 28	19230
Detrusitol SR (IPS Healthcare) Caps. 4 mg. 28	53677
Detrusitol SR (Profind Wholesale Ltd.) Caps. 4 mg. 28	20428
Diovan (Profind Wholesale Ltd.) Tabs. 80 mg. 28	73786
Dovobet (IPS Healthcare) Oint. 50 mcg./G. + 0.5 mg./G. 120 G.	44610
Dovobet (Profind Wholesale Ltd.) Oint. 50 mcg./G. + 0.5 mg./G. 60 G.	44605
Elantan LA (Profind Wholesale Ltd.) Caps. 50 mg. 28	28213
Emadine (Polyfarma) Eye Drops 0.05% 5 ml.	22465
Ezetrol (IPS Healthcare) Tabs. 10 mg. 28	23285
Fucibet Lipid (IPS Healthcare) Cream 30 G.	25210
Imdur (G & A Licensing Ltd.) Prolonged Release Film Coated Tabs. 60 mg. 28	31514
Imdur PR (Profind Wholesale Ltd.) Tabs. 60 mg. 28	31539
Insuman Basal OptiSet 100 IU/ml. 3 ml. Pre-filled Pen 5	68016
Istin (IPS Healthcare) Tabs. 5 mg. 28	29160
Istin (IPS Healthcare) Tabs. 10 mg. 28	29161
Istin (Profind Wholesale Ltd.) Tabs. 5 mg. 28	29152
Istin (Profind Wholesale Ltd.) Tabs. 10 mg. 28	29153
Keppra (Polyfarma) Tabs. 250 mg. 60	30284
Keppra (Polyfarma) Film Coated Tabs. 500 mg. 28	30337
Klacid LA (Profind Wholesale Ltd.) Tabs. 500 mg. 7	32007
Lamictal (G & A Licensing Ltd.) Disp. Tabs. 100 mg. 56	30955
Lamictal (Profind Wholesale Ltd.) Disp/Chewable Tabs. 25 mg. 56	38845
Lamictal (Profind Wholesale Ltd.) Disp/Chewable Tabs. 100 mg. 56	39154
Lexapro (Profind Wholesale Ltd.) Tabs. 5 mg. 28	45918
Lexapro (Profind Wholesale Ltd.) Tabs. 10 mg. 28	45919
Lexapro (Profind Wholesale Ltd.) Tabs. 20 mg. 28	45920
Lipitor (G & A Licensing Ltd.) Tabs. 40 mg. 28	32544
Lipitor (G & A Licensing Ltd.) Tabs. 40 mg. 30	41848
Lipitor (G & A Licensing Ltd.) Tabs. 80 mg. 28	32545
Lipitor (G & A Licensing Ltd.) Tabs. 80 mg. 30	41850

DELETIONS

Lipitor (Profind Wholesale Ltd.) Tabs. 10 mg. 28	32609
Lipitor (Profind Wholesale Ltd.) Tabs. 20 mg. 28	23460
Lipitor (Profind Wholesale Ltd.) Tabs. 40 mg. 28	23461
Lipitor (Profind Wholesale Ltd.) Tabs. 80 mg. 28	23462
Lipostat (Profind Wholesale Ltd.) Tabs. 10 mg. 28	31805
Lipostat (Profind Wholesale Ltd.) Tabs. 20 mg. 28	31806
Lipostat (Profind Wholesale Ltd.) Tabs. 40 mg. 28	31807
Livial (Profind Wholesale Ltd.) Tabs. 2.5 mg. 28	41861
Losec MUPS (G & A Licensing Ltd.) Gastro-Resistant Tabs. 10 mg. 28	32113
Losec MUPS (G & A Licensing Ltd.) Gastro-Resistant Tabs. 20 mg. 28	32164
Losec MUPS (G & A Licensing Ltd.) Gastro-Resistant Tabs. 40 mg. 14	32192
Losec MUPS (Profind Wholesale Ltd.) Tabs. 10 mg. 28	65560
Losec MUPS (Profind Wholesale Ltd.) Tabs. 20 mg. 28	65561
Losec MUPS (Profind Wholesale Ltd.) Tabs. 40 mg. 7	65562
Lustral (Profind Wholesale Ltd.) Tabs. 50 mg. 28	32535
Lustral (Profind Wholesale Ltd.) Tabs. 100 mg. 28	32536
Micardis (Polyfarma) Tabs. 20 mg. 28	34525
Minodene Film Coated Tabs. 50 mg. 100	53602
Mirapexin (Polyfarma) Tabs. 0.18 mg. 30	33532
Mirapexin (Polyfarma) Tabs. 0.7 mg. 30	33514
Movicol (Profind Wholesale Ltd.) 13 G. Powder Sachets 30	53860
Nebilet (Profind Wholesale Ltd.) Tabs. 5 mg. 28	35655
Neurontin (Profind Wholesale Ltd.) Caps. 100 mg. 100	36213
Neurontin (Profind Wholesale Ltd.) Caps. 300 mg. 100	36214
Nexium (Profind Wholesale Ltd.) Gastro Resistant Tabs. 20 mg. 28	61420
Nexium (Profind Wholesale Ltd.) Gastro Resistant Tabs. 40 mg. 28	61421
Omesar (Profind Wholesale Ltd.) Tabs. 20 mg. 28	37667
One Alpha (G & A Licensing Ltd.) Caps. 0.25 mcg. 30	72524
Oxis Turbohaler (G & A Licensing Ltd.) 12 mcg. 60 Dose Inhaler	38998
Oxis Turbohaler (G & A Licensing Ltd.) 6 mcg. 60 Dose Inhaler 1	38993
Pariet (G & A Licensing Ltd.) Gastro-Resistant Tabs. 10 mg. 28	73134
Pariet (G & A Licensing Ltd.) Gastro-Resistant Tabs. 20 mg. 28	38712
Pariet (Profind Wholesale Ltd.) Gastro-Resistant Tabs. 10 mg. 28	73143
Pariet (Profind Wholesale Ltd.) Gastro-Resistant Tabs. 20 mg. 28	73144
Protium (G & A Licensing Ltd.) Gastro-Resistant Tabs. 20 mg. 14	43506
Protium (G & A Licensing Ltd.) Gastro-resistant Tabs. 20 mg. 28	35926
Protium (G & A Licensing Ltd.) Gastro-Resistant Tabs. 40 mg. 14	43516
Protium (G & A Licensing Ltd.) Gastro-resistant Tabs. 40 mg. 28	36598
Protium (Profind Wholesale Ltd.) Tabs. 20 mg. 28	43563
Protium (Profind Wholesale Ltd.) Tabs. 40 mg. 28	43564
Prozac (IPS Healthcare) Caps. 20 mg. 30	43503
Pulmicort (G & A Licensing Ltd.) Turbohaler 100 mcg. 200 Dose Inhaler	40721
Pulmicort (G & A Licensing Ltd.) Turbohaler 200 mcg. 100 Dose Inhaler	40763
Ramipril TEVA Tabs. 1.25 mg. 28	50010
Ramipril TEVA Tabs. 2.5 mg. 28	50011
Ramipril TEVA Tabs. 5 mg. 28	50012
Ramipril TEVA Tabs. 10 mg. 28	50013
Salazopyrin EN (IPS Healthcare) Gastro-Resistant Tabs. 500 mg. 112	79130
Seretide (Profind Wholesale Ltd.) Diskus 50 mcg./500 mcg. 60 Blisters Complete Pack 1	45647
Seretide (Profind Wholesale Ltd.) Evohaler 25 mcg./250 mcg. 120 Dose Aerosol 1	60057
Seroxat (Profind Wholesale Ltd.) Tabs. 20 mg. 30	45220
Seroxat (Profind Wholesale Ltd.) Tabs. 30 mg. 30	45221
Sinemet CR (G & A Licensing Ltd.) Tabs. 30	61605
Singulair (IPS Healthcare) Tabs. 10 mg. 28	73026
Singulair Paed. (IPS Healthcare) Chewable Tabs. 4 mg. 28	73027
Singulair Paed. (IPS Healthcare) Grans. 4 mg. Sachets 28	73028
Sporanox (G & A Licensing Ltd.) Caps. 100 mg. 15	61415
Tambocor (IPS Healthcare) Tabs. 50 mg. 60	49007
Tenoret (Profind Wholesale Ltd.) Tabs. 50 mg./12.5 mg. 28	75360
Tenoretic (Profind Wholesale Ltd.) Tabs. 100 mg./25 mg. 28	75395

DELETIONS

Tenormin (G & A Licensing Ltd.) Tabs. 50 mg. 28	69315
Topamax (G & A Licensing Ltd.) Tabs. 100 mg. 60	69873
Topamax (G & A Licensing Ltd.) Tabs. 200 mg. 60	69899
Topamax (Profind Wholesale Ltd.) Film Coated Tabs. 25 mg. 60	69990
Topamax (Profind Wholesale Ltd.) Film Coated Tabs. 100 mg. 60	69991
Ursofalk (IPS Healthcare) Caps. 250 mg. 100	48502
Vascace (G & A Licensing Ltd.) Film Coated Tabs. 1 mg. 30	51113
Vascace (G & A Licensing Ltd.) Film Coated Tabs. 2.5 mg. 28	51120
Vascace (G & A Licensing Ltd.) Film Coated Tabs. 5 mg. 28	51134
Ventolin Evohaler (Profind Wholesale Ltd.) 100 mcg. 200 Dose Aerosol 1	74556
Voltarol Retard (G & A Licensing Ltd.) Film Coated Tabs. 75 mg. 20	77480
Voltarol Retard (G & A Licensing Ltd.) Film Coated Tabs. 100 mg. 10	77481
Xatral (Profind Wholesale Ltd.) Prolonged Release Tabs. 10 mg. 30	53532
Xyzal (IPS Healthcare) Tabs. 5 mg. 30	74775
Zanaflex (G & A Licensing Ltd.) Tabs. 2 mg. 30	63702
Zanaflex (G & A Licensing Ltd.) Tabs. 4 mg. 30	63716
Zanidip (Profind Wholesale Ltd.) Tabs. 10 mg. 28	63838
Zantac (Profind Wholesale Ltd.) Tabs. 150 mg. 60	55760
Zantac (Profind Wholesale Ltd.) Tabs. 300 mg. 30	55761
Zestril (Profind Wholesale Ltd.) Tabs. 5 mg. 28	58435
Zestril (Profind Wholesale Ltd.) Tabs. 10 mg. 28	58436
Zestril (Profind Wholesale Ltd.) Tabs. 20 mg. 28	58437
Zimovane (Profind Wholesale Ltd.) Tabs. 7.5 mg. 28	63847
Zispin SolTab (G & A Licensing Ltd.) Orodispersible Tabs. 15 mg. 30	62664
Zispin SolTab (G & A Licensing Ltd.) Orodispersible Tabs. 30 mg. 30	62683
Zispin SolTab (G & A Licensing Ltd.) Orodispersible Tabs. 45 mg. 30	62697
Zocor (G & A Licensing Ltd.) Tabs. Film Coated 10 mg. 28	52118
Zocor (G & A Licensing Ltd.) Tabs. Film Coated 20 mg. 28	52129
Zocor (Profind Wholesale Ltd.) Tabs. 10 mg. 28	52251
Zocor (Profind Wholesale Ltd.) Tabs. 20 mg. 28	52252
Zocor (Profind Wholesale Ltd.) Tabs. 40 mg. 28	52253
Zomig (G & A Licensing Ltd.) Film Coated Tabs. 2.5 mg. 3	58050
Zomig (G & A Licensing) Rapimelt Orodispersible Tabs. 2.5 mg. 6	57943
Zomig (IPS Healthcare) Tabs. 2.5 mg. 6	58055
Zomig (Profind Wholesale Ltd.) Film Coated Tabs. 2.5 mg. 6	58003
Zomig Rapimelt (IPS Healthcare) Orodispersible Tabs. 2.5 mg. 6	58056
Zomig Rapimelt (Profind Wholesale Ltd.) Tabs. Orodispersible 2.5 mg. 6	58004
Zoton (IPS Healthcare) FasTabs Orodispersible Tabs. 15 mg. 28	70910
Zoton (IPS Healthcare) FasTabs Orodispersible Tabs. 30 mg. 28	70911
Zoton (Profind Wholesale Ltd.) FasTab. Orodispersible Tabs. 15 mg. 28	71038
Zoton (Profind Wholesale Ltd.) FasTab. Orodispersible Tabs. 30 mg. 28	71043
Zyprexa (Polyfarma) Tabs. 2.5 mg. 28	56019
Zyprexa (Polyfarma) Tabs. 5 mg. 28	56027
Zyprexa (Polyfarma) Tabs. 7.5 mg. 56	56081
Zyprexa (Polyfarma) Tabs. 10 mg. 28	56121
Zyprexa (Polyfarma) Velotab Tabs. 5 mg. 28	56084
Zyprexa (Polyfarma) Velotab Tabs. 10 mg. 28	56097

CHANGES

CHANGES <u>UNDERLINED</u>

Change	Simcovas Tabs. 10 mg. 28 (A)	32657
To Read	<u>Simvastatin (Actavis) Film Coated</u> Tabs. 10 mg. 28 (A)	32657
Change	Simcovas Tabs. 20 mg. 28 (A)	32658
To Read	<u>Simvastatin (Actavis) Film Coated</u> Tabs. 20 mg. 28 (A)	32658
Change	Simcovas Tabs. 40 mg. 28 (A)	32659
To Read	<u>Simvastatin (Actavis) Film Coated</u> Tabs. 40 mg. 28 (A)	32659

ADDITIONS/DELETIONS/CHANGES TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST SEPTEMBER 2013

ADDITIONS

Microdot®+ Blood Glucose Test Strips 50 (A)	12.50	86308
Microdot® Droplet Insulin Pen Needles; 31 G, 4 mm. 100 (A)	8.00	85377
Microdot® Droplet Insulin Pen Needles; 31 G, 6 mm. 100 (A)	8.00	85378
Microdot® Droplet Insulin Pen Needles; 31 G, 8 mm. 100 (A)	8.00	85379
Microdot® Lancets, 30 G. 100 (A)	3.60	86315

DELETIONS

Medtronic Sof-Sensor Glucose Sensor MMT-7002d - 4 Pieces (A)	83202

CHANGES

CHANGES UNDERLINED

Change	SafetyCat SCP06/10, SCF08/18 & SCM08/18 30 (A)	94457
To Read	HunterCath SCP06/10, SCF08/18, SCM08/18 30 (A)	94457

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST SEPTEMBER 2013

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Extavia Soln. for Inj. 250 mcg./ml. 3 ml. 15 (A)	88574	Interferon Beta-1B	Novartis Ireland Limited

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st August 2013

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST AUGUST 2013
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Candesartan/Hydrochlorothiazide TEVA Tabs. 16 mg./12.5 mg. 28 (A) *(Non-Proprietary Name Index: Candesartan and Diuretics)*	S1B	13.36	17570
Eliquis Film Coated Tabs. 5 mg. 56 (A) *(Non-Proprietary Name Index: Apixaban)* *Approved as a second line therapy in circumstances where warfarin may not be appropriate*	S1B	71.06	14047
Famvir Film Coated Tabs. 500 mg. 21 (A) *(Non-Proprietary Name Index: Famciclovir)*	S1A	86.10	66208
Lansoprazole TEVA Orodispersible Tabs. 15 mg. 28 (A)	S1B	6.90	63720
Lansoprazole TEVA Orodispersible Tabs. 30 mg. 28 (A) *(Non-Proprietary Name Index: Lansoprazole)*	S1B	13.72	63721
Memantine LEK Film Coated Tabs. 10 mg. 28 (A)	S1A	21.45	32553
Memantine LEK Film Coated Tabs. 10 mg. 56 (A) *(Non-Proprietary Name Index: Memantine)*	S1A	42.89	32554
Monopost Unidose Eye Drops Soln. 50 mcg./ml. 0.2 ml. Single Dose Container 30 (A) *Code the number of containers dispensed* *(Non-Proprietary Name Index: Latanoprost)*	S1A	11.09	53445
Paracetamol (Actavis) Rx Film Coated Tabs. 500 mg. 100 (A) *(Non-Proprietary Name Index: Paracetamol)*		1.40	38918
Strattera Hard Caps. 80 mg. 28 (A)	S1A	112.06	47205
Strattera Hard Caps. 100 mg. 28 (A) *(Non-Proprietary Name Index: Atomoxetine)*	S1A	132.59	47206

DELETIONS

Avodart (McDowell Pharmaceuticals) Softcaps. 0.5 mg. 30 (A)	53680
Brufen Tabs. 400 mg. 250 (A)	67563
Clopidogrel (Pinewood) Film Coated Tabs. 75 mg. 30 (A)	65120
Fer-In-Sol Oral Drops 25 mg./ml. 30 ml. (B)	25160
Gyno-Pevaryl Pess. 150 mg. 3 (A)	73482
Imuran (McDowell Pharmaceuticals) Film Coated Tabs. 25 mg. 100 (A)	84618
Insuman Comb 25 OptiSet 100 IU/ml. 3 ml. Pre-filled Pen 5 (A)	68098
Losartan Potassium (Pinewood) Film Coated Tabs. 50 mg. 28 (A)	32501
Losartan Potassium (Pinewood) Film Coated Tabs. 100 mg. 28 (A)	32635
Nexium (McDowell Pharmaceuticals) Gastro Resistant Tabs. 40 mg. 28 (A)	61439
Risperidone (Pinewood) Tabs. 0.5 mg. 20 (A)	45603
Risperidone (Pinewood) Film Coated Tabs. 1 mg. 60 (A)	52145
Risperidone (Pinewood) Film Coated Tabs. 2 mg. 60 (A)	53698
Risperidone (Pinewood) Tabs. 3 mg. 60 (A)	45604
Valium Inj. 5 mg./ml. 2 ml. 10 (A)	51233
Valium Tabs. 10 mg. 100 (A)	51365
Vallergan Tabs. 10 mg. 28 (A)	51403
Velosef Caps. 500 mg. 20 (A)	57266

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
ADDITION TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST AUGUST 2013			
ADDITION			
Medtronic Glucose Enlite Sensor Pack 10 (A)		495.00	83204

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST AUGUST 2013

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Esbriet Hard Caps. 267 mg. 14 Day Starter Kit 1 (A) *Code the number of packs dispensed*	88388	Pirfenidone	759.25	InterMune UK & I Ltd.	Cahill May Roberts
Esbriet Hard Caps. 267 mg. 252 (A)	88389	Pirfenidone	2,992.97	InterMune UK & I Ltd.	Cahill May Roberts

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Mycophenolate Mofetil (Pinewood) Film Coated Tabs. 500 mg. 50 (A)	88306	Mycophenolic Acid	Pinewood Healthcare Group

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st July 2013

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST JULY 2013
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Apodespan PR Prolonged Release Tabs. 50 mg./200 mg. 60 (A)	S1B	7.70	45408
(Non-Proprietary Name Index: Levodopa and Decarboxylase Inhibitor)			
Diacronal MR Modified Release Tabs. 30 mg. 60 (A)	S1B	3.65	46902
Diacronal MR Modified Release Tabs. 60 mg. 30 (A)	S1B	3.65	46903
(Non-Proprietary Name Index: Gliclazide)			
Icorvida SR Prolonged Release Tabs. 1.5 mg. 30 (A)	S1B	2.71	37133
(Non-Proprietary Name Index: Indapamide)			
Levetiracetam (Accord Healthcare Ltd.) Film Coated Tabs. 1000 mg. 60 (A)	S1B	72.86	51412
(Non-Proprietary Name Index: Levetiracetam)			
Lycimor Hard Caps. 300 mg. 28 (A)	S1A	4.26	31102
(Non-Proprietary Name Index: Lymecycline)			
Maruxa Film Coated Tabs. 10 mg. 28 (A)	S1A	21.45	32504
Maruxa Film Coated Tabs. 10 mg. 56 (A)	S1A	42.89	32505
(Non-Proprietary Name Index: Memantine)			
Pravastatin Sodium (Actavis) Tabs. 10 mg. 28 (A)	S1B	6.34	60564
Pravastatin Sodium (Actavis) Tabs. 20 mg. 28 (A)	S1B	12.19	60565
Pravastatin Sodium (Actavis) Tabs. 40 mg. 28 (A)	S1B	15.24	60566
(Non-Proprietary Name Index: Pravastatin)			
Propafenone Hydrochloride (Accord Healthcare Ltd.) Film Coated Tabs. 150 mg. 90 (A)	S1B	4.37	36406
Propafenone Hydrochloride (Accord Healthcare Ltd.) Film Coated Tabs. 300 mg. 60 (A)	S1B	6.26	36407
(Non-Proprietary Name Index: Propafenone)			
Rabeprazole (Gerard Labs.) Gastro-Resistant Tabs. 10 mg. 28 (A)	S1B	9.49	53905
Rabeprazole (Gerard Labs.) Gastro-Resistant Tabs. 20 mg. 28 (A)	S1B	14.88	53906
(Non-Proprietary Name Index: Rabeprazole)			
Raporsin Prolonged Release Tabs. 8 mg. 28 (A)	S1B	7.07	53915
(Non-Proprietary Name Index: Doxazosin)			
Risperidone Mylan (Gerard Labs.) Film Coated Tabs. 0.5 mg. 20 (A)	S1A	2.41	39515
Risperidone Mylan (Gerard Labs.) Film Coated Tabs. 1 mg. 20 (A)	S1A	3.84	39516
Risperidone Mylan (Gerard Labs.) Film Coated Tabs. 2 mg. 60 (A)	S1A	24.69	39517
Risperidone Mylan (Gerard Labs.) Film Coated Tabs. 3 mg. 60 (A)	S1A	33.47	39518
(Non-Proprietary Name Index: Risperidone)			
*Sidena Tabs. 25 mg. 4 (A)	S1A	11.30	33504
*Sidena Tabs. 50 mg. 4 (A)	S1A	13.18	33505
*Sidena Tabs. 100 mg. 4 (A)	S1A	16.01	33506
(Non-Proprietary Name Index: Sildenafil)			
*Sildenafil (Accord Healthcare Ltd.) Film Coated Tabs. 25 mg. 4 (A)	S1A	11.29	33515
*Sildenafil (Accord Healthcare Ltd.) Film Coated Tabs. 50 mg. 4 (A)	S1A	13.17	33516
*Sildenafil (Accord Healthcare Ltd.) Film Coated Tabs. 100 mg. 4 (A)	S1A	15.99	33517
(Non-Proprietary Name Index: Sildenafil)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
*Sildenafil (Actavis) Film Coated Tabs. 25 mg. 4 (A)	S1A	11.30	33520
*Sildenafil (Actavis) Film Coated Tabs. 50 mg. 4 (A)	S1A	13.18	33521
*Sildenafil (Actavis) Film Coated Tabs. 100 mg. 4 (A)	S1A	16.01	33522
(Non-Proprietary Name Index: Sildenafil)			
*Sildenafil (Clonmel) Film Coated Tabs. 25 mg. 4 (A)	S1A	11.30	33534
*Sildenafil (Clonmel) Film Coated Tabs. 50 mg. 4 (A)	S1A	13.18	33535
*Sildenafil (Clonmel) Film Coated Tabs. 100 mg. 4 (A)	S1A	16.01	33536
(Non-Proprietary Name Index: Sildenafil)			
*Sildenafil Mylan (Gerard Labs.) Film Coated Tabs. 25 mg. 4 (A)	S1A	11.30	33555
*Sildenafil Mylan (Gerard Labs.) Film Coated Tabs. 50 mg. 4 (A)	S1A	13.18	33556
*Sildenafil Mylan (Gerard Labs.) Film Coated Tabs. 100 mg. 4 (A)	S1A	16.01	33557
(Non-Proprietary Name Index: Sildenafil)			
*Sildenafil TEVA Film Coated Tabs. 50 mg. 4 (A)	S1A	13.17	33563
*Sildenafil TEVA Film Coated Tabs. 100 mg. 4 (A)	S1A	16.01	33564
(Non-Proprietary Name Index: Sildenafil)			
Tyvense Hard Caps. 30 mg. 28 (A)	CD2	73.48	45415
Tyvense Hard Caps. 50 mg. 28 (A)	CD2	84.67	45416
Tyvense Hard Caps. 70 mg. 28 (A)	CD2	104.93	45417
(Non-Proprietary Name Index: Lisdexamfetamine)			
*Vizarsin Film Coated Tabs. 25 mg. 4 (A)	S1A	11.30	33580
*Vizarsin Film Coated Tabs. 50 mg. 4 (A)	S1A	13.18	33581
*Vizarsin Film Coated Tabs. 100 mg. 4 (A)	S1A	16.01	33582
(Non-Proprietary Name Index: Sildenafil)			
*Vizarsin Orodispersible Tabs. 25 mg. 4 (A)	S1A	11.30	33592
*Vizarsin Orodispersible Tabs. 50 mg. 4 (A)	S1A	13.18	33593
*Vizarsin Orodispersible Tabs. 100 mg. 4 (A)	S1A	16.01	33594
(Non-Proprietary Name Index: Sildenafil)			

**** Please Note:- Reimbursement Restrictions as per Circular PB285 Apply***

ADDITION TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST JULY 2013

Add	GlucoMen LX B-Ketone Sensor 10 (A)	23.64	85113

DELETIONS

Adartrel Tabs. 0.25 mg. 12 (A)	10411
Adartrel Tabs. 0.5 mg. 28 (A)	10427
Adartrel Tabs. 2 mg. 28 (A)	10484
Calmax Tabs. 500 mcg. 100 (A)	15946
Combineb (Breathe Pharmaceuticals) Nebuliser Soln. Amp. 0.5 mg./2.5 mg. 2.5 ml. 60 (A)	18745
Geramet Tabs. 200 mg. 120 (A)	17728
Ketek Tabs. 400 mg. 10 (A)	29986

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st June 2013

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST JUNE 2013
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Atorvastatin (Actavis) Film Coated Tabs. 10 mg. 100 (A)	S1B	29.95	15451
Atorvastatin (Actavis) Film Coated Tabs. 20 mg. 100 (A)	S1B	56.19	15486
Atorvastatin (Actavis) Film Coated Tabs. 40 mg. 100 (A)	S1B	57.82	15593
(Non-Proprietary Name Index: Atorvastatin)			
Azithromycin (Actavis) Film Coated Tabs. 250 mg. 6 (A)	S1A	8.37	16239
(Non-Proprietary Name Index: Azithromycin)			
Esomeprazole (Actavis) Gastro-Resistant Tabs. 20 mg. 28 (A)	S1B	14.43	17456
Esomeprazole (Actavis) Gastro-Resistant Tabs. 40 mg. 28 (A)	S1B	22.26	17468
(Non-Proprietary Name Index: Esomeprazole)			
Kalcipos-D Forte Film Coated Tabs. 500 mg./800 iu 30 (A)	S1B	7.72	17534
Kalcipos-D Forte Film Coated Tabs. 500 mg./800 iu 60 (A)	S1B	10.48	17565
(Non-Proprietary Name Index: Calcium Carbonate and Colecalciferol)			
Losartan Potassium (Pinewood) Film Coated Tabs. 50 mg. 28 (A)	S1B	9.89	32501
(Non-Proprietary Name Index: Losartan)			
Nemdatine Film Coated Tabs. 10 mg. 28 (A)	S1A	21.45	32563
Nemdatine Film Coated Tabs. 10 mg. 56 (A)	S1A	42.89	32578
(Non-Proprietary Name Index: Memantine)			
Notiabolfen XL Prolonged Release Tabs. 200 mg. 60 (A)	S1A	64.55	32632
Notiabolfen XL Prolonged Release Tabs. 300 mg. 60 (A)	S1A	84.15	32743
Notiabolfen XL Prolonged Release Tabs. 400 mg. 60 (A)	S1A	112.76	32796
(Non-Proprietary Name Index: Quetiapine)			
Sildenafil (Pfizer) Film Coated Tabs. 50 mg. 4 (A)	S1A	13.18	33357
Sildenafil (Pfizer) Film Coated Tabs. 100 mg. 4 (A)	S1A	16.01	33542
(Non-Proprietary Name Index: Sildenafil)			
Please Note:- Reimbursement Restrictions as per Circular PB285 Apply			
Tonpular XL Prolonged Release Hard Caps. 75 mg. 28 (A)	S1A	11.34	36530
Tonpular XL Prolonged Release Hard Caps. 150 mg. 28 (A)	S1A	19.14	36537
(Non-Proprietary Name Index: Venlafaxine Hydrochloride)			
Trusitev SR Prolonged Release Hard Caps. 2 mg. 28 (A)	S1B	20.68	42046
Trusitev SR Prolonged Release Hard Caps. 4 mg. 28 (A)	S1B	21.58	42052
(Non-Proprietary Name Index: Tolterodine)			

DELETIONS

Calmax Tabs. 250 mcg. 100 (A)	15915
Cefodox Paed. Susp. 40 mg./5 ml. 100 ml. (B)	92134
Dovonex Cream 120 G. (B)	29123
Insuman Rapid OptiSet 100 IU/ml. 3 ml. Pre-filled Pen 5 (A)	68299
Losec MUPS (McDowell Pharmaceuticals) Gastro-Resistant Tabs. 20 mg. 28 (A)	32110
Losec MUPS (McDowell Pharmaceuticals) Gastro-Resistant Tabs. 40 mg. 7 (A)	65570
Nexium (McDowell Pharmaceuticals) Gastro-Resistant Tabs. 20 mg. 28 (A)	61438

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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Effective 1st May 2013

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST MAY 2013
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Amlodipine (KRKA Pharma) Tabs. 5 mg. 28 (A)	S1B	5.85	15082
Amlodipine (KRKA Pharma) Tabs. 10 mg. 28 (A)	S1B	8.74	15093
(Non-Proprietary Name Index: Amlodipine)			
Azithromycin Teva Film Coated Tabs. 250 mg. 6 (A)	S1A	8.37	16198
(Non-Proprietary Name Index: Azithromycin)			
Betmiga Prolonged Release Tabs. 25 mg. 30 (A)	S1B	35.64	17598
Betmiga Prolonged Release Tabs. 50 mg. 30 (A)	S1B	35.64	17632
(Non-Proprietary Name Index: Mirabegron)			
Dymista Nasal Spray Susp. 137 mcg./50 mcg. per actuation, 23 G. Bottle (A)	S1B	21.33	18354
Code the number of packs dispensed			
(Non-Proprietary Name Index: Fluticasone, Combinations)			
Metophage Film Coated Tabs. 500 mg. 90 (A)	S1B	2.15	18832
Metophage Film Coated Tabs. 850 mg. 60 (A)	S1B	2.37	18895
(Non-Proprietary Name Index: Metformin)			
Nortem Tabs. 10 mg. 28 (A)	CD3	2.00	19385
Nortem Tabs. 20 mg. 28 (A)	CD3	3.08	19427
(Non-Proprietary Name Index: Temazepam)			

DELETIONS

Flagyl Suppos. 500 mg. 10 (A)	71536

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST MAY 2013

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Binocrit Soln. for Inj. in Pre-filled Syringe 2,000 iu/ml. 1 ml. 6 (A) *Code the number of pre-filled syringes dispensed*	88033	Erythropoietin	87.75	Novartis Ireland Ltd.	Movianto
Binocrit Soln. for Inj. in Pre-filled Syringe 10,000 iu/ml. 1 ml. 6 (A) *Code the number of pre-filled syringes dispensed*	88089	Erythropoietin	445.33	Novartis Ireland Ltd.	Movianto

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Effective 1st April 2013

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST APRIL 2013

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Deslor Oral Soln. 0.5 mg./ml. 100 ml. (B) *(Non-Proprietary Name Index: Desloratadine)*	S1B	3.23	35803
Latanoprost TEVA Eye Drops. Soln. 50 mcg./ml. 2.5 ml. 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Latanoprost)*	S1A	9.59	53440
Pioglitazone (Rowex) Tabs. 15 mg. 28 (A)	S1B	18.13	34805
Pioglitazone (Rowex) Tabs. 30 mg. 28 (A)	S1B	26.97	34806
Pioglitazone (Rowex) Tabs. 45 mg. 28 (A) *(Non-Proprietary Name Index: Pioglitazone)*	S1B	25.65	34807

DELETIONS

Fintex Tabs. 5 mg. 28 (A)	25627
Insuman Comb 50 OptiSet 100 IU/ml. 3 ml. Pre-filled Pen 5 (A)	68113
Lamotrigine (Ranbaxy) Dispersible Tabs. 50 mg. 56 (A)	32464
Lamotrigine (Ranbaxy) Dispersible Tabs. 25 mg. 56 (A)	32463
Lamotrigine (Ranbaxy) Dispersible Tabs. 100 mg. 56 (A)	32465
Lamotrigine (Ranbaxy) Dispersible Tabs. 200 mg. 56 (A)	32466
Rangabax Hard Caps. 100 mg. 100 (A)	42902
Rangabax Hard Caps. 300 mg. 100 (A)	42923
Rangabax Hard Caps. 400 mg. 100 (A)	42948
Rangabax Hard Caps. 800 mg. 100 (A)	42966

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UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST APRIL 2013

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Dificlir Film Coated Tabs. 200 mg. 20 (A)	88252	Fidaxomicin	1620.00	Astellas Pharma Co. Ltd.	United Drug

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Proleukin Pdr. for Soln. for Inj. of Inf. 18 miu./ml. 1 (A)	88542	Aldesleukin	Novartis Ireland Limited

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1ST MARCH 2013
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Atorvastatin (Pinewood Healthcare) Film Coated Tabs. 10 mg. 28 (A)	S1B	11.56	42020
Atorvastatin (Pinewood Healthcare) Film Coated Tabs. 20 mg. 28 (A)	S1B	18.22	42021
Atorvastatin (Pinewood Healthcare) Film Coated Tabs. 40 mg. 28 (A)	S1B	30.48	42022
Atorvastatin (Pinewood Healthcare) Film Coated Tabs. 80 mg. 28 (A)	S1B	35.10	42023
(Non-Proprietary Name Index: Atorvastatin)			
Clopidogrel (Actavis) Film Coated Tabs. 75 mg. 100 (A)	S1B	87.83	65123
(Non-Proprietary Name Index: Clopidogrel)			
Dovobet Gel 50 mcg./G. + 0.5 G./G. Gel (60 G. Tube x 2) Treatment Pack 1 (A)	S1A	82.00	44615
Code the number of packs dispensed			
(Non-Proprietary Name Index: Calcipotriol, Combinations)			
Losartan Potassium (Pinewood Healthcare) Film Coated Tabs. 100 mg. 28 (A)	S1B	16.63	32635
(Non-Proprietary Name Index: Losartan)			
Montelair Chewable Tabs. 4 mg. 28 (A)	S1B	16.77	45103
Montelair Chewable Tabs. 5 mg. 28 (A)	S1B	17.17	45104
Montelair Film Coated Tabs. 10 mg. 28 (A)	S1B	16.86	45105
(Non-Proprietary Name Index: Montelukast)			
Montelukast Mylan (Gerard Labs.) Chewable Tabs. 4 mg. 28 (A)	S1B	16.77	45115
Montelukast Mylan (Gerard Labs.) Chewable Tabs. 5 mg. 28 (A)	S1B	17.17	45116
Montelukast Mylan (Gerard Labs.) Film Coated Tabs. 10 mg. 28 (A)	S1B	16.87	45117
(Non-Proprietary Name Index: Montelukast)			
Montelukast (Niche Generics) Chewable Tabs. 4 mg. 28 (A)	S1B	16.77	45120
Montelukast (Niche Generics) Chewable Tabs. 5 mg. 28 (A)	S1B	17.17	45121
Montelukast (Niche Generics) Film Coated Tabs. 10 mg. 28 (A)	S1B	16.87	45122
(Non-Proprietary Name Index: Montelukast)			
Montelukast Paed. (Accord Healthcare Ltd.) Chewable Tabs. 4 mg. 28 (A)	S1B	16.77	45130
Montelukast Paed. (Accord Healthcare Ltd.) Chewable Tabs. 5 mg. 28 (A)	S1B	17.17	45131
Montelukast (Accord Healthcare Ltd.) Film Coated Tabs. 10 mg. 28 (A)	S1B	16.87	45132
(Non-Proprietary Name Index: Montelukast)			
Montelukast Paed. (Actavis) Chewable Tabs. 4 mg. 28 (A)	S1B	16.77	45140
Montelukast Paed. (Actavis) Chewable Tabs. 5 mg. 28 (A)	S1B	17.17	45141
Montelukast (Actavis) Film Coated Tabs. 10 mg. 28 (A)	S1B	16.87	45142
(Non-Proprietary Name Index: Montelukast)			
Montelukast Paed. (Rowex) Chewable Tabs. 4 mg. 28 (A)	S1B	16.77	45152
Montelukast Paed. (Rowex) Chewable Tabs. 5 mg. 28 (A)	S1B	17.17	45153
Montelukast (Rowex) Film Coated Tabs. 10 mg. 28 (A)	S1B	16.86	45154
(Non-Proprietary Name Index: Montelukast)			
Montelukast TEVA Chewable Tabs. 4 mg. 28 (A)	S1B	16.77	45157
Montelukast TEVA Chewable Tabs. 5 mg. 28 (A)	S1B	17.17	45158
Montelukast TEVA Film Coated Tabs. 10 mg. 28 (A)	S1B	16.87	45159
Montelukast TEVA Grans. 4 mg. Sachets 28 (A)	S1B	17.12	45160
Code the number of sachets dispensed			
(Non-Proprietary Name Index: Montelukast)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Oxybutynin Hydrochloride (Accord Healthcare Ltd.) Tabs. 2.5 mg. 84 (A)	S1B	4.01	32333
Oxybutynin Hydrochloride (Accord Healthcare Ltd.) Tabs. 5 mg. 84 (A)	S1B	7.79	32334
(Non-Proprietary Name Index: Oxybutynin)			
Quetex XR Prolonged Release Tabs. 200 mg. 60 (A)	S1A	64.55	45168
Quetex XR Prolonged Release Tabs. 300 mg. 60 (A)	S1A	84.15	45169
Quetex XR Prolonged Release Tabs. 400 mg. 60 (A)	S1A	112.76	45170
(Non-Proprietary Name Index: Quetiapine)			
Ursofalk Film Coated Tabs. 500 mg. 100 (A)	S1B	77.54	48545
(Non-Proprietary Name Index: Ursodeoxycholic Acid)			

CHANGES

CHANGES UNDERLINED

Change	Fluanxol Tabs. 0.5 mg. 60	25415
To Read	Fluanxol Film Coated Tabs. 0.5 mg. 60	25415
Change	Fluanxol Tabs. 1 mg. 60	25348
To Read	Fluanxol Film Coated Tabs. 1 mg. 60	25348

DELETIONS

Ampicillin (Athlone Labs.) Caps. 250 mg. 500 (A)	52655
Becotide (Primecrown) 50 Inhaler 200 Dose Aerosol 1 (A)	67270
Becotide (Primecrown) 100 Inhaler 200 Dose Aerosol 1 (A)	67295
Beconase (Primecrown) Aqueous Nasal Spray 50 mcg. 200 Dose Pack (A)	67231
Dovonex Scalp Soln. 60 ml. (B)	22070
Grepid Tabs. 75 mg. 28 (A)	27540
Imdur (Primecrown) Prolonged Release Tabs. 60 mg. 28 (A)	31497
Nitrodur Patches 0.1 mg./hr. 28 (A)	36011
Nolvadex D (B & S Healthcare) Tabs. 20 mg. 30 (A)	36967
Serevent (Primecrown) Inhaler 25 mcg. 120 Dose Aerosol (A)	73070
Tagamet (Primecrown) Tabs. 400 mg. 60 (A)	48425
Tredaptive Modified Release Tabs. 1000 mg./20 mg. 28 (A)	50519
Tredaptive Modified Release Tabs. 1000 mg./20 mg. 56 (A)	50547
Ventolin (Primecrown) Evohaler 100 mcg. 200 Dose Aerosol 1 (A)	52008
Zantac (Primecrown) Tabs. 150 mg. 60 (A)	54479
Zantac (Primecrown) Tabs. 300 mg. 30 (A)	55769
Zestril (Primecrown) Tabs. 5 mg. 28 (A)	58301
Zestril (Primecrown) Tabs. 5 mg. 60 (A)	58335
Zestril (Primecrown) Tabs. 20 mg. 28 (A)	58363
Zispin (McDowell Pharmaceuticals) SolTab Orodispersible Tabs. 45 mg. 30 (A)	62795

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST MARCH 2013

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Inlyta Film Coated Tabs. 1 mg. 56 (A)	88116	Axitinib	1,194.12	Pfizer Healthcare Ireland	Movianto
Inlyta Film Coated Tabs. 5 mg. 56 (A)	88117	Axitinib	4,895.10	Pfizer Healthcare Ireland	Movianto
Kalydeco Film Coated Tabs. 150 mg. 56 (A)	88134	Ivacaftor	18,000.00	Vertex Pharmaceuticals UK Ltd.	Arvato Distribution GmbH
Zelboraf Film Coated Tabs. 240 mg. 56 (A)	88248	Vemurafenib	2,243.20	Roche Products Ireland	Allphar

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Zomacton Inj. 4 mg. 1 (A)	88235	Somatropin	Ferring Pharmaceuticals Ireland Ltd.

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1ST FEBRUARY 2013
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Dancex SR Prolonged Release Tabs. 40 mg. 56 (A)	CD2	43.12	28153
Dancex SR Prolonged Release Tabs. 80 mg. 56 (A)	CD2	79.38	28154
(Non-Proprietary Name Index: Oxycodone)			
Deslor Film Coated Tabs. 5 mg. 30 (A)	S1B	5.59	35715
(Non-Proprietary Name Index: Desloratadine)			
Efestad Film Coated Tabs. 5 mg. 30 (A)	S1B	5.59	44620
(Non-Proprietary Name Index: Desloratadine)			
Flutiform Metered Dose Pressurised Inhal. Susp. 50 mcg./5 mcg. per actuation, 120 Doses 1 (A)	S1B	27.00	33301
Flutiform Metered Dose Pressurised Inhal. Susp. 125 mcg./5 mcg. per actuation, 120 Doses 1 (A)	S1B	39.96	33302
Flutiform Metered Dose Pressurised Inhal. Susp. 250 mcg./10 mcg. per actuation, 120 Doses 1(A)	S1B	55.08	33303
Code the number of Inhalers dispensed			
(Non-Proprietary Name Index: Formoterol and other drugs for Obstructive Airways Disease)			
Ibandronic Acid (Clonmel) Film Coated Tabs. 150 mg. 1 (A)	S1B	14.97	16140
(Non-Proprietary Name Index: Ibandronic Acid)			
Picato Gel 150 mcg./G. (0.47 G. Tube x 3) Treatment Pack 1 (A)	S1A	89.90	54404
Picato Gel 500 mcg./G. (0.47 G. Tube x 2) Treatment Pack 1 (A)	S1A	89.90	54405
Code the number of packs dispensed			
(Non-Proprietary Name Index: Ingenol Mebutate)			
Timofluid Eye Gel 1 mg./G. 0.4 G. Sachet 30 (A)	S1B	6.42	53567
Code the number of sachets dispensed			
(Non-Proprietary Name Index: Timolol)			

DELETIONS

Lopresor Tabs. 50 mg. 56 (A)	31852
Melfen Tabs. 400 mg. 250 (A)	77372

EXEMPT MEDICINAL PRODUCTS
DELETIONS 1ST FEBRUARY 2013
IF NOT ALREADY CHANGED TO LICENSED PRODUCT, CLIENTS SHOULD BE REFERRED BACK TO PRESCRIBER

Mercaptopurine (ULM) Susp. 50 mg./5 ml. 50 ml. (B) 20395
From 1st February 2013 this item will not be reimbursed as Exempt Medicinal Product as per circular 009/10 dated April 2010.

Mercaptopurine (ULM) Susp. 100 mg./5 ml. 50 ml. (B) 20396
From 1st February 2013 this item will not be reimbursed as Exempt Medicinal Product as per circular 009/10 dated April 2010.

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST FEBRUARY 2013

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Binocrit Soln. for Inj. in Pre-filled Syr. 3,000 IU/0.3 ml. 0.3 ml. 6 (A) *Code the number of syringes dispensed*	88217	Erythropoietin	131.63	Novartis Ireland Ltd.	Movianto
Binocrit Soln. for Inj. in Pre-filled Syr. 4,000 IU/0.4 ml. 0.4 ml. 6 (A) *Code the number of syringes dispensed*	88218	Erythropoietin	178.12	Novartis Ireland Ltd.	Movianto
Binocrit Soln. for Inj. in Pre-filled Syr. 5,000 IU/0.5 ml. 0.5 ml. 6 (A) *Code the number of syringes dispensed*	88219	Erythropoietin	212.85	Novartis Ireland Ltd.	Movianto
Binocrit Soln. for Inj. in Pre-filled Syr. 6,000 IU/0.6 ml. 0.6 ml. 6 (A) *Code the number of syringes dispensed*	88236	Erythropoietin	255.40	Novartis Ireland Ltd.	Movianto
Cayston Pdr. & Solv. for Nebuliser Soln. 75 mg. 84 (A) *Code the number of vials dispensed*	88132	Aztreonam	3186.00	Gilead Sciences Ltd.	Gilead Sciences Ltd.
Teysuno Hard Caps. 15 mg. 126 (A)	88328	Tegafur, combinations	413.10	Nordic Pharma	Allphar
Teysuno Hard Caps. 20 mg. 84 (A)	88329	Tegafur, combinations	367.20	Nordic Pharma	Allphar
Viread Tabs. 245 mg. 30 (A) *	88408	Tenofovir Disoproxil	450.37	Gilead Sciences Ltd.	Gilead Sciences Ltd.

**** For Treatment of Hepatitis B Infection Only***

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st January 2013

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST JANUARY 2013
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Bisoprolol (Gerard Labs.) Film Coated Tabs. 5 mg. 28 (A)	S1B	3.20	13860
Bisoprolol (Gerard Labs.) Film Coated Tabs. 10 mg. 28 (A)	S1B	3.60	13885
(Non-Proprietary Name Index: Bisoprolol)			
Codipar Caps. 15 mg./500 mg. 100 (A)	S1A	8.78	14398
(Non-Proprietary Name Index: Paracetamol)			
Donepezil Teva Film Coated Tabs. 5 mg. 28 (A)	S1A	32.93	14738
Donepezil Teva Film Coated Tabs. 10 mg. 28 (A)	S1A	46.23	14750
(Non-Proprietary Name Index: Donepezil)			
Epanutin Infatabs Chewable Tabs. 50 mg. 200 (A)	S1B	23.39	15967
(Non-Proprietary Name Index: Phenytoin)			
Geramox Hard Caps. 250 mg. 100 (A)	S1A	9.61	15983
(Non-Proprietary Name Index: Amoxicillin)			
Komboglyze Film Coated Tabs. 2.5 mg./850 mg. 56 (A)	S1B	40.35	16739
Komboglyze Film Coated Tabs. 2.5 mg./1000 mg. 56 (A)	S1B	40.35	16768
(Non-Proprietary Name Index: Metformin and Saxagliptin)			
Nicorette QuickMist Oromucosal Spray Soln. 1 mg./Spray Dose 2 x 150 Dose Pack 1 (A) *		25.16	17863
Code the number of packs dispensed			
(Non-Proprietary Name Index: Nicotine Replacement Therapy)			
Reimbursable on the GMS Scheme Only – May not be prescribed on Repeat Prescription Forms.			
Nu-Seal Gastro-Resistant Tabs. 75 mg. 100 (A)	S1B	6.93	18672
(Non-Proprietary Name Index: Acetylsalicylic Acid)			

CHANGES
CHANGES UNDERLINED

Change	RiteChol Tabs. 10 mg. 28 (A)	44301
To Read	Simvastatin (KRKA Pharma) Film Coated Tabs. 10 mg. 28 (A)	44301
Change	RiteChol Tabs. 20 mg. 28 (A)	44336
To Read	Simvastatin (KRKA Pharma) Film Coated Tabs. 20 mg. 28 (A)	44336
Change	RiteChol Tabs. 40 mg. 28 (A)	44354
To Read	Simvastatin (KRKA Pharma) Film Coated Tabs. 40 mg. 28 (A)	44354

CORRECTION TO DECEMBER 2012 UPDATE
CORRECTIONS UNDERLINED

Change	Kirnom XL Prolonged Release Hard Caps. 400 mcg. 30 (A)	S1B	19.23	16278
To Read	Kirnom XL Prolonged Release Hard Caps. 400 mcg. 30 (A)	S1B	13.75	16278

ADDITIONS/DELETIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST JANUARY 2013

ADDITIONS

Apollo Twist Lancets 28 G. 0.36 mm 200 (A)	6.00	86391
SuperCheck2 Blood Glucose Test Strips 50 (A)	11.00	86392

DELETIONS

Clever Chek Blood Glucose Test Strips 50 (A)	86390

DELETIONS

Bellcital Tabs. 10 mg. 28 (A)	14104
Capoten Tabs. 50 mg. 56 (A)	16764
Clavamel Forte Tabs. 500/125 mg. 14 (A)	32518
Feldene Caps. 10 mg. 56 (A)	24112
Feldene Caps. 20 mg. 28 (A)	24120
Insuman Comb 15 OptiSet 100 IU/ml. 3 ml. Pre-filled Pen 5 (A)	68026
Isoprinosine Tabs. 500 mg. 24 (A)	29756
Isoprinosine Syr. 50 mg./ml. 120 ml. (B)	29741
Losartan (Ranbaxy) Tabs. 100 mg. 28 (A)	17463
Mianserin HCI (Generics UK) Tabs. 10 mg. 100 (A)	30392
Mianserin HCI (Generics UK) Tabs. 30 mg. 100 (A)	30414
Semi-Daonil Tabs. 2.5 mg. 30 (A)	45777
Tilade CFC-Free Inhaler 2 mg. 112 Dose Metered Aerosol (A)	49830
Vitile MR Tabs. 30 mg. 60 (A)	23250

EXEMPT MEDICINAL PRODUCTS
DELETIONS 1ST FEBRUARY 2013

IF NOT ALREADY CHANGED TO LICENSED PRODUCT, CLIENTS SHOULD BE REFERRED BACK TO PRESCRIBER

Mercaptopurine (ULM) Susp. 50 mg./5 ml. 50 ml. (B) 20395
From 1st February 2013 this item will not be reimbursed as Exempt Medicinal Product as per circular 009/10 dated April 2010.

Mercaptopurine (ULM) Susp. 100 mg./5 ml. 50 ml. (B) 20396
From 1st February 2013 this item will not be reimbursed as Exempt Medicinal Product as per circular 009/10 dated April 2010.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st December 2012

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST DECEMBER 2012
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Buplex Rx Film Coated Tabs. 200 mg. 100 (A)	S1B	3.63	14413
Buplex Rx Film Coated Tabs. 600 mg. 100 (A)	S1B	4.45	14467
(Non-Proprietary Name Index: Ibuprofen)			
Calciup D3 Forte Chewable Tabs. 1000 mg./880 IU 30 (A)		5.12	15264
(Non-Proprietary Name Index: Calcium Carbonate and Colecalciferol)			
Cosartal Plus Film Coated Tabs. 100 mg./12.5 mg. 28 (A)	S1B	14.41	15746
(Non-Proprietary Name Index: Losartan and Diuretics)			
Diazepam (Actavis) Tabs. 2 mg. 100 (A)	S1A	2.33	15880
Diazepam (Actavis) Tabs. 5 mg. 100 (A)	S1A	1.10	15863
Diazepam (Actavis) Tabs. 10 mg. 100 (A)	S1A	4.57	15872
(Non-Proprietary Name Index: Diazepam)			
Esomeprazole (Actavis) Gastro Resistant Hard Caps. 20 mg. 28 (A)	S1B	14.43	15973
Esomeprazole (Actavis) Gastro Resistant Hard Caps. 40 mg. 28 (A)	S1B	22.26	15982
(Non-Proprietary Name Index: Esomeprazole)			
Ibandronic Acid Teva Film Coated Tabs. 150 mg. 1 (A)	S1B	14.97	16130
(Non-Proprietary Name Index: Ibandronic Acid)			
Kirnom XL Prolonged Release Hard Caps. 400 mcg. 30 (A)	S1B	19.23	16278
(Non-Proprietary Name Index: Tamsulosin Hydrochloride)			
Klaram LA Prolonged Release Tabs. 500 mg. 7 (A)	S1A	7.88	17653
(Non-Proprietary Name Index: Clarithromycin)			
Lansoprazole (Actavis) Gastro Resistant Hard Caps. 15 mg. 28 (A)	S1B	6.90	21853
Lansoprazole (Actavis) Gastro Resistant Hard Caps. 30 mg. 28 (A)	S1B	13.72	21887
(Non-Proprietary Name Index: Lansoprazole)			
Rivastigmine (Sandoz) Hard Caps. 1.5 mg. 56 (A)	S1A	39.23	23641
Rivastigmine (Sandoz) Hard Caps. 3 mg. 56 (A)	S1A	40.32	23652
Rivastigmine (Sandoz) Hard Caps. 4.5 mg. 56 (A)	S1A	40.32	23667
Rivastigmine (Sandoz) Hard Caps. 6 mg. 56 (A)	S1A	40.32	23759
(Non-Proprietary Name Index: Rivastigmine)			
Seebri Breezhaler Inhalation Pdr. 44 mcg. Hard Caps. 30 Complete Pack 1 (A)	S1B	37.26	30804
Code the number of packs dispensed			
(Non-Proprietary Name Index: Glycopyrronium Bromide)			
Tendrotil SR Prolonged Release Hard Caps. 2 mg. 28 (A)	S1B	20.69	31598
Tendrotil SR Prolonged Release Hard Caps. 4 mg. 28 (A)	S1B	21.58	31643
(Non-Proprietary Name Index: Tolterodine)			

Drug Description including coding instruction		Legal Class	Reimbursement Price €	Drug Code
CHANGES				
CHANGES UNDERLINED				
Change	Serlo Tabs. 50 mg. 28 (A)			60211
To Read	Sertraline (Actavis) Film Coated Tabs. 50 mg. 28 (A)			60211
Change	Serlo Tabs. 100 mg. 28 (A)			60256
To Read	Sertraline (Actavis) Film Coated Tabs. 100 mg. 28 (A)			60256

ADDENDUM

ADDENDUM TO NOVEMBER 2012 UPDATE

DELETE

Tamiflu (BR Lewis Pharmaceuticals) Caps. 75 mg. 10 (A)	46832

DELETIONS

Bricanyl Respules 2.5 mg./ml. 2 ml. 20 (A)	15067
Gyno-Daktarin Pess. 100 mg. 14 (A)	68969
Lopresor Tabs. 100 mg. 56 (A)	73245
Lopresor SR Tabs. 200 mg. 28 (A)	79928
Miacalcic Nasal Spray 200 iu 2 ml. 1 (A)	30475
Sotacor Tabs. 80 mg. 28 (A)	46713

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
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ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Nebris Steri-Neb Nebuliser Soln. 300 mg./5 ml. 56 (A) *Code the number of ampoules dispensed*	88002	Tobramycin	1762.13	Teva Pharmaceuticals	United Drug
Zytiga Tabs. 250 mg. 120 (A)	88034	Abiraterone	3767.10	Janssen Ltd. Ireland	Movianto Ltd.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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HSE - PRIMARY CARE REIMBURSEMENT SERVICE
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ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Dancex SR Tabs. 5 mg. 28 (A)	CD2	6.79	27483
Dancex SR Tabs. 10 mg. 56 (A)	CD2	10.96	28014
Dancex SR Tabs. 20 mg. 56 (A)	CD2	21.91	28146
(Non-Proprietary Name Index: Oxycodone)			
Deterodine SR Caps. 2 mg. 28 (A)	S1B	20.69	46532
Deterodine SR Caps. 4 mg. 28 (A)	S1B	21.58	46973
(Non-Proprietary Name Index: Tolterodine)			
Osbonelle Film Coated Tabs. 150 mg. 1 (A)	S1B	14.97	52367
(Non-Proprietary Name Index: Ibandronic Acid)			
Rabeprazole Sodium TEVA Gastro-Resistant Tabs. 10 mg. 30 (A)	S1B	10.17	53984
Rabeprazole Sodium TEVA Gastro-Resistant Tabs. 20 mg. 30 (A)	S1B	15.94	54862
(Non-Proprietary Name Index: Rabeprazole)			
Zolmitriptan TEVA Orodispersible Tabs. 2.5 mg. 6 (A)	S1B	15.80	76843
(Non-Proprietary Name Index: Zolmitriptan)			

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AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
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ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Arcoxia Film Coated Tabs. 90 mg. 5 (A) *(Non-Proprietary Name Index: Etoricoxib)*	S1B	5.46	14263
Atorvastatin (Actavis) Film Coated Tabs. 80 mg. 28 (A) *(Non-Proprietary Name Index: Atorvastatin)*	S1B	35.10	25398
Bonasol Once Weekly Oral Soln. 70 mg. 4 x 100 ml. (B) *Code the number of mls. dispensed* *(Non-Proprietary Name Index: Alendronic Acid)*	S1B	21.06	26874
Desunin Tabs. 800 IU 90 (A) *(Non-Proprietary Name Index: Colecalciferol)*	S1B	10.58	41962
Diamicron MR Tabs. 60 mg. 30 (A) *(Non-Proprietary Name Index: Gliclazide)*	S1B	3.73	46985
Donecept FC Tabs. 5 mg. 100 (A)	S1A	114.74	46991
Donecept FC Tabs. 10 mg. 100 (A) *(Non-Proprietary Name Index: Donepezil)*	S1A	160.87	48653
Tamiflu Pdr. for Oral Susp. 6 mg./ml. 100 ml. (B) *(Non-Proprietary Name Index: Oseltamivir)*	S1A	11.28	90123

CHANGES
CHANGES UNDERLINED

Change	Klaram Tabs. 250 mg. 14 (A	30104
To Read	Clarithromycin (Actavis) Film Coated Tabs. 250 mg. 14 (A)	30104
Change	Klaram Tabs. 500 mg. 14 (A)	30142
To Read	Clarithromycin (Actavis) Film Coated Tabs. 500 mg. 14 (A)	30142
Change	Mirtall Film Coated Tabs. 15 mg. 30 (A)	23940
To Read	Mirtazapine (Actavis) Film Coated Tabs. 15 mg. 30 (A)	23940
Change	Mirtall Film Coated Tabs. 30 mg. 30 (A)	24182
To Read	Mirtazapine (Actavis) Film Coated Tabs. 30 mg. 30 (A)	24182
Change	Mirtall Film Coated Tabs. 45 mg. 30 (A)	24496
To Read	Mirtazapine (Actavis) Film Coated Tabs. 45 mg. 30 (A)	24496

DELETIONS

Actonel Once a Week (McDowell Pharmaceuticals) Tabs. 35 mg. 4 (A)	10793
Adcortyl in Orabase 10 G. (B)	10618
Arizime Film Coated Tabs. 5 mg. 28 (A)	14285
Arizime Film Coated Tabs. 10 mg. 28 (A)	14286
Betnelan Tabs. 0.5 mg. 100 (A)	14818
Desmotabs Tabs. 0.2 mg. 30 (A)	20496
Dyazide (B & S Healthcare) Tabs. 50 mg./25 mg. 30 (A)	22530
Isopto Carpine Eye Drops 0.5% 10 ml. (B)	29580
Isopto Carpine Eye Drops 1% 10 ml. (B)	29599
Lochol Caps. 20 mg. 28 (A)	42110
Lochol Caps. 40 mg. 28 (A)	42111
Predsol Retention Enema 100 ml. 7 (A)	41963
Resdal Orodispersible Tabs. 0.5 mg. 28 (A)	43804
Resdal Orodispersible Tabs. 1 mg. 28 (A)	43835
Resdal Orodispersible Tabs. 2 mg. 28 (A)	43872
Tamiflu Oral Susp. 12 mg./ml. 52 ml. (B)	91082
Trandate Inj. 5 mg./ml. 20 ml. 5 (A)	69825

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UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
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ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Bicalutamide (Accord Healthcare Ltd.) Film Coated Tabs. 50 mg. 28 (A)	88654	Bicalutamide	44.99	Accord Healthcare	Medisource

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Prostap 3 Depot Inj. 11.25 mg. Sachet 1 (A)	88131	Leuprorelin	Takeda Products Ireland Ltd.

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ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Bonefurbit Film Coated Tabs. 150 mg. 1 (A) *(Non-Proprietary Name Index: Ibandronic Acid)*	S1B	21.21	14050
Desloratadine (Ratiopharm) Tabs. 5 mg. 30 (A) *(Non-Proprietary Name Index: Desloratadine)*	S1B	7.39	35710
Fentadur Transdermal Patch 12 mcg./Hour 5 (A) *Code the number of patches dispensed* *(Non-Proprietary Name Index: Fentanyl)*	CD2	25.16	57200
Jentadueto Film Coated Tabs. 2.5 mg./850 mg. 56 (A)	S1B	41.05	53875
Jentadueto Film Coated Tabs. 2.5 mg./1000 mg. 56 (A) *(Non-Proprietary Name Index: Metformin and Linagliptin)*	S1B	41.05	53876
Letrozole (Accord Healthcare Ltd.) Film Coated Tabs. 2.5 mg. 28 (A) *(Non-Proprietary Name Index: Letrozole)*	S1A	42.43	24520
Paracetamol (Phoenix Labs. Ltd.) Suppos. 250 mg. 10 (A) *(Non-Proprietary Name Index: Paracetamol)*		4.97	38915
Pioglitazone (Accord Healthcare Ltd.) Tabs. 15 mg. 28 (A)	S1B	23.95	34875
Pioglitazone (Accord Healthcare Ltd.) Tabs. 30 mg. 28 (A)	S1B	35.63	34876
Pioglitazone (Accord Healthcare Ltd.) Tabs. 45 mg. 28 (A) *(Non-Proprietary Name Index: Pioglitazone)*	S1B	33.89	34877

DELETIONS

Aromasin Tabs. 25 mg. 15 (A)	13702
Bellcital Tabs. 20 mg. 28 (A)	14127
Celance Tabs. 1000 mcg. 100 (A)	16900
Gerinap EC Tabs. 500 mg. 100 (A)	12226
Lactulose Sandoz BP Syr. 300 ml. (B)	30058
Ponstan Susp. Paed. 125 ml. (B)	41591
Restandol Caps. 40 mg. 28 (A)	79268

ADDENDUM TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME
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Change	Accu-Chek Mobile Test Strips 100 (A)	40.63	85540
To Read	Accu-Chek Mobile Test Cassette 100 (A)	40.63	85540

DELETIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME
EFFECTIVE 1ST OCTOBER 2012
DELETION

Delete	Convatec Combihesive Natura Two Piece Urostomy Pouch with Bendable Tap Transparent S7355 10 (A)	93123

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST OCTOBER 2012

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Tacrolimus (Accord Healthcare Ltd.) Hard Caps. 0.5 mg. 50 (A)	88545	Tacrolimus	95.12	Accord Healthcare Ireland Ltd.	Medisource
Tacrolimus (Accord Healthcare Ltd.) Hard Caps. 1 mg. 50 (A)	88546	Tacrolimus	102.82	Accord Healthcare Ireland Ltd.	Medisource

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Drug Description including coding instruction	Drug Code
DELETIONS	
Arthrimel Tabs. 500 mg. 90 (A)	13109
Dona Caps. 500 mg. 90 (A)	73710
Dona Sachets 1500 mg. 30 (A)	73806
Dona (Imbat Ltd.) Pdr. for Oral Soln. 1500 mg. Sachets 30 (A)	79364
Dona (P.C.O. Mfg.) Sachets 1500 mg. 30 (A)	22017
Glucosamine (Pharma Nord) Caps. 400 mg. 90 (A)	27782
Omacor Caps. 1000 mg. 28 (A)	37583
Omacor (Amimed) Caps. 1000 mg. 28 (A)	37586
Omacor (Imbat Ltd.) Caps. 1000 mg. 28 (A)	37588
Osteoeze Tabs. 625 mg. 60 (A)	38237
Osteole Sachets 1500 mg. 30 (A)	38183
Xenical Caps. 120 mg. 84 (A)	53316
Xenical (BR Lewis Pharmaceuticals) Caps. 120 mg. 84 (A)	53405
Xenical (Clear Pharmacy) Caps. 120 mg. 84 (A)	53303
Xenical (Doncaster Ltd.) Caps. 120 mg. 84 (A)	53476
Xenical (iMED Healthcare Ltd.) Caps. 120 mg. 84 (A)	53383
Xenical (Lexon UK) Caps. 120 mg. 84 (A)	53416
Xenical (P.C.O. Mfg.) Caps. 120 mg. 84 (A)	53395

ADDENDUM TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST SEPTEMBER 2012

Clinical Nutritional Products

	Drug Code
DELETIONS	
Baguettes White Gluten Free 400 G. Pack 1 (A)	83109
Baking Powder Gluten Free 100 G. Pack 1 (A)	81130
Bread Fibre Gluten Free 400 G. Pack 1 (A)	81000
Bread High Fibre Gluten Free 400 G. Pack 1 (A)	83355
Bread Mix Brown Gluten Free 500 G. Pack 1 (A)	81027
Bread Mix Brown Gluten Free 1 Kg. Pack 1 (A)	83117
Bread Mix White Gluten Free 1 Kg. Pack 1 (A)	83125
Bread Mix White Gluten Free 2 Kg. Pack 1 (A)	81035
Bread Rolls Gluten Free 240 G. Pack 1 (A)	83141
Bread Rolls Gluten Free 280 G. Pack 1 (A)	81334
Bread Rolls Gluten Free 320 G. Pack 1 (A)	83133
Bread Rolls Gluten Free 400 G. Pack 1 (A)	81399
Bread Rolls Gluten Free 425 G. Pack 1 (A)	81416
Bread Rolls High Fibre Gluten Free 320 G. Pack 1 (A)	83158
Bread White Gluten Free 400 G. Pack 1 (A)	81019
Cornflakes Gluten Free 250 G. Pack 1 (A)	81438
Flour White Gluten Free 1 Kg. Pack 1 (A)	83166
Flour White Gluten Free 2 Kg. Pack 1 (A)	81043
Muesli Gluten Free 500 G. Pack 1 (A)	81127
Pasta Gluten Free 250 G. Pack 1 (A)	81450
Pasta Gluten Free 500 G. Pack 1 (A)	81497
Pizza Bases Gluten Free 400 G. Pack 1 (A)	83386
Porridge Gluten Free 500 G. Pack 1 (A)	81528

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Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Alendronic Acid (Accord Healthcare Ltd.) Once Weekly Tabs. 70 mg. 4 (A)	S1B	13.45	12007
(Non-Proprietary Name Index: Alendronic Acid)			
Anastrozole (Accord Healthcare Ltd.) Film Coated Tabs. 1 mg. 28 (A)	S1A	63.56	12953
(Non-Proprietary Name Index: Anastrozole)			
Calcichew-D3 Forte Tabs. 60 (A)		5.49	15890
(Non-Proprietary Name Index: Calcium Carbonate and Colecalciferol)			
Clarithyromycin TEVA Film Coated Tabs. 250 mg. 14 (A)	S1A	2.97	13002
Clarithyromycin TEVA Film Coated Tabs. 500 mg. 14 (A)	S1A	10.22	13003
(Non-Proprietary Name Index: Clarithyromycin)			
Donepezil (Accord Healthcare Ltd.) Film Coated Tabs. 5 mg. 28 (A)	S1A	31.41	69087
Donepezil (Accord Healthcare Ltd.) Film Coated Tabs. 10 mg. 28 (A)	S1A	44.06	69088
(Non-Proprietary Name Index: Donepezil)			
Drynol Tabs. 20 mg. 30 (A)	S1B	7.45	13105
(Non-Proprietary Name Index: Bilastine)			
Eliquis Film Coated Tabs. 2.5 mg. 20 (A)	S1B	34.24	14024
Eliquis Film Coated Tabs. 2.5 mg. 60 (A)	S1B	102.71	14025
(Non-Proprietary Name Index: Apixaban)			
Reimbursement Post Knee and Hip Replacement Only. Ref Circ. 014/12 (Pharm) & Circ. 015/12 (G.P.)			
Eurartesim Film Coated Tabs. 320 mg./40 mg. 12 (A)	S1A	51.84	15081
(Non-Proprietary Name Index: Artenimol and Piperaquine)			
Exemestane (Accord Healthcare Ltd.) Film Coated Tabs. 25 mg. 30 (A)	S1A	96.31	37615
(Non-Proprietary Name Index: Exemestane)			
Ibandronic Acid Mylan (Gerard Labs.) Film Coated Tabs. 150 mg. 1 (A)	S1B	21.06	14041
(Non-Proprietary Name Index: Ibandronic Acid)			
Ifirmasta Film Coated Tabs. 75 mg. 28 (A)	S1B	12.47	54317
Ifirmasta Film Coated Tabs. 150 mg. 28 (A)	S1B	15.44	54318
Ifirmasta Film Coated Tabs. 300 mg. 28 (A)	S1B	17.93	54319
(Non-Proprietary Name Index: Irbesartan)			
Irbesan Film Coated Tabs. 75 mg. 28 (A)	S1B	12.46	54324
Irbesan Film Coated Tabs. 150 mg. 28 (A)	S1B	15.44	54325
Irbesan Film Coated Tabs. 300 mg. 28 (A)	S1B	17.93	54326
(Non-Proprietary Name Index: Irbesartan)			
Irbesartan (Clonmel) Film Coated Tabs. 75 mg. 28 (A)	S1B	12.46	54340
Irbesartan (Clonmel) Film Coated Tabs. 150 mg. 28 (A)	S1B	15.43	54341
Irbesartan (Clonmel) Film Coated Tabs. 300 mg. 28 (A)	S1B	17.92	54342
(Non-Proprietary Name Index: Irbesartan)			
Irprestan (Actavis) Film Coated Tabs. 75 mg. 28 (A)	S1B	12.47	54358
Irprestan (Actavis) Film Coated Tabs. 150 mg. 28 (A)	S1B	15.44	54359
Irprestan (Actavis) Film Coated Tabs. 300 mg. 28 (A)	S1B	17.93	54360
(Non-Proprietary Name Index: Irbesartan)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Latacris Eye Drops Soln. 50 mcg./ml. 2.5 ml. 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Latanoprost)*	S1A	12.67	53453
Levetiracetam (Accord Healthcare Ltd.) F.C. Tabs. 250 mg. 60 (A)	S1B	32.16	51425
Levetiracetam (Accord Healthcare Ltd.) F.C. Tabs. 500 mg. 60 (A) *(Non-Proprietary Name Index: Levetiracetam)*	S1B	62.76	51426
Naltrexone Hydrochloride (Accord Healthcare Ltd.) F.C. Tabs. 50 mg. 28 (A) *(Non-Proprietary Name Index: Naltrexone)*	S1A	60.36	15085
Olanzapine (Accord Healthcare Ltd.) Film Coated Tabs. 2.5 mg. 28 (A)	S1A	19.12	42310
Olanzapine (Accord Healthcare Ltd.) Film Coated Tabs. 5 mg. 28 (A)	S1A	38.23	42311
Olanzapine (Accord Healthcare Ltd.) Film Coated Tabs. 7.5 mg. 28 (A)	S1A	57.35	42312
Olanzapine (Accord Healthcare Ltd.) Film Coated Tabs. 10 mg. 28 (A)	S1A	76.46	42313
Olanzapine (Accord Healthcare Ltd.) Film Coated Tabs. 15 mg. 28 (A)	S1A	104.28	42314
Olanzapine (Accord Healthcare Ltd.) Film Coated Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Olanzapine)*	S1A	152.95	42315
Pramipexole (Accord Healthcare Ltd.) Tabs. 0.088 mg. 30 (A)	S1B	3.74	36627
Pramipexole (Accord Healthcare Ltd.) Tabs. 0.18 mg. 100 (A)	S1B	24.82	36628
Pramipexole (Accord Healthcare Ltd.) Tabs. 0.7 mg. 100 (A) *(Non-Proprietary Name Index: Pramipexole)*	S1B	99.49	36629
Quetiapine (Accord Healthcare Ltd.) Film Coated Tabs. 25 mg. 60 (A)	S1A	22.01	46086
Quetiapine (Accord Healthcare Ltd.) Film Coated Tabs. 100 mg. 60 (A)	S1A	77.00	46087
Quetiapine (Accord Healthcare Ltd.) Film Coated Tabs. 200 mg. 60 (A)	S1A	87.78	46088
Quetiapine (Accord Healthcare Ltd.) Film Coated Tabs. 300 mg. 60 (A) *(Non-Proprietary Name Index: Quetiapine)*	S1A	142.73	46089
Salbul Inhalation Susp. 100 mcg. 200 Dose Inhaler 1 (A) *Code the number of inhalers dispensed* *(Non-Proprietary Name Index: Salbutamol)*	S1B	3.01	76410
Salmeterol Neolab (Fannin U.K. Ltd.) Inhalation Susp. 25 mcg. 120 Actuations 1 (A) *Code the number of inhalers dispensed* *(Non-Proprietary Name Index: Salmeterol)*	S1B	26.37	73005
Sycrest Sublingual Tabs. 5 mg. 60 (A)	S1A	113.08	31008
Sycrest Sublingual Tabs. 10 mg. 60 (A) *(Non-Proprietary Name Index: Asenapine)*	S1A	113.08	31009
Terazosin (Accord Healthcare Ltd.) Tabs. 2 mg. 28 (A)	S1B	15.65	27806
Terazosin (Accord Healthcare Ltd.) Tabs. 5 mg. 28 (A) *(Non-Proprietary Name Index: Terazosin)*	S1B	21.14	27807
Tolusitol Prolonged Release Caps. 2 mg. 28 (A)	S1B	39.05	53622
Tolusitol Prolonged Release Caps. 4 mg. 28 (A) *(Non-Proprietary Name Index: Tolterodine)*	S1B	40.74	53623
Valsartan (KRKA Pharma) Film Coated Tabs. 40 mg. 28 (A)	S1B	10.10	73738
Valsartan (KRKA Pharma) Film Coated Tabs. 80 mg. 28 (A)	S1B	11.45	73739
Valsartan (KRKA Pharma) Film Coated Tabs. 160 mg. 28 (A) *(Non-Proprietary Name Index: Valsartan)*	S1B	14.82	73740
Xaluprine Oral Susp. 20 mg./ml. 100 ml. (B) *(Non-Proprietary Name Index: Mercaptopurine)*	S1A	232.20	43350

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Xymel SR Prolonged Release Tabs. 100 mg. 60 (A) *(Non-Proprietary Name Index: Tramadol)*	S1A	8.65	52740

CHANGES
CHANGES UNDERLINED

Change	Movitev Pdr. for Oral Soln. 13.7 G. Sachet 30 (A)	36865
To Read	Tevicon Pdr. for Oral Soln. 13.7 G. Sachet 30 (A)	36865
	Code the number of sachets dispensed	

DELETIONS

ByFluc Caps. 150 mg. 1 (A)	14729
ByStat Tabs. 20 mg. 30 (A)	14942
ByTrite Caps. 5 mg. 28 (A)	15165
Requip Tabs. 0.25 mg. 210 (A)	79043
Solvatan Film Coated Tabs. 100 mg. 28 (A)	46510
Solvatan Film Coated Tabs. 50 mg. 28 (A)	46509
Venlift Tabs. 37.5 mg. 56 (A)	79243

ADDITIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME
EFFECTIVE 1ST SEPTEMBER 2012
ADDITIONS

Add	Accu-Chek Mobile Test Strips 100 (A)	40.63	85540
Add	Accu-Chek Fastclix 204 (A)	12.62	85541

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UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST SEPTEMBER 2012

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Extavia Soln. for Inj. 250 mcg./ml. 3 ml. 15 (A)	88574	Interferon Beta-1B	810.00	Novartis Ireland Limited	Movianto
Mycophenolate Mofetil (Accord Healthcare Ltd.) Film Coated Tabs. 500 mg. 50 (A)	88322	Mycophenolic Acid	83.04	Accord Healthcare Ltd.	Medisource
Revatio Pdr. for Oral Susp. 10 mg./ml. 112 ml. (B) *Note: PAH Protocol and Circular 026/06 refers*	88233	Sildenafil	281.18	Pfizer Healthcare Ireland	Movianto

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st August 2012.

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST AUGUST 2012
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Betahistine Dihydrochloride (Accord Healthcare Ltd.) Tabs. 8 mg. 84 (A)	S1B	4.08	45503
Betahistine Dihydrochloride (Accord Healthcare Ltd.) Tabs. 16 mg. 84 (A)	S1B	8.15	45504
(Non-Proprietary Name Index: Betahistine)			
Gabapentin (Accord Healthcare Ltd.) Film Coated Tabs. 600 mg. 100 (A)	S1B	84.67	58605
Gabapentin (Accord Healthcare Ltd.) Film Coated Tabs. 800 mg. 100 (A)	S1B	102.92	58606
(Non-Proprietary Name Index: Gabapentin)			
Levocetirizine (Glenmark Generics (Europe) Ltd.) Tabs. 5 mg. 30 (A)	S1B	7.17	52801
(Non-Proprietary Name Index: Levocetirizine)			
Lipitor Chewable Tabs. 10 mg. 30 (A)	S1B	17.82	41884
Lipitor Chewable Tabs. 20 mg. 30 (A)	S1B	33.70	41885
(Non-Proprietary Name Index: Atorvastatin)			
Nimvastid Hard Caps. 1.5 mg. 56 (A)	S1A	51.84	24472
Nimvastid Hard Caps. 3 mg. 56 (A)	S1A	53.28	24473
Nimvastid Hard Caps. 4.5 mg. 56 (A)	S1A	53.28	24474
Nimvastid Hard Caps. 6 mg. 56 (A)	S1A	53.28	24475
(Non-Proprietary Name Index: Rivastigmine)			
Paracetamol (Phoenix Labs. Ltd.) Suppos. 80 mg. 10 (A)		4.41	38906
Paracetamol (Phoenix Labs. Ltd.) Suppos. 125 mg. 10 (A)		4.75	38907
(Non-Proprietary Name: Paracetamol)			
Rabiclon Gastro-Resistant Tabs. 10 mg. 28 (A)	S1B	12.54	14038
Rabiclon Gastro-Resistant Tabs. 20 mg. 28 (A)	S1B	19.66	14039
(Non-Proprietary Name Index: Rabeprazole)			
Rivastigmine (Actavis) Hard Caps. 1.5 mg. 56 (A)	S1A	66.67	24483
Rivastigmine (Actavis) Hard Caps. 3 mg. 56 (A)	S1A	68.50	24484
Rivastigmine (Actavis) Hard Caps. 4.5 mg. 56 (A)	S1A	68.50	24485
Rivastigmine (Actavis)Hard Caps. 6 mg. 56 (A)	S1A	68.50	24486
(Non-Proprietary Name Index: Rivastigmine)			
Rosuvastatin Mylan (Gerard Labs.) Film Coated Tabs. 5 mg. 28 (A)	S1B	13.00	62865
Rosuvastatin Mylan (Gerard Labs.) Film Coated Tabs. 10 mg. 28 (A)	S1B	16.84	62866
Rosuvastatin Mylan (Gerard Labs.) Film Coated Tabs. 20 mg. 28 (A)	S1B	26.09	62867
Rosuvastatin Mylan (Gerard Labs.) Film Coated Tabs. 40 mg. 28 (A)	S1B	26.81	62868
(Non-Proprietary Name Index: Rosuvastatin)			

DELETIONS

Buspar Tabs. 10 mg. 90 (A)	14576
Captor Tabs. 12.5 mg. 100 (A)	68641
Captor Tabs. 25 mg. 100 (A)	68665
Distamine Tabs. 125 mg. 100 (A)	63460
Distamine Tabs. 250 mg. 100 (A)	63452
Ditropan Elixir 150 ml. (B)	21570
Velosef Caps. 500 mg. 100 (A)	78719

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Addendum to Product Updates Notification
Effective 1st July 2012

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
ADDENDUM TO JULY 2012 UPDATE
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Brilique Film Coated Tabs. 90 mg. 56 (A)	S1B	65.02	26100
Brilique Film Coated Tabs. 90 mg. 100 (A)	S1B	116.10	26101
(Non-Proprietary Name Index: Ticagrelor)			
Edarbi Tabs. 20 mg. 28 (A)	S1B	12.14	51002
Edarbi Tabs. 40 mg. 28 (A)	S1B	15.70	51003
Edarbi Tabs. 80 mg. 28 (A)	S1B	19.93	51004
(Non-Proprietary Name Index: Azilsartan Medoxomil)			
Pradaxa Hard Caps. 150 mg. 60 (30 Day Dose) (A)	S1B	76.14	60602
(Non-Proprietary Name Index: Dabigatran Etexilate)			
Approved as a second line therapy in circumstances where warfarin may not be appropriate.			
Xarelto Film Coated Tabs. 15 mg. 28 (A)	S1B	64.11	53335
Xarelto Film Coated Tabs. 15 mg. 42 (A)	S1B	96.16	53336
Xarelto Film Coated Tabs. 20 mg. 28 (A)	S1B	64.11	53337
(Non-Proprietary Name Index: Rivaroxaban)			
Approved as a second line therapy in circumstances where warfarin may not be appropriate.			

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
ADDENDUM TO THE UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST JULY 2012

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Gilenya Hard Caps. 0.5 mg. 28 (A)	88407	Fingolimod	1825.20	Novartis Ire. Ltd.	Movianto
Revolade Tabs. 25 mg. 28 (A)	88313	Eltrombopag	1021.79	GlaxoSmithKline	PRL GROUP
Revolade Tabs. 50 mg. 28 (A)	88314	Eltrombopag	2043.58	GlaxoSmithKline	PRL GROUP
Xgeva Soln. for Inj. 120 mg. 1 (A) *Code the number of injections dispensed*	88309	Denosumab	356.99	Amgen Ire. Ltd.	United Drug

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st July 2012

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST JULY 2012

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Amlodipine (Pfizer) Tabs. 5 mg. 28 (A)	S1B	5.64	16542
Amlodipine (Pfizer) Tabs. 10 mg. 28 (A)	S1B	8.42	16587
(Non-Proprietary Name Index: Amlodipine)			
Brufen Tabs. 600 mg. 60 (A)	S1B	5.82	16973
Brufen Retard Tabs. 800 mg. 60 (A)	S1B	7.89	16986
(Non-Proprietary Name Index: Ibuprofen)			
Candesartan Hydrochlorothiazide (Actavis) Tabs. 16 mg./12.5 mg. 28 (A)	S1B	25.22	17564
(Non-Proprietary Name Index: Candesartan and Diuretics)			
Levetiracetam (Bluefish) Film Coated Tabs. 250 mg. 60 (A)	S1B	32.16	18257
Levetiracetam (Bluefish) Film Coated Tabs. 500 mg. 60 (A)	S1B	62.77	18361
Levetiracetam (Bluefish) Film Coated Tabs. 1000 mg. 60 (A)	S1B	119.66	18582
(Non-Proprietary Name Index: Levetiracetam)			
*Monuril Grans. 3 G. for Oral Soln. 8 G. 1 (A)	S1A	5.22	19325
Code the number of sachets dispensed			
(Non-Proprietary Name Index: Fosfomycin)			
Risedronate Sodium (Adamed Pharma) Once a Week Film Coated Tabs. 35 mg. 4 (A)	S1B	20.12	19765
(Non-Proprietary Name Index: Risedronic Acid)			
Rosuvastatin (Ranbaxy) Film Coated Tabs. 5 mg. 28 (A)	S1B	14.86	22546
Rosuvastatin (Ranbaxy) Film Coated Tabs. 10 mg. 28 (A)	S1B	18.27	22631
Rosuvastatin (Ranbaxy) Film Coated Tabs. 20 mg. 28 (A)	S1B	29.82	22753
Rosuvastatin (Ranbaxy) Film Coated Tabs. 40 mg. 28 (A)	S1B	30.63	22876
(Non-Proprietary Name Index: Rosuvastatin)			

CHANGES
CHANGES UNDERLINED

Change	Calcium Leucovorin (David Bull Labs.) Tabs. 15 mg. 10 (A)	16063
To Read	Folinic Acid (as Calcium Folinate) Tabs. 15 mg. 10 (A)	16063
Change	Cipralam Tabs. 10 mg. 28 (A)	18322
To Read	Citalopram (Actavis) Tabs. 10 mg. 28 (A)	18322
Change	Cipralam Tabs. 20 mg. 28 (A)	18323
To Read	Citalopram (Actavis) Tabs. 20 mg. 28 (A)	18323
Change	Ebixa Oral Soln. 5 mg./0.5 ml. Pump Activation 50 ml. (B)	22960
To Read	Ebixa 5 mg./Pump Actuation Oral Soln. 50 ml. (B)	22960
Change	Ebixa Oral Soln. 5 mg./0.5 ml. 100 ml. (B)	22979
To Read	Ebixa 5 mg./Pump Actuation Oral Soln. 100 ml. (B)	22979

DELETIONS

Augmentin (B & S Healthcare) Tabs. 250 mg./125 mg. 21 (A)	14220
Axid (B & S Healthcare) Caps. 150 mg. 30 (A)	13253
Buspar Tabs. 5 mg. 90 (A)	14555
Celance Tabs. 50 mcg. 100 (A)	17050
Celance Tabs. 250 mcg. 100 (A)	16858
Folic Acid (Clonmel) Tabs. 5 mg. 100 (A)	25816
Haloperidol (Clonmel) Tabs. 10 mg. 100 (A)	27820
Klacid LA (McDowell Pharmaceuticals) Tabs. 500 mg. 7 (A)	32071
Maxilief Eff. Tabs. 24 (A)	63315
Nicorette Patches 10 mg. 7 (A)	33954
Pariet (McDowell Pharmaceuticals) Gastro-Resistant Tabs. 20 mg. 28 (A)	73186
Prednisolone (Clonmel) Tabs. 1 mg. 100 (A)	59382
**Ti-Tre (ULM) Caps. 20 mcg. 50 (A)	20220
Zovirax (B & S Healthcare) Tabs. 200 mg. 25 (A)	53099

ADDITIONS/CHANGES/DELETIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME
EFFECTIVE 1ST JULY 2012

ADDITIONS

Add	Contour NEXT Blood Glucose Strips 50 (A)	20.73	15963

DELETIONS

Delete	Ascensia Elite Test Strips 50 (A)	15837

* From 1st July 2012 the product 20414 Monuril (ULM) 3000 mg. 8 G. Sachet 1 (A) will not be reimbursed as Exempt Medicinal Products as per circular 009/10 dated April 2010.

** 20220 Ti-Tre (ULM) Caps. 20 mg. 50 (A) will not be reimbursed as Exempt Medicinal Products as per circular 009/10 dated April 2010. As per IMB notification prescribers should be contacted to discuss possible alternative products.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st June 2012

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST JUNE 2012
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Aceomel Tabs. 12.5 mg. 60 (A)	S1B	5.42	13763
Aceomel Tabs. 25 mg. 60 (A)	S1B	4.95	13782
Aceomel Tabs. 50 mg. 60 (A)	S1B	8.43	13795
(Non-Proprietary Name Index: Captopril)			
Buccolam Oromucosal Soln. Pre-Filled Oral Syr. 2.5 mg./0.5 ml. 0.5 ml. 4 (A)	S1A	91.03	14356
Buccolam Oromucosal Soln. Pre-Filled Oral Syr. 5 mg./ml. 1 ml. 4 (A)	S1A	93.03	14361
Buccolam Oromucosal Soln. Pre-Filled Oral Syr. 7.5 mg./1.5 ml. 1.5 ml. 4 (A)	S1A	95.03	14378
Buccolam Oromucosal Soln. Pre-Filled Oral Syr. 10 mg./2 ml. 2 ml. 4 (A)	S1A	96.45	14385
Code the number of Pre-filled syringes dispensed			
(Non-Proprietary Name Index: Midazolam)			
Candesartan (KRKA Pharma) Tabs. 4 mg. 28 (A)	S1B	14.68	14689
Candesartan (KRKA Pharma) Tabs. 8 mg. 28 (A)	S1B	18.66	14765
Candesartan (KRKA Pharma) Tabs. 16 mg. 28 (A)	S1B	25.21	14822
(Non-Proprietary Name Index: Candesartan)			
Inovelon Oral Susp. 40 mg./ml. 460 ml. (B)	S1A	115.86	21546
(Non-Proprietary Name Index: Rufinamide)			
Januvia Film Coated Tabs. 25 mg. 28 (A)	S1B	41.05	23521
Januvia Film Coated Tabs. 50 mg. 28 (A)	S1B	41.05	23569
(Non-Proprietary Name Index: Sitagliptin)			
Nuasa 75 mg. Gastro Resistant Tabs. 30 (A)	S1B	2.04	28647
(Non-Proprietary Name Index: Acetylsalicylic Acid-Aspirin (Antithrombotic))			
Pioglitazone (Actavis) Tabs. 15 mg. 28 (A)	S1B	34.23	34512
Pioglitazone (Actavis) Tabs. 30 mg. 28 (A)	S1B	50.90	34687
Pioglitazone (Actavis) Tabs. 45 mg. 28 (A)	S1B	48.41	34858
(Non-Proprietary Name Index: Pioglitazone)			
Risperidone (Pinewood) Film Coated Tabs. 1 mg. 60 (A)	S1A	10.89	52145
Risperidone (Pinewood) Film Coated Tabs. 2 mg. 60 (A)	S1A	23.30	53698
(Non-Proprietary Name Index: Risperidone)			
Vimpat Syrup 10 mg./ml. 200 ml. (B)	S1B	39.71	65245
(Non-Proprietary Name Index: Lacosamide)			

DELETIONS

Acupan Tabs. 30 mg. 90 (A)	10573
Arava Tabs. 100 mg. 3 (A)	12369
Augmentin-Duo Tabs. 500/125 mg. 14 (A)	13549
ByFluc Caps. 50 mg. 7 (A)	14717
ByTrite Caps. 2.5 mg. 28 (A)	15148
Cytamen Inj. 1000 mcg. 1 ml. 5 (A)	19496
Mydriacyl Eye Drops 1% 5 ml. (B)	35084
Niaspan Prolonged Release Tabs. 7 (A)	36431
Pantoprazole (Ranbaxy) Tabs. 20 mg. 28 (A)	77445
Pantoprazole (Ranbaxy) Tabs. 40 mg. 28 (A)	77446

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST JUNE 2012

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Binocrit Soln. for Inj. in Pre-filled Syr. 20,000 IU/0.5 ml. 0.5 ml. Pack 6 (A) *Code the number of syringes dispensed*	88003	Erythropoietin	906.12	Novartis Ireland	Movianto
Binocrit Soln. for Inj. in Pre-filled Syr. 30,000 IU/0.75 ml. 0.75 ml. Pack 6 (A) *Code the number of syringes dispensed*	88124	Erythropoietin	1,377.00	Novartis Ireland	Movianto
Binocrit Soln. for Inj. in Pre-filled Syr. 40,000 IU/1 ml. 1 ml. Pack 6 (A) *Code the number of syringes dispensed*	88225	Erythropoietin	1,749.60	Novartis Ireland	Movianto
Mycophenolate Mofetil (Pinewood) Film Coated Tabs. 500 mg. 50 (A)	88306	Mycophenolic Acid	100.79	Pinewood Healthcare	United Drug

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st May 2012

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST MAY 2012
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Atorvas Film Coated Tabs. 10 mg. 28 (A)	S1B	15.83	41930
Atorvas Film Coated Tabs. 20 mg. 28 (A)	S1B	29.71	41931
Atorvas Film Coated Tabs. 40 mg. 28 (A)	S1B	30.56	41932
Atorvas Film Coated Tabs. 80 mg. 28 (A)	S1B	35.10	41933
(Non-Proprietary Name Index: Atorvastatin)			
Atorvastatin (Actavis) Film Coated Tabs. 10 mg. 28 (A)	S1B	15.83	41937
Atorvastatin (Actavis) Film Coated Tabs. 20 mg. 28 (A)	S1B	29.71	41938
Atorvastatin (Actavis) Film Coated Tabs. 40 mg. 28 (A)	S1B	30.56	41939
(Non-Proprietary Name Index: Atorvastatin)			
Atorvastatin (Dexcel Pharma) Film Coated Tabs. 10 mg. 28 (A)	S1B	15.83	41958
Atorvastatin (Dexcel Pharma) Film Coated Tabs. 20 mg. 28 (A)	S1B	29.71	41959
Atorvastatin (Dexcel Pharma) Film Coated Tabs. 40 mg. 28 (A)	S1B	30.56	41960
(Non-Proprietary Name Index: Atorvastatin)			
Atorvastatin Mylan (Gerard Labs.) Film Coated Tabs. 10 mg. 28 (A)	S1B	15.83	41965
Atorvastatin Mylan (Gerard Labs.) Film Coated Tabs. 20 mg. 28 (A)	S1B	29.71	41966
Atorvastatin Mylan (Gerard Labs.) Film Coated Tabs. 40 mg. 28 (A)	S1B	30.56	41967
Atorvastatin Mylan (Gerard Labs.) Film Coated Tabs. 80 mg. 28 (A)	S1B	35.10	41968
(Non-Proprietary Name Index: Atorvastatin)			
Atorvastatin (KRKA Pharma) Film Coated Tabs. 10 mg. 28 (A)	S1B	15.82	42015
Atorvastatin (KRKA Pharma) Film Coated Tabs. 20 mg. 28 (A)	S1B	29.70	42016
Atorvastatin (KRKA Pharma) Film Coated Tabs. 40 mg. 28 (A)	S1B	30.56	42017
Atorvastatin (KRKA Pharma) Film Coated Tabs. 80 mg. 28 (A)	S1B	35.10	42018
(Non-Proprietary Name Index: Atorvastatin)			
Atorvastatin (Niche Generics) Film Coated Tabs. 10 mg. 28 (A)	S1B	15.83	41973
Atorvastatin (Niche Generics) Film Coated Tabs. 20 mg. 28 (A)	S1B	29.71	41974
Atorvastatin (Niche Generics) Film Coated Tabs. 40 mg. 28 (A)	S1B	30.56	41975
(Non-Proprietary Name Index: Atorvastatin)			
Atorvastatin (Pfizer) Film Coated Tabs. 10 mg. 30 (A)	S1B	16.85	41906
Atorvastatin (Pfizer) Film Coated Tabs. 20 mg. 30 (A)	S1B	31.75	41907
Atorvastatin (Pfizer) Film Coated Tabs. 40 mg. 30 (A)	S1B	32.72	41908
Atorvastatin (Pfizer) Film Coated Tabs. 80 mg. 30 (A)	S1B	37.58	41909
(Non-Proprietary Name Index: Atorvastatin)			
Atorvastatin TEVA Film Coated Tabs. 10 mg. 28 (A)	S1B	15.83	41990
Atorvastatin TEVA Film Coated Tabs. 20 mg. 28 (A)	S1B	29.70	41991
Atorvastatin TEVA Film Coated Tabs. 40 mg. 28 (A)	S1B	30.56	41992
Atorvastatin TEVA Film Coated Tabs. 80 mg. 28 (A)	S1B	35.10	41993
(Non-Proprietary Name Index: Atorvastatin)			
Candesartan (Actavis) Tabs. 4 mg. 28 (A)	S1B	14.69	15417
Candesartan (Actavis) Tabs. 8 mg. 28 (A)	S1B	18.67	15418
Candesartan (Actavis) Tabs. 16 mg. 28 (A)	S1B	25.22	15419
(Non-Proprietary Name Index: Candesartan)			
Candesartan Hydrochlorothiazide (KRKA Pharma) Tabs. 16 mg./12.5 mg. 28 (A)	S1B	25.21	15425
(Non-Proprietary Name Index: Candesartan and Diuretics)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Candesartan Mylan (Gerard Labs.) Tabs. 4 mg. 28 (A)	S1B	14.68	15433
Candesartan Mylan (Gerard Labs.) Tabs. 8 mg. 28 (A)	S1B	18.66	15434
Candesartan Mylan (Gerard Labs.) Tabs. 16 mg. 28 (A)	S1B	25.20	15435
(Non-Proprietary Name Index: Candesartan)			
Candist Tabs. 4 mg. 28 (A)	S1B	14.69	15409
Candist Tabs. 8 mg. 28 (A)	S1B	18.67	15410
Candist Tabs. 16 mg. 28 (A)	S1B	25.21	15411
(Non-Proprietary Name Index: Candesartan)			
Candist Plus Tabs. 16 mg./12.5 mg. 28 (A)	S1B	25.21	15412
(Non-Proprietary Name Index: Candesartan and Diuretics)			
Catasart Tabs. 4 mg. 28 (A)	S1B	14.69	15491
Catasart Tabs. 8 mg. 28 (A)	S1B	18.67	15492
Catasart Tabs. 16 mg. 28 (A)	S1B	25.22	15493
(Non-Proprietary Name Index: Candesartan)			
Catasart Plus Tabs. 16 mg./12.5 mg. 28 (A)	S1B	25.22	15494
(Non-Proprietary Name Index: Candesartan and Diuretics)			
Clopidogrel (Pinewood) Film Coated Tabs. 75 mg. 30 (A)	S1B	39.79	65120
(Non-Proprietary Name Index: Clopidogrel)			
Crystapen Pdr. for Soln. for Inj. or Inf. 600 mg. 25 (A)	S1A	13.50	70003
Code the number of injections dispensed			
(Non-Proprietary Name Index: Benzylpenicillin)			
Donepezil Niche Film Coated Tabs. 5 mg. 28 (A)	S1A	31.97	69080
Donepezil Niche Film Coated Tabs. 10 mg. 28 (A)	S1A	44.82	69081
(Non-Proprietary Name Index: Donepezil)			
ellaOne Tabs. 30 mg. 1 (A)	S1A	20.37	35500
(Non-Proprietary Name Index: Ulipristal)			
Fentadur Transdermal Patch 25 mcg./Hour 5 (A)	CD2	36.40	57201
Fentadur Transdermal Patch 50 mcg./Hour 5 (A)	CD2	67.99	57202
Fentadur Transdermal Patch 75 mcg./Hour 5 (A)	CD2	94.76	57203
Fentadur Transdermal Patch 100 mcg./Hour 5 (A)	CD2	116.79	57204
Code the number of patches dispensed			
(Non-Proprietary Name Index: Fentanyl)			
Geroquel Film Coated Tabs. 25 mg. 60 (A)	S1A	38.49	46080
Geroquel Film Coated Tabs. 100 mg. 60 (A)	S1A	110.02	46081
Geroquel Film Coated Tabs. 200 mg. 60 (A)	S1A	125.42	46082
Geroquel Film Coated Tabs. 300 mg. 60 (A)	S1A	203.93	46083
(Non-Proprietary Name Index: Quetiapine)			
Nicorette Inhaler 15 mg. 20 Cartridge Pack 1 (A)		17.11	36681
Code the number of patches dispensed			
(Non-Proprietary Name Index: Nicotine Replacement Therapy)			
Nuprin Gastro-Resistant Tabs. 75 mg. 100 (A)	S1B	6.92	43747
(Non-Proprietary Name Index: Acetylsalicylic Acid – Aspirin (Antithrombotic))			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Torvacol Film Coated Tabs. 10 mg. 28 (A)	S1B	15.83	42000
Torvacol Film Coated Tabs. 20 mg. 28 (A)	S1B	29.70	42001
Torvacol Film Coated Tabs. 40 mg. 28 (A)	S1B	30.55	42002
Torvacol Film Coated Tabs. 80 mg. 28 (A)	S1B	35.10	42003
(Non-Proprietary Name Index: Atorvastatin)			
Torvan Film Coated Tabs. 10 mg. 28 (A)	S1B	15.83	42007
Torvan Film Coated Tabs. 20 mg. 28 (A)	S1B	29.71	42008
Torvan Film Coated Tabs. 40 mg. 28 (A)	S1B	30.56	42009
Torvan Film Coated Tabs. 80 mg. 28 (A)	S1B	35.10	42010
(Non-Proprietary Name Index: Atorvastatin)			

CHANGES
CHANGES UNDERLINED

Change	Naramerg Film Coated Tabs. 2.5 mg. 6 (A)	46642
To Read	Naraverg Film Coated Tabs. 2.5 mg. 6 (A)	46642
Change	Naramerg Film Coated Tabs. 2.5 mg. 12 (A)	46643
To Read	Naraverg Film Coated Tabs. 2.5 mg. 12 (A)	46643

DELETIONS

Bellzac Caps. 20 mg. 30 (A)	25768
ByStat Tabs. 10 mg. 30 (A)	14910
Centyl Tabs. 5 mg. 500 (A)	17078
Ventolin Tabs. 2 mg. 100 (A)	52051
Ventolin Tabs. 4 mg. 100 (A)	57576

ADDENDUM TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME
EFFECTIVE 1ST APRIL 2012
ADDITIONS

Add	TRUEresult Blood Glucose Test Strips 50 (A)	20.04	12003

DELETIONS

Delete	TrueTrack Smart System Test Strips 50 (A)	10117

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST MAY 2012

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Elonva Soln. for Inj. Pre-Filled Syr. 100 mcg./0.5 ml. Pack 1 (A) *Code the number of Syringes dispensed*	88540	Corifollitropine Alfa	709.56	Merck, Sharp & Dohme	United Drug
Elonva Soln. for Inj. Pre-Filled Syr. 150 mcg./0.5 ml. Pack 1 (A) *Code the number of Syringes dispensed*	88541	Corifollitropine Alfa	709.56	Merck, Sharp & Dohme	United Drug

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st April 2012

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST APRIL 2012

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Co-Codamol Eff. Tabs. 30 mg./500 mg. 100 (A)	S1A	8.63	44004
(Non-Proprietary Name Index: Paracetamol, combinations excl. Psycholeptics)			
Esomeprazole TEVA Gastro Resistant Tabs. 20 mg. 28 (A)	S1B	18.64	36510
Esomeprazole TEVA Gastro Resistant Tabs. 40 mg. 28 (A)	S1B	28.78	36511
(Non-Proprietary Name Index: Esomeprazole)			
Losartan (KRKA Pharma) Film Coated Tabs. 50 mg. 28 (A)	S1B	11.94	32612
Losartan (KRKA Pharma) Film Coated Tabs. 100 mg. 28 (A)	S1B	20.09	32613
(Non-Proprietary Name Index: Losartan)			
Quetex Film Coated Tabs. 25 mg. 60 (A)	S1A	38.50	46040
Quetex Film Coated Tabs. 100 mg. 60 (A)	S1A	110.01	46041
Quetex Film Coated Tabs. 200 mg. 60 (A)	S1A	125.42	46042
Quetex Film Coated Tabs. 300 mg. 60 (A)	S1A	203.93	46043
(Non-Proprietary Name Index: Quetiapine)			
Quetiapine (Actavis) Film Coated Tabs. 25 mg. 60 (A)	S1A	38.50	46030
Quetiapine (Actavis) Film Coated Tabs. 100 mg. 60 (A)	S1A	110.02	46031
Quetiapine (Actavis) Film Coated Tabs. 200 mg. 60 (A)	S1A	125.42	46032
Quetiapine (Actavis) Film Coated Tabs. 300 mg. 60 (A)	S1A	203.93	46033
(Non-Proprietary Name Index: Quetiapine)			
Seropia Film Coated Tabs. 25 mg. 60 (A)	S1A	38.50	46068
Seropia Film Coated Tabs. 100 mg. 60 (A)	S1A	110.02	46069
Seropia Film Coated Tabs. 200 mg. 60 (A)	S1A	125.42	46070
Seropia Film Coated Tabs. 300 mg. 60 (A)	S1A	203.93	46071
(Non-Proprietary Name Index: Quetiapine)			
Tevaquel Film Coated Tabs. 25 mg. 60 (A)	S1A	38.50	46052
Tevaquel Film Coated Tabs. 100 mg. 60 (A)	S1A	110.00	46053
Tevaquel Film Coated Tabs. 200 mg. 60 (A)	S1A	125.40	46054
Tevaquel Film Coated Tabs. 300 mg. 60 (A)	S1A	203.90	46055
(Non-Proprietary Name Index: Quetiapine)			
Zolmitriptan (Actavis) Orodispersible Tabs. 2.5 mg. 2 (A)	S1B	9.95	58070
Zolmitriptan (Actavis) Orodispersible Tabs. 2.5 mg. 6 (A)	S1B	29.82	58071
(Non-Proprietary Name Index: Zolmitriptan)			

AMENDMENT TO MARCH 2012 UPDATE

Code the number of packs dispensed

Add	Perative 500 ml. Pack 1 (A)	81319
Add	Perative 1 L. Pack 1 (A)	83032

DELETIONS

Alupent Expect. Mixture 300 ml. (B)	11533
Calmax Tabs. 1 mg. 100 (A)	15968
Donelinn Tabs. 10 mg. 28 (A)	22131
Flucillin Elixir 125 mg./5 ml. 100 ml. (B)	90222

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST APRIL 2012

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Zarzio Soln. for Inj. or Inf. in Pre-filled Syr. 30 MU/0.5 ml. 0.5 ml. 1 (A) *Code the number of syringes dispensed*	88730	Filgrastim	74.63	Novartis Ireland Ltd.	Movianto
Zarzio Soln. for Inj. or Inf. in Pre-filled Syr. 48 MU/0.5 ml. 0.5 ml. 1 (A) *Code the number of syringes dispensed*	88731	Filgrastim	118.99	Novartis Ireland Ltd.	Movianto

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Effective 1st March 2012

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST MARCH 2012

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Buplex Rx Film Coated Tabs. 400 mg. 100 (A) *(Non-Proprietary Name Index: Ibuprofen)*	S1B	2.80	14401
Codipar Eff. Tabs. 15 mg./500 mg. 100 (A) *(Non-Proprietary Name Index: Paracetamol, combinations excl. psycholeptics)*	S1A	9.13	16401
Desloratadine (Actavis) Film Coated Tabs. 5 mg. 30 (A) *(Non-Proprietary Name Index: Desloratadine)*	S1B	10.55	35701
Konverge Plus Tabs. 40 mg./5 mg./12.5 mg. 28 (A)	S1B	31.16	30424
Konverge Plus Tabs. 40 mg./10 mg./12.5 mg. 28 (A) *(Non-Proprietary Name Index: Olmesartan Medoxomil, Amlodipine and Hydrochlorothiazide)*	S1B	32.36	30425
Levetiracetam (Clonmel) F.C. Tabs. 250 mg. 60 (A)	S1B	32.16	51417
Levetiracetam (Clonmel) F.C. Tabs. 500 mg. 60 (A)	S1B	62.77	51418
Levetiracetam (Clonmel) F.C. Tabs. 1000 mg. 60 (A) *(Non-Proprietary Name Index: Levetiracetam)*	S1B	119.67	51419
Olanzapine (Clonmel) Orodispersible Tabs. 5 mg. 28 (A)	S1A	52.57	32980
Olanzapine (Clonmel) Orodispersible Tabs. 10 mg. 28 (A)	S1A	95.59	32981
Olanzapine (Clonmel) Orodispersible Tabs. 15 mg. 28 (A)	S1A	143.39	32982
Olanzapine (Clonmel) Orodispersible Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Olanzapine)*	S1A	191.17	32983
OxyNorm Soln. for Inj. or Inf. 50 mg./ml. 1 ml. Amps. 5 (A) *(Non-Proprietary Name Index: Oxycodone)*	CD2	39.20	59007
Xefo Film Coated Tabs. 4 mg. 30 (A)	S1B	3.65	51420
Xefo Film Coated Tabs. 8 mg. 30 (A)	S1B	6.92	51421
Xefo Rapid Film Coated Tabs. 8 mg. 30 (A) *(Non-Proprietary Name Index: Lornoxicam)*	S1B	7.77	51422

CHANGES
CHANGES UNDERLINED

Change	Ramyte Caps. 2.5 mg. 28 (A)	49365
To Read	Ramipril (Actavis) Caps. 2.5 mg. 28 (A)	49365
Change	Ramyte Caps. 5 mg. 28 (A)	49366
To Read	Ramipril (Actavis) Caps. 5 mg. 28 (A)	49366
Change	Ramyte Caps. 10 mg. 28 (A)	49367
To Read	Ramipril (Actavis) Caps. 10 mg. 28 (A)	49367

AMENDMENT TO FEBRUARY 2012 UPDATE

Add	Betaloc Tabs. 50 mg. 100 (A)	S1B	1.83	67334
Add	Betaloc Tabs. 100 mg. 100 (A)	S1B	3.38	67342

DELETIONS

Aldactide Tabs. 50 mg. 28 (A)	79774
Alupent Syr. 10 mg./5 ml. 2 Litre (B)	11606
Amikin Inj. 250 mg./ml. 2 ml. 5 (A)	83496
Amoxil Caps. 500 mg. 100 (A)	11959
Anxicalm Tabs. 2 mg. 1000 (A)	21067
Anxicalm Tabs. 5 mg. 500 (A)	71005
Anxicalm Tabs. 5 mg. 1000 (A)	21075
Asmabec Clickhaler 50 mcg. 200 Dose Inhaler 1 (A)	13299
Atacand Tabs. 2 mg. 7 (A)	13037
Atacand Tabs. 2 mg. 14 (A)	13041
Avloclor Tabs. 250 mg. 20 (A)	53539
Avloclor Tabs. 250 mg. 100 (A)	53538
Benprotan Tabs. 10 mg. 30 (A)	14208
Betaloc SA Tabs. 200 mg. 300 (A)	74969
BICNU Inj. 100 mg. 1 (A)	85049
Bricanyl Resp. Soln. 20 ml. (B)	76072
ByStat Tabs. 40 mg. 30 (A)	14985
ByTrite Caps. 10 mg. 28 (A)	15190
Calcium Leucovorin (Lederle) Tabs. 15 mg. 10 (A)	75353
Carace Tabs. 20 mg. 28 (A)	16314
Centyl Tabs. 2.5 mg. 100 (A)	17043
Centyl K Tabs. 100 (A)	17140
Cimeldene Tabs. 800 mg. 30 (A)	16632
Clarosip Grans. for Oral Susp. 125 mg. Straw 14 (A)	17501
Clarosip Grans. for Oral Susp. 187.5 mg. Straw 14 (A)	17527
Clarosip Grans. for Oral Susp. 250 mg. Straw 14 (A)	17566
Clopixol Acuphase Inj. 50 mg./ml. 2 ml. 5 (A)	18465
Clopixol Tabs. 2 mg. 100 (A)	18104
Coversyl (Primecrown) Tabs. 4 mg. 30 (A)	18934
Cozaar (McDowell Pharmaceuticals) Tabs. 100 mg. 28 (A)	76578
Depixol Inj. 20 mg./ml. 2 ml. 10 (A)	61824
Depixol Inj. Conc. 50 mg./0.5 ml. 0.5 ml. 10 (A)	14109
Dextrose (Antigen) Inj. 50 ml. 1 (A)	82392
Didronel Tabs. 200 mg. 60 (A)	21008
Donelinn Tabs. 5 mg. 28 (A)	22130
Duovent Unit Dose Vial 4 ml. 20 (A)	22614
Efexor Tabs. 37.5 mg. 56 (A)	22870
Entocort Enema 115 ml. 7 (A)	24034
Estracombi TTS Patches 8 (A)	23587
Exelon Oral Soln. 2 mg./ml. 120 ml. (B)	23471
Fergon Tabs. 100 (A)	25038
Ferrotab Tabs. 28 (A)	25259
Fosamax Tabs. 10 mg. 28 (A)	75287
Gerinap EC Tabs. 250 mg. 100 (A)	12190
Glibenese Tabs. 5 mg. 56 (A)	26670
Gynol 11 Contraceptive Jelly 81 G. (B)	78885
Haloperidol (Clonmel) Tabs. 10 mg. 250 (A)	27839
Haloperidol (Clonmel) Tabs. 20 mg. 100 (A)	27871
Humulin I Pen 100 IU/ml. 3 ml. Pre-filled Pen 5 (A)	63533
Hydromet Tabs. 500 (A)	28320
Hypovase Tabs. 0.5 mg. 56 (A)	28568
Hypovase Tabs. 1 mg. 56 (A)	28576
Innohep Soln. for Inj. 10000 iu/0.5 ml. 0.5 ml. Syringe 2 (A)	61258
Innohep Soln. for Inj. 10000 iu/0.5 ml. 0.5 ml. Syringe 6 (A)	61266
Innohep Soln. for Inj. 14000 iu/0.7 ml. 0.7 ml. Syringe 2 (A)	61274
Innohep Soln. for Inj. 14000 iu/0.7 ml. 0.7 ml. Syringe 6 (A)	61285
Innohep Soln. for Inj. 18000 iu/0.9 ml. 0.9 ml. Syringe 2 (A)	61290
Innohep Soln. for Inj. 18000 iu/0.9 ml. 0.9 ml. Syringe 6 (A)	61307
Kenalog Syringe 40 mg./ml. 1 ml. 1 (A)	30155
Kenalog Syringe 40 mg./ml. 2 ml. 1 (A)	30163
Klacid LA Tabs. 500 mg. 14 (A)	30091

DELETIONS

Lederfen Tabs. 450 mg. 56 (A)	18554
Low Centyl K Tabs. 100 (A)	31923
Madopar 62.5 Caps. 100 (A)	32476
Madopar CR 125 Caps. 100 (A)	32468
Metformin (Gerard Labs.) Tabs. 850 mg. 56 (A)	36792
Metocyl Tabs. 10 mg. 20 (A)	32514
Metocyl Tabs. 10 mg. 100 (A)	32522
Metronide Tabs. 400 mg. 14 (A)	33605
Minocin Tabs. 50 mg. 50 (A)	73921
Mixtard 30 Penfill Cartridge 100 IU/ml. 3 ml. Cartridge 5 (A)	71623
Mucodyne Caps. 375 mg. 30 (A)	39195
Niaspan Prolonged Release Tabs. 500 mg. 56 (A)	36569
Niaspan Prolonged Release Tabs. 750 mg. 7 (A)	36547
Niaspan Prolonged Release Tabs. 750 mg. 56 (A)	36583
Nizoral (P.C.O. Mfg.) Shampoo 20 mg./G. 100 ml. (B)	37022
Orudis Caps. 50 mg. 100 (A)	38136
Orudis Caps. 100 mg. 100 (A)	82031
Pentasa PR (McDowell Pharmaceuticals) Tabs. 500 mg. 100 (A)	59603
Pepcid Tabs. 20 mg. 28 (A)	39438
Pepcid Tabs. 40 mg. 28 (A)	39527
Persantin Tabs. 25 mg. 84 (A)	40460
Ponmel Caps. 250 mg. 100 (A)	39349
Ponmel Caps. 250 mg. 500 (A)	39357
Ridaura Tabs. 3 mg. 60 (A)	42552
Roaccutane Caps. 5 mg. 30 (A)	44926
Rocaltrol Caps. 0.5 mcg. 100 (A)	79847
Sibelium Caps. 5 mg. 20 (A)	45985
Simvacux Tabs. 10 mg. 30 (A)	76506
Simvacux Tabs. 20 mg. 30 (A)	76532
Simvacux Tabs. 40 mg. 30 (A)	76592
Slo-Phyllin Caps. 60 mg. 56 (A)	71302
Slo-Phyllin Caps. 125 mg. 56 (A)	37503
Slo-Phyllin Caps. 250 mg. 56 (A)	71335
Sodium Chloride (Antigen) Inj. 0.9% 5 ml. 20 (A)	82910
Sodium Chloride (Antigen) Inj. 0.9% 10 ml. 10 (A)	45853
Sodium Chloride (Antigen) Inj. 0.9% 10 ml. 20 (A)	82929
Sofra-Tulle Dressing 10 cm. x 10 cm. 10 Pieces (A)	46604
Sofradex Eye/Ear Oint. 5 G. (B)	46523
Sotacor Tabs. 160 mg. 28 (A)	46302
Sumalieve Tabs. 50 mg. 2 (A)	68326
Sumalieve Tabs. 50 mg. 6 (A)	68334
Sumalieve Tabs. 100 mg. 2 (A)	68350
Sumalieve Tabs. 100 mg. 6 (A)	68365
Sumatriptan (Niche Generics) Tabs. 50 mg. 6 (A)	68390
Sumatriptan (Niche Generics) Tabs. 100 mg. 6 (A)	68396
Symbicort Turbohaler (McDowell Pharmaceuticals) 200/6 mcg. 120 Dose Inhaler 1 (A)	47906
Symbicort Turbohaler (McDowell Pharmaceuticals) 400/12 mcg. 120 Dose Inhaler 1 (A)	47907
Tilavist Eye Drops 5 ml. (B)	73129
Timoptol-LA Ophth. Soln. 0.25% 2.5 ml. Pack 1 (A)	53583
Timoptol-LA Ophth. Soln. 0.5% 2.5 ml. Pack 1 (A)	53593
Timoptol Ophth. Soln. 0.5% Unit Dose Vials 30 (A)	49623
Trimethoprim (Athlone Labs.) Tabs. 200 mg. 100 (A)	49328
Vectarion Tabs. 50 mg. 30 (A)	55018
Vedixal XL Prolonged Release Caps. 75 mg. 28 (A)	55238
Velosef Caps. 250 mg. 20 (A)	57231
Velosef Caps. 250 mg. 100 (A)	57258
Vioform-Hydrocortisone Cream 30 G. (B)	52256
Vioform-Hydrocortisone Oint. 30 G. (B)	62391
Visken Tabs. 5 mg. 50 (A)	54395
Xymel PR Tabs. 100 mg. 60 (A)	52720
Yentreve Caps. 20 mg. 56 (A)	53004

DELETIONS

Zispin (McDowell Pharmaceuticals) SolTab Orodispersible Tabs. 30 mg. 30 (A)	62794
Zispin Tabs. 30 mg. 28 (A)	62555
Zocor Tabs. 80 mg. 28 (A)	52114
Zoton (P.C.O. Mfg.) Caps. 30 mg. 28 (A)	53795
Zovirax (P.C.O. Mfg.) Cream 2 G. (B)	55792

DELETIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST MARCH 2012

Hollister First Choice Drainable Pouch Opaque H3670/9 10 (A)	99589
Hollister Belt H7098/7100 1 (A)	93041
Perative 500 ml. Pack 1 (A)	81319
Perative 1 L. Pack 1 (A)	83032

PREPARATION TO BE ADDED TO LIST OF APPROVED DRUGS TO BE DISPENSED UNDER THE METHADONE TREATMENT SCHEME EFFECTIVE 1ST MARCH 2012

Add	Methadone TEVA Oral Soln. 1 mg./ml. 500 ml. (B) *(Non-Proprietary Name Index: Methadone)*	CD2	12.70	46114

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST MARCH 2012

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Bicalinn Film Coated Tabs. 50 mg. 28 (A)	88655	Bicalutamide	Helsinn Birex

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Health Service Executive

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HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST FEBRUARY 2012

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Budesonide TEVA Neb. Susp. 0.5 mg./2 ml. 2 ml. 20 (A) *Code the number of amps dispensed* *(Non-Proprietary Name Index: Budesonide)*	S1B	25.87	76605
Dasselta Film Coated Tabs. 5 mg. 30 (A) *(Non-Proprietary Name Index: Desloratadine)*	S1B	10.54	35810
Oralair Initiation Treatment Pack (3 x 100IR Sublingual Tabs. and 28 x 300 IR Sublingual Tabs.) (A) *Code the number of packs dispensed*		83.68	33203
Oralair Sublingual Tabs. 300 IR 30 (A)		85.68	33201
Oralair Sublingual Tabs. 300 IR 90 (A) *(Non-Proprietary Name Index: Standardised Allergen Extract of Grass Pollen)*		257.04	33202
Valsartan Mylan (Gerard Labs.) Film Coated Tabs. 40 mg. 28 (A)	S1B	10.10	73780
Valsartan Mylan (Gerard Labs.) Film Coated Tabs. 80 mg. 28 (A)	S1B	11.46	73781
Valsartan Mylan (Gerard Labs.) Film Coated Tabs. 160 mg. 28 (A)	S1B	14.82	73782
Valsartan Mylan (Gerard Labs.) Film Coated Tabs. 320 mg. 28 (A) *(Non-Proprietary Name Index: Valsartan)*	S1B	18.80	73783
Zanopro Eye Drops Soln. 50 mcg./ml. 2.5 ml. 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Latanoprost)*	S1A	18.09	53435
Zoely Film Coated Tabs. 2.5 mg./1.5 mg. 28 (A) *(Non-Proprietary Name Index: Nomegestrol and Estrogen)*	S1B	8.60	33330

CHANGES

CHANGES UNDERLINED

Change	Mirena Intrauterine System Pack 1 (A)	33578
To Read	Mirena <u>20 mcg./24 hrs.</u> Intrauterine System Pack 1 (A)	33578

CHANGE TO JANUARY 2012 UPDATE

CHANGES UNDERLINED

Change	Latanoprost (Actavis) Eye Drops Soln. 50 mcg./ml. 2.5 ml. (B)	S1A	53403
To Read	Latanoprost (Actavis) Eye Drops Soln. 50 mcg./ml. 2.5 ml. <u>1 (A)</u> *<u>Code the number of packs dispensed</u>*	S1A	53403
Change	Latanoprost/Timolol (Actavis) Eye Drops Soln. 50 mcg./5 mg. 2.5 ml. (B)	S1A	53418
To Read	Latanoprost/Timolol (Actavis) Eye Drops Soln. 50 mcg./5 mg. 2.5 ml. <u>1 (A)</u> *<u>Code the number of packs dispensed</u>*	S1A	53418
Change	Latop Eye Drops Soln. 50 mcg./ml. 2.5 ml. (B)	S1A	53426
To Read	Latop Eye Drops Soln. 50 mcg./ml. 2.5 ml. <u>1 (A)</u> *<u>Code the number of packs dispensed</u>*	S1A	53426
Change	Latop-Comp Eye Drops Soln. 50 mcg./ml. + 5 mg./ml. 2.5 ml. (B)	S1A	53432
To Read	Latop-Comp Eye Drops Soln. 50 mcg./ml. + 5 mg./ml. 2.5 ml. <u>1 (A)</u> *<u>Code the number of packs dispensed</u>*	S1A	53432

DELETIONS

Airomir Inhaler 200 Dose Aerosol 1 (A)	12235
Betaloc Tabs. 50 mg. 100 (A)	67334
Betaloc Tabs. 100 mg. 100 (A)	67342
ByTrite Caps. 1.25 mg. 28 (A)	15107
Centyl Tabs. 5 mg. 100 (A)	17086
Dalacin T Top. Soln. 50 ml. (B)	19484
Dalacin T Top. Lot. 50 ml. (B)	19478
Metformin (Gerard Labs.) Tabs. 500 mg. 84 (A)	36703
Migrastat Tabs. 100 mg. 2 (A)	34339
MST Continus Susp. 100 mg. Sachet 30 (A)	54370
MST Continus Susp. 200 mg. Sachet 30 (A)	54384
Mydriacyl Eye Drops 0.5% 5 ml. (B)	35025
Niaspan Prolonged Release Tabs. 500 mg. 7 (A)	36495
Niaspan Prolonged Release Tabs. 1000 mg. 56 (A)	36592

ADDITIONS/CHANGES/DELETIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME
EFFECTIVE 1ST FEBRUARY 2012

ADDITIONS

Add	One Touch Verio Test Strips 50 (A)	19.36	68321

DELETIONS

Delete	One Touch Test Strips 50 (A)	64257

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UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
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ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	REIMBURSEMENT PRICE €	MANUFACTURER	AGENTS
Enbrel Pdr. & Solv. for Soln. for Inj. for Paed. Use 10 mg. 4 (A) *Code the number of injections dispensed*	88246	Etanercept	202.59	Pfizer Healthcare Ireland	Pfizer Healthcare Ireland
Gonal-F (P.C.O. Mfg.) Soln. for Inj. Pre-filled Pen 900 iu 1 (A) *Code the number of pre-filled pens dispensed*	88485	Follitropin Alfa	373.44	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.

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AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST JANUARY 2012

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Bisoprolol Mylan (Gerard Labs.) Film Coated Tabs. 1.25 mg. 28 (A)	S1B	2.40	13827
Bisoprolol Mylan (Gerard Labs.) Film Coated Tabs. 2.5 mg. 28 (A)	S1B	2.20	13828
Bisoprolol Mylan (Gerard Labs.) Film Coated Tabs. 3.75 mg. 28 (A)	S1B	3.37	13829
Bisoprolol Mylan (Gerard Labs.) Film Coated Tabs. 5 mg. 28 (A)	S1B	2.87	13830
Bisoprolol Mylan (Gerard Labs.) Film Coated Tabs. 7.5 mg. 28 (A)	S1B	4.09	13831
Bisoprolol Mylan (Gerard Labs.) Film Coated Tabs. 10 mg. 28 (A)	S1B	4.54	13832
(Non-Proprietary Name Index: Bisoprolol)			
Budenofalk Gastro-Resistant Grans. Sachets 9 mg. 60 (A)	S1B	191.38	16007
Code the number of sachets dispensed			
(Non-Proprietary Name Index: Budesonide)			
Clorom XL PR Tabs. 500 mg. 7 (A)	S1A	7.87	18001
(Non-Proprietary Name Index: Clarithromycin)			
Conbriza Tabs. 20 mg. 28 (A)	S1B	22.53	18010
(Non-Proprietary Name Index:Bazedoxifene)			
Donepezil (KRKA Pharma) Film Coated Tabs. 5 mg. 28 (A)	S1A	32.12	69071
Donepezil (KRKA Pharma) Film Coated Tabs. 10 mg. 28 (A)	S1A	45.04	69072
(Non-Proprietary Name Index: Donepezil)			
Dovonex Cream 30 G. (B)	S1A	9.87	68910
(Non-Proprietary Name Index: Calcipotriol)			
Flucloxacillin GAP (Athlone Labs.) Caps. 250 mg. 100 (A)	S1A	16.61	39180
Flucloxacillin GAP (Athlone Labs.) Caps. 250 mg. 500 (A)	S1A	83.15	39181
Flucloxacillin GAP (Athlone Labs.) Caps. 500 mg. 100 (A)	S1A	33.24	39182
Flucloxacillin GAP (Athlone Labs.) Caps. 500 mg. 500 (A)	S1A	166.31	39183
(Non-Proprietary Name Index: Flucloxacillin)			
Jext Soln. for Inj. in Pre-filled Pen 150 mcg. 1 (A)	S1A	35.41	39106
Jext Soln. For Inj. in Pre-filled Pen 300 mcg. 1 (A)	S1A	35.41	39107
Code the number of pre-filled pens dispensed			
(Non-Proprietary Name Index: Epinephrine)			
Keral Grans. Sachets for Oral Soln. 25 mg. 20 (A)	S1B	4.62	30130
Code the number of sachets dispensed			
(Non-Proprietary Name Index: Dexketoprofen)			
Konverge Plus Tabs. 20 mg./5 mg./12.5 mg. 28 (A)	S1B	24.52	30443
Konverge Plus Tabs. 40 mg./5 mg./25 mg. 28 (A)	S1B	31.44	30444
Konverge Plus Tabs. 40 mg./10 mg./25 mg. 28 (A)	S1B	32.36	30445
(Non-Proprietary Name Index: Olmesartan, Medoxomil, Amlodipine and Hydrochlorothiazide)			
Latanoprost (Actavis) Eye Drops Soln. 50 mcg./ml. 2.5 ml. (B)	S1A	18.09	53403
(Non-Proprietary Name Index: Latanoprost)			
Latanoprost/Timolol (Actavis) Eye Drops Soln. 50 mcg./5 mg. 2.5 ml. (B)	S1A	24.27	53418
(Non-Proprietary Name Index: Timolol, Combinations)			
Latop Eye Drops Soln. 50 mcg./ml. 2.5 ml. (B)	S1A	18.09	53426
(Non-Proprietary Name Index: Latanoprost)			
Latop-Comp Eye Drops Soln. 50 mcg./ml. + 5 mg./ml. 2.5 ml. (B)	S1A	24.27	53432
(Non-Proprietary Name Index: Timolol, Combinations)			
Levocetirizine (KRKA Pharma) Film Coated Tabs. 5 mg. 30 (A)	S1B	7.17	53920
(Non-Proprietary Name Index: Levocetirizine)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Medikinet Tabs. 5 mg. 30 (A)	CD2	3.30	44303
Medikinet Tabs. 10 mg. 30 (A)	CD2	5.75	44304
Medikinet Tabs. 20 mg. 30 (A)	CD2	11.43	44305
(Non-Proprietary Name Index: Methylphenidate Hydrochloride)			
Medikinet MR Caps. 5 mg. 30 (A)	CD2	16.62	44320
Medikinet MR Caps. 10 mg. 30 (A)	CD2	17.91	44321
Medikinet MR Caps. 20 mg. 30 (A)	CD2	30.32	44322
Medikinet MR Caps. 30 mg. 30 (A)	CD2	39.44	44323
Medikinet MR Caps. 40 mg. 30 (A)	CD2	52.00	44324
(Non-Proprietary Name Index: Methylphenidate)			
Olanzapine (Clonmel) Film Coated Tabs. 20 mg. 28 (A)	S1A	152.95	42354
(Non-Proprietary Name Index: Olanzapine)			
Rivastigmine Mylan (Gerard Labs.) Hard Caps. 1.5 mg. 56 (A)	S1A	66.64	24459
Rivastigmine Mylan (Gerard Labs.) Hard Caps. 3 mg. 56 (A)	S1A	68.47	24460
Rivastigmine Mylan (Gerard Labs.) Hard Caps. 4.5 mg. 56 (A)	S1A	68.47	24461
Rivastigmine Mylan (Gerard Labs.) Hard Caps. 6 mg. 56 (A)	S1A	68.47	24462
(Non-Proprietary Name Index: Rivastigmine)			
Salofalk Gastro-Resistant Prolonged Release Grans. Sachets 3 G. 60 (A)	S1B	151.06	44087
Code the number of sachets dispensed			
(Non-Proprietary Name Index: Mesalazine)			
Stalevo Film Coated Tabs. 175/43.75/200 mg. 100 (A)	S1B	111.24	62680
(Non-Proprietary Name Index: Levodopa, Decarboxylase Inhibitor and COMT Inhibitor)			
Valsartan/Hydrochlorothiazide (KRKA Pharma) FC Tabs. 80 mg./12.5 mg. 28 (A)	S1B	17.45	73720
Valsartan/Hydrochlorothiazide (KRKA Pharma) FC Tabs. 160 mg./12.5 mg. 28 (A)	S1B	22.80	73721
Valsartan/Hydrochlorothiazide (KRKA Pharma) FC Tabs. 160 mg./25 mg. 28 (A)	S1B	23.58	73722
(Non-Proprietary Name Index: Valsartan and Diuretics)			
Zalasta Orodispersible Tabs. 5 mg. 28 (A)	S1A	52.56	56374
Zalasta Orodispersible Tabs. 10 mg. 28 (A)	S1A	95.58	56375
Zalasta Orodispersible Tabs. 20 mg. 28 (A)	S1A	191.16	56376
(Non-Proprietary Name Index: Olanzapine)			

CHANGE TO NOVEMBER 2011 UPDATE
CHANGES UNDERLINED

Change	Flucloxacillin (GAP) Oral Soln. 125 mg./5 ml. 100 ml. (B)	S1A	90230
To Read	Flucloxacillin GAP (Athlone Labs.) Oral Soln. 125 mg./5 ml. 100 ml. (B)	S1A	90230

DELETIONS

Aerolin Autohaler 100 mcg. CFC-Free 200 Dose Aerosol 1 (A)	10239
Beconase Aqueous Nasal Spray 200 Dose Pack 1 (A)	13501
By-Madol SR Caps. 100 mg. 60 (A)	15918
Diamox Inj. 500 mg. 1 (A)	84085
Diamicron Tabs. 80 mg. 60 (A)	69507
Flixonase Aqueous Nasal Spray 120 Dose Pack 1 (A)	23132
Flixonase (B & S Healthcare) 50 mcg. Aqueous Nasal Spray 120 Dose Pack 1 (A)	23220
Madopar 125 Caps. 100 (A)	61638
Nicorette Patches 15 mg. 14 (A)	33909
Pepcid (B & S Healthcare) Tabs. 20 mg. 28 (A)	39556
Predform 25 G. Aerosol 1 (A)	40533
Velosef Syr. 250 mg./5 ml. 100 ml. (B)	90484

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST JANUARY 2012

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	TRADE PRICE €	MANUFACTURER	AGENTS
Humira Soln. for Subcutaneous Inj. for Paed. 40 mg. 2 (A) *Code the number of injections dispensed*	88535	Adalimumab	1,104.72	Abbott Laboratories	Abbott Laboratories
Ovitrelle Soln. for Inj. Pre-filled Pen 250 mcg./0.5 ml. 1 (A) *Code the number of Pre-filled pens dispensed*	88404	Choriogonadotropin Alfa	40.28	Merck Serono	Allphar

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st December 2011

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST DECEMBER 2011

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Abilify (Clear Pharmacy) Tabs. 5 mg. 28 (A)	S1A	124.31	17218
Abilify (Clear Pharmacy) Tabs. 10 mg. 28 (A)	S1A	128.96	17219
Abilify (Clear Pharmacy) Tabs. 15 mg. 28 (A)	S1A	128.96	17220
Abilify (Clear Pharmacy) Tabs. 30 mg. 28 (A)	S1A	257.90	17221
(Non-Proprietary Name Index: Aripiprazole)			
Acerycal (Clear Pharmacy) Tabs. 5 mg./5 mg. 30 (A)	S1B	19.43	11829
Acerycal (Clear Pharmacy) Tabs. 5 mg./10 mg. 30 (A)	S1B	21.10	11830
Acerycal (Clear Pharmacy) Tabs. 10 mg./5 mg. 30 (A)	S1B	25.02	11831
Acerycal (Clear Pharmacy) Tabs. 10 mg./10 mg. 30 (A)	S1B	25.96	11832
(Non-Proprietary Name Index: Perindopril and Amlodipine)			
Adalat LA (Clear Pharmacy) Tabs. 20 mg. 28 (A)	S1B	9.23	56059
Adalat LA (Clear Pharmacy) Tabs. 60 mg. 28 (A)	S1B	17.67	56060
(Non-Proprietary Name Index: Nifedipine)			
Adalat LA (IPS Healthcare) Tabs. 20 mg. 28 (A)	S1B	9.26	56068
Adalat LA (IPS Healthcare) Tabs. 30 mg. 28 (A)	S1B	11.90	56069
Adalat LA (IPS Healthcare) Tabs. 60 mg. 28 (A)	S1B	17.69	56070
(Non-Proprietary Name Index: Nifedipine)			
Arcoxia (Clear Pharmacy) Tabs. 60 mg. 28 (A)	S1B	28.45	14269
Arcoxia (Clear Pharmacy) Tabs. 90 mg. 28 (A)	S1B	28.45	14270
(Non-Proprietary Name Index: Etoricoxib)			
Aricept (Clear Pharmacy) Tabs. 5 mg. 28 (A)	S1A	31.63	13228
Aricept (Clear Pharmacy) Tabs. 10 mg. 28 (A)	S1A	44.36	13229
(Non-Proprietary Name Index: Donepezil)			
Arimidex (Clear Pharmacy) Tabs. 1 mg. 28 (A)	S1A	71.56	12984
(Non-Proprietary Name Index: Anastrozole)			
Avamys (Clear Pharmacy) Nasal Spray Susp. 27.5 mcg. 120 Dose Pack 1 (A)	S1B	8.96	53638
Code the number of packs dispensed			
(Non-Proprietary Name Index: Fluticasone Furoate)			
Avodart (Clear Pharmacy) Softcaps. 0.5 mg. 30 (A)	S1A	22.99	53666
(Non-Proprietary Name Index: Dutasteride)			
Azilect Tabs. 1 mg. 28 (A)	S1B	87.29	13170
(Non-Proprietary Name Index: Rasagiline)			
Calchichew D3 Forte (Clear Pharmacy D.P.R.) Tabs. 500 mg. 100 (A)		8.49	15803
(Non-Proprietary Name Index: Calcium Carbonate and Colecalciferol)			
Cardura XL (Clear Pharmacy) Tabs. 4 mg. 28 (A)	S1B	7.37	16427
Cardura XL (Clear Pharmacy) Tabs. 8 mg. 28 (A)	S1B	37.68	16428
(Non-Proprietary Name Index: Doxazosin)			
Celebrex (Clear Pharmacy) Caps. 200 mg. 30 (A)	S1B	26.96	17394
(Non-Proprietary Name Index: Celecoxib)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Celluvisc (Clear Pharmacy D.P.R.) Eye Drop Soln. 0.5% 0.4 ml. Unit Dose 30 (A)		6.42	17080
Code the number of vials dispensed			
(Non-Proprietary Name Index: Artificial Tears and Other Indifferent Preparations)			
Co-Diovan (Clear Pharmacy) Tabs. 80 mg./12.5 mg. 28 (A)	S1B	17.18	18723
Co-Diovan (Clear Pharmacy) Tabs. 160 mg./12.5 mg. 28 (A)	S1B	22.44	18724
Co-Diovan (Clear Pharmacy) Tabs. 160 mg./25 mg. 28 (A)	S1B	23.22	18725
(Non-Proprietary Name Index: Valsartan and Diuretics)			
Cosopt (Clear Pharmacy D.P.R.) Eye Drops Soln. 20 mg./ml. 5 ml. (B)	S1B	16.86	18505
(Non-Proprietary Name Index: Timolol, Combinations)			
Co-Vatan Tabs. 80 mg./12.5 mg. 28 (A)	S1B	17.45	32446
Co-Vatan Tabs. 160 mg./12.5 mg. 28 (A)	S1B	22.80	32447
Co-Vatan Tabs. 160 mg./25 mg. 28 (A)	S1B	23.58	32448
(Non-Proprietary Name Index: Valsartan and Diuretics)			
Coversyl Arginine (Clear Pharmacy) Tabs. 5 mg. 30 (A)	S1B	9.62	68336
Coversyl Arginine (Clear Pharmacy) Tabs. 10 mg. 30 (A)	S1B	15.72	68337
(Non-Proprietary Name Index: Perindopril)			
Coversyl Arginine Plus (Clear Pharmacy) Tabs. 5 mg./1.25 mg. 30 (A)	S1B	16.50	68338
(Non-Proprietary Name Index: Perindopril and Diuretics)			
Cozaar (Clear Pharmacy) Tabs. 100 mg. 28 (A)	S1B	19.79	76513
(Non-Proprietary Name Index: Losartan)			
Cozaar Comp (Clear Pharmacy) Tabs. 50 mg./12.5 mg. 28 (A)	S1B	9.85	19269
Cozaar Comp (Clear Pharmacy) Tabs. 100 mg./25 mg. 28 (A)	S1B	17.09	19270
(Non-Proprietary Name Index: Losartan and Diuretics)			
Crestor (Clear Pharmacy) Tabs. 10 mg. 28 (A)	S1B	17.99	19285
Crestor (Clear Pharmacy) Tabs. 20 mg. 28 (A)	S1B	29.37	19286
(Non-Proprietary Name Index: Rosuvastatin)			
Detrusitol SR (Clear Pharmacy) Caps. 4 mg. 28 (A)	S1B	40.12	53683
(Non-Proprietary Name Index: Tolterodine)			
Dovobet (Clear Pharmacy) Oint. 50 mcg./G. + 0.5 mg./G. 60 G. (B)	S1A	38.90	44612
Dovobet (Clear Pharmacy) Oint. 50 mcg./G. + 0.5 mg./G. 120 G. (B)	S1A	77.82	44613
(Non-Proprietary Name Index: Calcipotriol, Combinations)			
Dovonex (Clear Pharmacy) Cream 120 G. (B)	S1A	36.68	29109
(Non-Proprietary Name Index: Calcipotriol)			
Dovonex (IPS Healthcare) Cream 120 G. (B)	S1A	36.70	29110
(Non-Proprietary Name Index: Calcipotriol)			
Doxycycline TEVA Caps. 100 mg. 8 (A)	S1A	1.99	68905
(Non-Proprietary Name Index: Doxycycline)			
Ebixa (Clear Pharmacy) Tabs. 10 mg. 56 (A)	S1A	94.65	74593
(Non-Proprietary Name Index: Memantine)			
Epanutin (IPS Healthcare) Caps. 100 mg. 84 (A)	S1B	6.98	23550
Epanutin (IPS Healthcare) Caps. 300 mg. 28 (A)	S1B	6.98	23551
Epanutin (IPS Healthcare) Susp. 30 mg./5 ml. 500 ml. (B)	S1B	7.35	23552
(Non-Proprietary Name Index: Phenytoin)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Evista (Clear Pharmacy) Tabs. 60 mg. 28 (A) *(Non-Proprietary Name Index: Raloxifene)*	S1B	21.82	24609
Ezetrol (Clear Pharmacy D.P.R.) Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Ezetimibe)*	S1B	33.73	23252
Fosavance (Clear Pharmacy) Tabs. 70 mg./5600 iu 4 (A) *(Non-Proprietary Name Index: Alendronic Acid and Colecalciferol)*	S1B	23.33	75312
Fucibet (Clear Pharmacy) Cream 30 G. (B) *(Non-Proprietary Name Index: Bethamethasone and Antibiotics)*	S1A	7.57	25208
Fucibet Lipid (IPS Healthcare) Cream 30 G. (B) *(Non-Proprietary Name Index: Bethamethasone and Antibiotics)*	S1A	7.60	25210
Fucidin (Clear Pharmacy) Cream 30 G. (B) *(Non-Proprietary Name Index: Fusidic Acid)*	S1A	5.80	25226
Inegy (Clear Pharmacy D.P.R.) Tabs. 10 mg./20 mg. 28 (A)	S1B	37.95	29914
Inegy (Clear Pharmacy D.P.R.) Tabs. 10 mg./40 mg. 28 (A)	S1B	44.28	29915
Inegy (Clear Pharmacy D.P.R.) Tabs. 10 mg./80 mg. 28 (A) *(Non-Proprietary Name Index: Simvastatin and Ezetimibe)*	S1B	46.81	29916
Inspra (Clear Pharmacy) Tabs. 25 mg. 30 (A) *(Non-Proprietary Name Index: Eplerenone)*	S1B	60.23	30502
Klacid LA (Clear Pharmacy) Tabs. 500 mg. 7 (A) *(Non-Proprietary Name Index: Clarithromycin)*	S1A	7.75	32020
Lopid Caps. 300 mg. 100 (A) *(Non-Proprietary Name Index: Gemfibrozil)*	S1B	30.78	32150
Losec MUPS (Clear Pharmacy) Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Omeprazole)*	S1B	13.20	65578
Lyrica (G-Pharma) Caps. 200 mg. 84 (A) *(Non-Proprietary Name Index: Pregabalin)*	S1A	123.07	53132
Lyrinel XL (Clear Pharmacy D.P.R.) Tabs. 5 mg. 30 (A)	S1B	14.42	32370
Lyrinel XL (Clear Pharmacy D.P.R.) Tabs. 10 mg. 30 (A) *(Non-Proprietary Name Index: Oxybutynin)*	S1B	28.71	32371
Omeprazole Mylan (Gerard Labs.) Gastro-Resistant Caps. 10 mg. 28 (A)	S1B	7.11	37642
Omeprazole Mylan (Gerard Labs.) Gastro-Resistant Caps. 20 mg. 28 (A)	S1B	13.40	37643
Omeprazole Mylan (Gerard Labs.) Gastro-Resistant Caps. 40 mg. 14 (A) *(Non-Proprietary Name Index: Omeprazole)*	S1B	13.38	37644
Omnexel (Clear Pharmacy) Prolonged Release Tabs. 400 mcg. 30 (A) *(Non-Proprietary Name Index: Tamsulosin)*	S1B	20.44	37633
Opatanol (Clear Pharmacy) Eye Drops 1 mg./ml. 5 ml. (B) *(Non-Proprietary Name Index: Olopatadine)*	S1B	10.74	69318
Plaquenil (Clear Pharmacy) Tabs. 200 mg. 60 (A) *(Non-Proprietary Name Index: Hydroxychloroquine)*	S1B	18.07	41205

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Pravastatin Mylan (Gerard Labs.) Tabs. 10 mg. 28 (A)	S1B	6.07	60575
Pravastatin Mylan (Gerard Labs.) Tabs. 20 mg. 28 (A)	S1B	11.66	60576
Pravastatin Mylan (Gerard Labs.) Tabs. 40 mg. 28 (A)	S1B	13.76	60577
(Non-Proprietary Name Index: Pravastatin)			
Prednisolone (Chemidex Pharma) Rectal Foam 20 mg. 14 Dose Pack 1 (A)	S1B	50.67	78306
Code the number of aerosols dipsensed			
(Non-Proprietary Name Index: Prednisolone)			
Protium (Clear Pharmacy) Gastro-Resistant Tabs. 20 mg. 28 (A)	S1B	7.05	43512
Protium (Clear Pharmacy) Gastro-Resistant Tabs. 40 mg. 28 (A)	S1B	13.06	43513
(Non-Proprietary Name Index: Pantoprazole)			
Prozac (Clear Pharmacy D.P.R.) Caps. 20 mg. 30 (A)	S1A	4.83	43520
(Non-Proprietary Name Index: Fluoxetine)			
Pulmicort Turbohaler (Clear Pharmacy) 100 mcg. 200 Dose Inhaler 1 (A)	S1B	20.43	43534
Pulmicort Turbohaler (Clear Pharmacy) 200 mcg. 100 Dose Inhaler 1 (A)	S1B	20.48	43535
Pulmicort Turbohaler (Clear Pharmacy) 400 mcg. 50 Dose Inhaler 1 (A)	S1B	20.48	43536
Code the number of inhalers dispensed			
(Non-Proprietary Name Index: Budesonide)			
Reminyl XL (Clear Pharmacy D.P.R.) Caps. 8 mg. 28 (A)	S1A	65.24	44212
Reminyl XL (Clear Pharmacy D.P.R.) Caps. 16 mg. 28 (A)	S1A	81.01	44213
Reminyl XL (Clear Pharmacy D.P.R.) Caps. 24 mg. 28 (A)	S1A	100.14	44214
(Non-Proprietary Name Index: Galantamine)			
Renagel (Clear Pharmacy) Tabs. 800 mg. 180 (A)	S1A	185.31	43963
(Non-Proprietary Name Index: Sevelamer)			
Requip Modutab (Clear Pharmacy) Prolonged Release Tabs. 2 mg. 28 (A)	S1A	25.93	79141
Requip Modutab (Clear Pharmacy) Prolonged Release Tabs. 4 mg. 28 (A)	S1A	46.94	79142
Requip Modutab (Clear Pharmacy) Prolonged Release Tabs. 8 mg. 28 (A)	S1A	86.40	79143
(Non-Proprietary Name Index: Ropinirole)			
Rolyprexa DisTab Orodispersible Tabs. 5 mg. 28 (A)	S1A	52.57	32976
Rolyprexa DisTab Orodispersible Tabs. 10 mg. 28 (A)	S1A	95.59	32977
Rolyprexa DisTab Orodispersible Tabs. 15 mg. 28 (A)	S1A	143.39	32978
Rolyprexa DisTab Orodispersible Tabs. 20 mg. 28 (A)	S1A	191.17	32979
(Non-Proprietary Name Index: Olanzapine)			
Salazopyrin EN (IPS Healthcare) Gastro-Resistant Tabs. 500 mg. 112 (A)	S1B	9.45	79130
(Non-Proprietary Name Index: Sulfasalazine)			
Scheriproct (Clear Pharmacy) 30 G. (B)	S1B	5.13	45413
(Non-Proprietary Name Index: Prednisolone)			
Seretide Diskus (Clear Pharmacy) 50/100 mcg. 60 Blisters Complete 1 (A)	S1B	32.18	72809
Seretide Diskus (Clear Pharmacy) 50/250 mcg. 60 Blisters Complete 1 (A)	S1B	42.55	72810
Seretide Diskus (Clear Pharmacy) 50/500 mcg. 60 Blisters Complete 1 (A)	S1B	57.84	72811
Code the number of packs dispensed			
(Non-Proprietary Name Index: Salmeterol and Other Drugs for Obstructive Airways Diseases)			
Seretide (Clear Pharmacy) Evohaler 250 mcg. 120 Dose Aerosol 1 (A)	S1B	57.84	60005
Code the number of aerosols dispensed			
(Non-Proprietary Name Index: Salmeterol and Other Drugs for Obstructive Airways Diseases)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Seroquel (Clear Pharmacy) Tabs. 100 mg. 60 (A)	S1A	108.37	46006
(Non-Proprietary Name Index: Quetiapine)			
Seroquel XR (Clear Pharmacy) Prolonged Release Tabs. 50 mg. 60 (A)	S1A	61.64	46010
Seroquel XR (Clear Pharmacy) Prolonged Release Tabs. 200 mg. 60 (A)	S1A	121.67	46011
Seroquel XR (Clear Pharmacy) Prolonged Release Tabs. 300 mg. 60 (A)	S1A	170.25	46012
Seroquel XR (Clear Pharmacy) Prolonged Release Tabs. 400 mg. 60 (A)	S1A	225.20	46013
(Non-Proprietary Name Index: Quetiapine)			
Simvastatin (Gerard Labs.) Tabs. 10 mg. 30 (A)	S1B	3.50	76329
Simvastatin (Gerard Labs.) Tabs. 20 mg. 30 (A)	S1B	5.95	76330
Simvastatin (Gerard Labs.) Tabs. 40 mg. 30 (A)	S1B	5.95	76331
(Non-Proprietary Name Index: Simvastatin)			
Sinemet Plus (Clear Pharmacy) Tabs. 100 (A)	S1B	14.79	66904
(Non-Proprietary Name Index: Levodopa and Decarboxylase Inhibitor)			
Tambocor (IPS Healthcare) Tabs. 50 mg. 60 (A)	S1B	10.23	49007
Tambocor (IPS Healthcare) Tabs. 100 mg. 60 (A)	S1B	11.23	49008
(Non-Proprietary Name Index: Flecainide)			
Telfast (Clear Pharmacy D.P.R.) Tabs. 120 mg. 30 (A)	S1B	5.99	48269
Telfast (Clear Pharmacy D.P.R.) Tabs. 180 mg. 30 (A)	S1B	7.80	48270
(Non-Proprietary Name Index: Fexofenadine)			
Ursofalk (Clear Pharmacy) Caps. 250 mg. 60 (A)	S1B	31.92	48505
(Non-Proprietary Name Index: Ursodeoxycholic Acid)			
Valsartan (Actavis) Tabs. 40 mg. 28 (A)	S1B	10.11	73704
Valsartan (Actavis) Tabs. 80 mg. 28 (A)	S1B	11.46	73705
Valsartan (Actavis) Tabs. 160 mg. 28 (A)	S1B	14.83	73706
(Non-Proprietary Name Index: Valsartan)			
Valsartan (Niche Generics) Tabs. 40 mg. 28 (A)	S1B	10.11	73717
Valsartan (Niche Generics) Tabs. 80 mg. 28 (A)	S1B	11.46	73718
Valsartan (Niche Generics) Tabs. 160 mg. 28 (A)	S1B	14.83	73719
(Non-Proprietary Name Index: Valsartan)			
Valsartan TEVA Tabs. 40 mg. 28 (A)	S1B	10.10	73733
Valsartan TEVA Tabs. 80 mg. 28 (A)	S1B	11.45	73734
Valsartan TEVA Tabs. 160 mg. 28 (A)	S1B	14.82	73735
(Non-Proprietary Name Index: Valsartan)			
Valsartan/HCTZ (Actavis) Tabs. 80 mg./12.5 mg. 28 (A)	S1B	17.45	73745
Valsartan/HCTZ (Actavis) Tabs. 160 mg./12.5 mg. 28 (A)	S1B	22.80	73746
Valsartan/HCTZ (Actavis) Tabs. 160 mg./25 mg. 28 (A)	S1B	23.58	73747
(Non-Proprietary Name Index: Valsartan and Hydrochlorothiazide)			
Valsartan/HCTZ TEVA Tabs. 80 mg./12.5 mg. 28 (A)	S1B	17.45	73757
Valsartan/HCTZ TEVA Tabs. 160 mg./12.5 mg. 28 (A)	S1B	22.80	73758
Valsartan/HCTZ TEVA Tabs. 160 mg./25 mg. 28 (A)	S1B	23.58	73759
(Non-Proprietary Name Index: Valsartan and Hydrochlorothiazide)			
Valtan Tabs. 40 mg. 28 (A)	S1B	8.08	73777
Valtan Tabs. 80 mg. 28 (A)	S1B	9.17	73778
Valtan Tabs. 160 mg. 28 (A)	S1B	11.86	73779
(Non-Proprietary Name Index: Valsartan)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Valtan Comp Tabs. 80 mg./12.5 mg. 28 (A) *(Non-Proprietary Name Index: Valsartan and Diuretics)*	S1B	13.96	73788
Vatan Tabs. 40 mg. 28 (A)	S1B	10.11	73794
Vatan Tabs. 80 mg. 28 (A)	S1B	11.46	73795
Vatan Tabs. 160 mg. 28 (A) *(Non-Proprietary Name Index: Valsartan)*	S1B	14.83	73796
Vesitirim (Clear Pharmacy) Tabs. 5 mg. 30 (A)	S1B	40.17	51906
Vesitirim (Clear Pharmacy) Tabs. 10 mg. 30 (A) *(Non-Proprietary Name Index: Solifenacin)*	S1B	52.22	51907
Xatral (Clear Pharmacy) Prolonged Release Tabs. 10 mg. 30 (A) *(Non-Proprietary Name Index: Alfuzosin)*	S1B	18.69	53510
Xyzal (Clear Pharmacy) Tabs. 5 mg. 30 (A) *(Non-Proprietary Name Index: Levocetirizine)*	S1B	7.04	74780
Zomig (Clear Pharmacy) Tabs. 2.5 mg. 6 (A) *(Non-Proprietary Name Index: Zolmitriptan)*	S1B	29.37	58011
Zomig Rapimelt (Clear Pharmacy) Orodispersible Tabs. 2.5 mg. 6 (A) *(Non-Proprietary Name Index: Zolmitriptan)*	S1B	29.37	58030
Zyprexa (Clear Pharmacy) Tabs. 2.5 mg. 28 (A) *(Non-Proprietary Name Index: Olanzapine)*	S1A	23.53	71910

CHANGE TO NOVEMBER 2011 UPDATE
CHANGES UNDERLINED

Change	Spiriva Respimat (Clear Pharmacy) Caps. Refill 18 mcg. 30 (A)	S1B	61506
To Read	Spiriva (Clear Pharmacy) Caps. Refill 18 mcg. 30 (A)	S1B	61506

DELETIONS

Apidra Optiset Pre-Filled Pen 100 unit/ml. 3 ml. 5 (A)	69347
Ferrous Gluconate (Clonmel) Tabs. 300 mg. 100 (A)	58874
Fucidin H Oint. 15 mg. (B)	59684
Fucidin H Oint. 30 G. (B)	59714
Hexopal Forte Tabs. 750 mg. 112 (A)	29351
Luvinsta Caps. 20 mg. 28 (A)	42160
Luvinsta Caps. 40 mg. 28 (A)	42161
Nicorette Patches 5 mg. 7 (A)	33912
Orugesic Gel 50 G. (B)	38121
Rustin Tabs. 10 mg. 28 (A)	58795
Xamiol Gel 50 mcg. 60 G. (B)	53901

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST DECEMBER 2011

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER	AGENTS
Adcirca Tabs. 20 mg. 56 (A)	88530	Tadalafil	Eli Lilly & Co.	United Drug
Pegasys Soln. for Inj. in Pre-filled Pen 135 mcg./0.5 ml. Pack 1 (A) *Code the number of injections dispensed*	88487	Peginterferon Alfa-2a	Roche	Allphar Services Ltd.
Pegasys Soln. for Inj. in Pre-filled Pen 180 mcg./0.5 ml. Pack 4 (A) *Code the number of injections dispensed*	88488	Peginterferon Alfa-2a	Roche	Allphar Services Ltd.
Prostap 6 DCS Pdr. & Solv. for Prolonged Release Susp. for Inj. in Pre-filled Syr. 30 mg. Pack 1 (A) *Code the number of pre-filled packs dispensed*	88174	Leuprorelin Acetate	Takeda UK Ltd.	United Drug
Saizen Soln. for Inj. 6 mg. Pack 1 (A) *Code the number of Injections dispensed*	88202	Somatroprin	Merck Serono (Ireland) Ltd.	Allphar Services Ltd.
Saizen Soln. for Inj. 12 mg. Pack 1(A) *Code the number of Injections dispensed*	88259	Somatropin	Merck Serono (Ireland) Ltd.	Allphar Services Ltd.
Saizen Soln. for Inj. 20 mg. Pack 1 (A) *Code the number of Injections dispensed*	88311	Somatropin	Merck Serono (Ireland) Ltd.	Allphar Services Ltd.

CHANGES
CHANGES UNDERLINED

	PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER	AGENTS
Change	Tyverb Tabs. 250 mg. 70 (A)	88670	Lapatinib	GlaxoSmithKline	GlaxoSmithKline
To Read	Tyverb <u>Film Coated</u> Tabs. 250 mg. 70 (A)	88670	Lapatinib	GlaxoSmithKline	GlaxoSmithKline

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st November 2011

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST NOVEMBER 2011

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Actonel (Clear Pharmacy) Once A Week Tabs. 35 mg. 4 (A) *(Non-Proprietary Name Index: Risedronic Acid)*	S1B	19.82	12002
Actonel Plus (IPS Healthcare) CA & D Treatment Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Risedronic Acid, Calcium and Colecalciferol, Sequential)*	S1B	32.19	12021
Adalat LA (Clear Pharmacy) Tabs. 30 mg. 28 (A) *(Non-Proprietary Name Index: Nifedipine)*	S1B	11.89	56301
Alphagan (Clear Pharmacy D.P.R.) Eye Drops 0.2% 5 ml. (B) *(Non-Proprietary Name Index: Brimonidine)*	S1B	13.21	11336
Alphagan (IPS Healthcare) Eye Drops 0.2% 5 ml. (B) *(Non-Proprietary Name Index: Brimonidine)*	S1B	13.22	11337
Amlodipine TEVA Tabs. 5 mg. 28 (A) Amlodipine TEVA Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Amlodipine)*	S1B S1B	5.63 8.40	15078 15079
Anastrozole (Bluefish) Film Coated Tabs. 1 mg. 28 (A) *(Non-Proprietary Name Index: Anastrozole)*	S1A	72.18	12948
Aromasin (IPS Healthcare) Tabs. 25 mg. 30 (A) *(Non-Proprietary Name Index: Exemestane)*	S1A	135.57	13706
Arthrotec 50 (IPS Healthcare) Modified Release Tabs. 60 (A) *(Non-Proprietary Name Index: Diclofenac, Combinations)*	S1A	17.23	14618
Bricanyl (IPS Healthcare) Turbohaler 500 mcg. 100 Dose Inhaler 1 (A) *Code the number of inhalers dispensed* *(Non-Proprietary Name Index: Terbutaline)*	S1B	10.66	65031
Brufen Tabs. 400 mg. 60 (A) *(Non-Proprietary Name Index: Ibuprofen)*	S1B	1.78	67573
Cosopt (IPS Healthcare) Eye Drops Soln. 20 mg./ml. 5 ml. (B) *(Non-Proprietary Name Index: Timolol, Combinations)*	S1B	16.87	18540
Detrusitol SR (IPS Healthcare) Caps. 4 mg. 28 (A) *(Non-Proprietary Name Index: Tolterodine)*	S1B	40.14	53677
Emazole Gastro-Resistant Tabs. 20 mg. 28 (A) Emazole Gastro-Resistant Tabs. 40 mg. 28 (A) *(Non-Proprietary Name Index: Esomeprazole)*	S1B S1B	18.65 28.79	36506 36507
Flucloxacillin (GAP) Oral Soln. 125 mg./5 ml. 100 ml. (B) *(Non-Proprietary Name Index: Flucloxacillin)*	S1A	2.68	90230

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Flucloxacillin (Athlone Labs.) Oral Soln. 250 mg./5 ml. 100 ml. (B) *(Non-Proprietary Name Index: Flucloxacillin)*	S1A	6.43	90365
Implanon NXT (IPS Healthcare) Implant 68 mg. Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Etonogestrel)*	S1A	120.99	28865
Imuran (IPS Healthcare) Tabs. 25 mg. 100 (A)	S1A	17.79	84643
Imuran (IPS Healthcare) Tabs. 50 mg. 100 (A) *(Non-Proprietary Name Index: Azathioprine)*	S1A	27.05	84644
Lansoprazole TEVA Caps. 15 mg. 28 (A)	S1B	11.16	63705
Lansoprazole TEVA Caps. 30 mg. 28 (A) *(Non-Proprietary Name Index: Lansoprazole)*	S1B	22.14	63706
Micardis Plus (Clear Pharmacy) Tabs. 40 mg./12.5 mg. 28 (A)	S1B	18.24	34820
Micardis Plus (Clear Pharmacy) Tabs. 80 mg./12.5 mg. 28 (A) *(Non-Proprietary Name Index: Telmisartan and Diuretics)*	S1B	22.04	34821
Microlite Tabs. 100 mcg./20 mcg. 21 (A) *(Non-Proprietary Name Index: Levonorgestrel and Estrogen)*	S1B	4.05	34260
Omeprazole (Bluefish) Caps. 40 mg. 14 (A) *(Non-Proprietary Name Index: Omeprazole)*	S1B	13.31	37670
Risedronate (Bluefish) Once A Week Film Coated Tabs. 35 mg. 4 (A) *(Non-Proprietary Name Index: Risedronic Acid)*	S1B	19.99	50536
Risperidone (Pinewood Healthcare) Tabs. 0.5 mg. 20 (A)	S1A	2.28	45603
Risperidone (Pinewood Healthcare) Tabs. 3 mg. 60 (A) *(Non-Proprietary Name Index: Risperidone)*	S1A	31.59	45604
Salbutamol (Phoenix Healthcare) CFC-Free Inhalation Susp. 100 mcg. 200 Dose Inhaler 1 (A) *Code the number of inhalers dispensed* *(Non-Proprietary Name Index: Salbutamol)*	S1B	3.00	76403
Sertraline (KRKA Pharma) Tabs. 50 mg. 28 (A)	S1A	12.87	50560
Sertraline (KRKA Pharma) Tabs. 100 mg. 28 (A) *(Non-Proprietary Name Index: Sertraline)*	S1A	19.31	50561
Spiriva Combopack (Clear Pharmacy) 18 mcg. i.e. 1 Handihaler/30 Caps. 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Tiotropium Bromide)*	S1B	42.72	61505
Spiriva Respimat (Clear Pharmacy) Caps. Refill 18 mcg. 30 (A) *(Non-Proprietary Name Index: Tiotropium Bromide)*	S1B	40.51	61506
Spiriva Respimat (Clear Pharmacy D.P.R.) Soln. for Inhalation 2.5 mcg., Cartridge Plus Inhaler Complete Pack (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Tiotropium Bromide)*	S1B	43.44	61507
Tamnexyl XL Tabs. 400 mcg. 30 (A) *(Non-Proprietary Name Index: Tamsulosin)*	S1B	20.77	50302
Tegretol (IPS Healthcare) Tabs. 200 mg. 84 (A)	S1B	6.47	49403
Tegretol (IPS Healthcare) Tabs. 400 mg. 56 (A) *(Non-Proprietary Name Index: Carbamazepine)*	S1B	8.48	49404

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Tradol Eff. Tabs. 50 mg. 30 (A) *(Non-Proprietary Name Index: Tramadol)*	S1A	5.95	69905
Trajenta Tabs. 5 mg. 28 (A) *(Non-Proprietary Name Index: Linagliptin)*	S1B	41.05	65482
Ursofalk (IPS Healthcare) Caps. 250 mg. 100 (A) *(Non-Proprietary Name Index: Ursodeoxycholic Acid)*	S1B	53.25	48502
Xenical (Clear Pharmacy) Caps. 120 mg. 84 (A) *(Non-Proprietary Name Index: Orlistat)*	S1A	42.12	53303
Zalasta Tabs. 2.5 mg. 28 (A)	S1A	23.90	56363
Zalasta Tabs. 5 mg. 28 (A)	S1A	47.79	56364
Zalasta Tabs. 7.5 mg. 56 (A)	S1A	143.38	56365
Zalasta Tabs. 10 mg. 28 (A)	S1A	95.59	56366
Zalasta Tabs. 15 mg. 28 (A) *(Non-Proprietary Name Index: Olanzapine)*	S1A	130.36	56367
Zomig (IPS Healthcare) Tabs. 2.5 mg. 6 (A)	S1B	29.37	58055
Zomig Rapimelt (IPS Healthcare) Orodispersible Tabs. 2.5 mg. 6 (A) *(Non-Proprietary Name Index: Zolmitriptan)*	S1B	29.37	58056

CHANGE TO OCTOBER 2011 UPDATE

CHANGES UNDERLINED

Change	Olanzapine (Mylan) Film Coated Tabs. 2.5 mg. 28 (A)	S1A	32950
To Read	Olanzapine Mylan (Gerard Labs.) Film Coated Tabs. 2.5 mg. 28 (A)	S1A	32950
Change	Olanzapine (Mylan) Film Coated Tabs. 5 mg. 28 (A)	S1A	32959
To Read	Olanzapine Mylan (Gerard Labs.) Film Coated Tabs. 5 mg. 28 (A)	S1A	32959
Change	Olanzapine (Mylan) Film Coated Tabs. 7.5 mg. 56 (A)	S1A	32960
To Read	Olanzapine Mylan (Gerard Labs.) Film Coated Tabs. 7.5 mg. 56 (A)	S1A	32960
Change	Olanzapine (Mylan) Film Coated Tabs. 10 mg. 28 (A)	S1A	32961
To Read	Olanzapine Mylan (Gerard Labs.) Film Coated Tabs. 10 mg. 28 (A)	S1A	32961
Change	Olanzapine (Mylan) Film Coated Tabs. 15 mg. 28 (A)	S1A	32962
To Read	Olanzapine Mylan (Gerard Labs.) Film Coated Tabs. 15 mg. 28 (A)	S1A	32962

DELETIONS

BellPrav Tabs. 10 mg. 30 (A)	25203
BellPrav Tabs. 20 mg. 30 (A)	25251
BellPrav Tabs. 40 mg. 30 (A)	25298
Betadine Vag. Gel 80 G. (A)	62960
Betadine Vag. Pess. 28 (A)	62952
Cardura XL (McDowell Pharmaceuticals) Tabs. 4 mg. 28 (A)	16125
Catapres Tabs. 0.3 mg. 100 (A)	16733
Cozaar (McDowell Pharmaceuticals) Tabs. 50 mg. 28 (A)	76577
Electrolade Sachets 6 (A)	18662
Electrolade Sachets 20 (A)	18684
Epifoam 12 G. Aerosol 1 (A)	23574
Fosamax (B & S Healthcare) Once Weekly Tabs. 70 mg. 4 (A)	25990
Gelcotar 50 G. (B)	28398
Gelcotar 500 G. (B)	28401
Gonadotraphon LH Inj. 500 iu 5 (A)	84301
Hypromellose (Richard Daniel) Eye Drops 10 ml. (B)	28614
Lipitor (McDowell Pharmaceuticals) Tabs. 10 mg. 28 (A)	41803

DELETIONS

Lipitor (McDowell Pharmaceuticals) Tabs. 20 mg. 28 (A)	32540
Lipitor (McDowell Pharmaceuticals) Tabs. 40 mg. 28 (A)	32541
Lipitor (McDowell Pharmaceuticals) Tabs. 80 mg. 28 (A)	32542
Lipovas Tabs. 10 mg. 28 (A)	31742
Lipovas Tabs. 20 mg. 28 (A)	31743
Lipovas Tabs. 40 mg. 28 (A)	31744
Norflocux Tabs. 400 mg. 14 (A)	36728
Pariet (McDowell Pharmaceutical) Gastro-Resistant Tabs. 10 mg. 28 (A)	73185
Persantin Tabs. 100 mg. 84 (A)	40479
Plesmet Syr. 1 Litre (B)	53497
Pripsen Dual-Dose Sachet 1 (A)	42633
Quellada M Liq. 200 ml. (B)	43598
Regulan Sachets 30 (A)	43796
Soprol Tabs. 5 mg. 28 (A)	72062
Terra-Cortril Ear Susp. 5 ml. (B)	48917
Trinordiol Tabs. 63 (A)	50431
Vista-Methasone N Drops 5 ml. (B)	53562
Vista-Methasone N Drops 10 ml. (B)	53570

ADDITIONS/CHANGES/DELETIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME
EFFECTIVE 1ST NOVEMBER 2011

Clinical Nutritional Products

		Reimbursement Price €	Drug Code
	CHANGES		
	CHANGES UNDERLINED		
Change	Fresubin Original Fibre 1.5 L. Pack 1	15.72	81171
To Read	Fresubin 1500 Complete 1.5 L. Pack 1	15.72	81171
	Code the number of packs dispensed		
Change	Promin LP Spread 230 G. Pack 1	9.16	83038
To Read	Taranis LP Spread 230 G. Pack 1	9.16	83038
	Code the number of packs dispensed		
	DELETIONS		
Delete	Infasoy 450 G. Pack 1		83068

Insulin Infusion Sets

	ADDITIONS		
Add	Neria Soft Unomedical Tubing 60 cm. 76-060-2652 - 10 Pieces	25.00	93257
Add	Neria Soft Unomedical Tubing 110 cm. 76-110-2652 - 10 Pieces	25.00	93259
Add	Neria Soft Unomedical Infusion Set 60 cm. 13 mm. 79-060-2522 - 10 Pieces	112.50	93260
Add	Neria Soft Unomedical Infusion Set 60 cm. 17 mm. 79-060-2622 - 10 Pieces	112.50	93261
Add	Neria Soft Unomedical Infusion Set 80 cm. 13 mm. 79-080-2522 - 10 Pieces	112.50	93263
Add	Neria Soft Unomedical Infusion Set 80 cm. 17 mm. 79-080-2622 - 10 Pieces	112.50	93264
Add	Neria Soft Unomedical Infusion Set 110 cm. 13 mm. 79-110-2522 - 10 Pieces	112.50	93266
Add	Neria Soft Unomedical Infusion Set 110 cm. 17 mm. 79-110-2622 - 10 Pieces	112.50	93268
	Code the number of pieces dispensed		
	DELETIONS		
Delete	Smiths Medical Unomedical Comfort Set Single 30 cm. 89-030-2622 - 10 Pieces		85521
Delete	Smiths Medical Unomedical Comfort Set Single 60 cm. 89-060-2622 - 10 Pieces		85522
Delete	Smiths Medical Unomedical Comfort Set Single 80 cm. 89-080-2622 - 10 Pieces		85523
Delete	Smiths Medical Unomedical Comfort Set Single 110 cm. 89-110-2622 - 10 Pieces		85524
Delete	Smiths Medical Unomedical Comfort Set Combo 30 cm. 87-030-2652 - 10 Pieces		85525
Delete	Smiths Medical Unomedical Comfort Set Combo 60 cm. 87-060-2652 - 10 Pieces		85526
Delete	Smiths Medical Unomedical Comfort Set Combo 80 cm. 87-080-2652 - 10 Pieces		85527
Delete	Smiths Medical Unomedical Comfort Set Combo 110 cm. 87-110-2652 - 10 Pieces		85528

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST NOVEMBER 2011

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER	AGENTS
Decapeptyl 6 Month Pack 22.5 mg. Pdr. And Solv. for PR Susp. for Inj. 1 (A) *Code the number of packs dispensed*	88632	Triptorelin	Ipsen Pharmaceuticals	Allphar Services
Menopur Pdr. & Solv. for Soln. for Inj. 600 IU 1 (A) *Code the number of injections dispensed*	88397	Menotrophin	Ferring Ireland Ltd.	United Drug
Menopur Pdr. & Solv. for Soln. for Inj. 1200 IU 1 (A) *Code the number of injections dispensed*	88398	Menotrophin	Ferring Ireland Ltd.	United Drug
TOBI Podhaler Inhalation Pdr., Hard Caps. 28 mg. 224 Caps. + 5 Inhalers Pack 1 (A) *Code the number of packs dispensed*	88373	Tobramycin	Novartis Ireland Ltd.	Movianto

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st October 2011

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST OCTOBER 2011

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Bydureon Pdr. & Solv. Prolonged Release Susp. for Inj. 2 mg. 4 (A)	S1A	100.22	47530
Code the number of injections dispensed			
(Non-Proprietary Name Index: Exenatide)			
Galsya SR Prolonged Release Caps. 8 mg. 28 (A)	S1A	52.97	44206
Galsya SR Prolonged Release Caps. 16 mg. 28 (A)	S1A	65.78	44207
Galsya SR Prolonged Release Caps. 24 mg. 28 (A)	S1A	81.22	44208
(Non-Proprietary Name Index: Galantamine)			
Nevanac Eye Drops Susp. 1 mg./ml. 5 ml. (B)	S1B	8.89	50705
(Non-Proprietary Name Index: Nepafenac)			
Nuprin Gastro Resistant Tabs. 75 mg. 28 (A)	S1B	1.93	43704
Nuprin Gastro Resistant Tabs. 75 mg. 56 (A)	S1B	3.88	43705
(Non-Proprietary Name Index: Acetylsalicylic Acid)			
Olanzapine (Actavis) Film Coated Tabs. 2.5 mg. 28 (A)	S1A	23.90	32907
Olanzapine (Actavis) Film Coated Tabs. 5 mg. 28 (A)	S1A	47.79	32908
Olanzapine (Actavis) Film Coated Tabs. 7.5 mg. 56 (A)	S1A	143.39	32909
Olanzapine (Actavis) Film Coated Tabs. 10 mg. 28 (A)	S1A	95.59	32910
Olanzapine (Actavis) Film Coated Tabs. 15 mg. 28 (A)	S1A	130.36	32911
(Non-Proprietary Name Index: Olanzapine)			
Olanzapine (Actavis) Orodispersible Tabs. 5 mg. 28 (A)	S1A	52.57	32915
Olanzapine (Actavis) Orodispersible Tabs. 10 mg. 28 (A)	S1A	95.59	32916
Olanzapine (Actavis) Orodispersible Tabs. 15 mg. 28 (A)	S1A	143.39	32917
Olanzapine (Actavis) Orodispersible Tabs. 20 mg. 28 (A)	S1A	191.17	32918
(Non-Proprietary Name Index: Olanzapine)			
Olanzapine (Clonmel) Film Coated Tabs. 2.5 mg. 28 (A)	S1A	19.12	32923
Olanzapine (Clonmel) Film Coated Tabs. 5 mg. 28 (A)	S1A	38.23	32924
Olanzapine (Clonmel) Film Coated Tabs. 7.5 mg. 56 (A)	S1A	114.71	32925
Olanzapine (Clonmel) Film Coated Tabs. 10 mg. 28 (A)	S1A	76.47	32926
Olanzapine (Clonmel) Film Coated Tabs. 15 mg. 28 (A)	S1A	104.28	32927
(Non-Proprietary Name Index: Olanzapine)			
Olanzapine (Glenmark Generics (Europe) Ltd.) Tabs. 2.5 mg. 28 (A)	S1A	23.88	32934
Olanzapine (Glenmark Generics (Europe) Ltd.) Tabs. 5 mg. 28 (A)	S1A	47.76	32935
Olanzapine (Glenmark Generics (Europe) Ltd.) Tabs. 7.5 mg. 56 (A)	S1A	143.28	32936
Olanzapine (Glenmark Generics (Europe) Ltd.) Tabs. 10 mg. 28 (A)	S1A	95.53	32937
Olanzapine (Glenmark Generics (Europe) Ltd.) Tabs. 15 mg. 28 (A)	S1A	130.26	32938
(Non-Proprietary Name Index: Olanzapine)			
Olanzapine (Glenmark Generics (Europe) Ltd.) Orodispersible Tabs. 5 mg. 28 (A)	S1A	52.54	32940
Olanzapine (Glenmark Generics (Europe) Ltd.) Orodispersible Tabs. 10 mg. 28 (A)	S1A	95.53	32941
Olanzapine (Glenmark Generics (Europe) Ltd.) Orodispersible Tabs. 15 mg. 28 (A)	S1A	143.28	32942
Olanzapine (Glenmark Generics (Europe) Ltd.) Orodispersible Tabs. 20 mg. 28 (A)	S1A	185.44	32943
(Non-Proprietary Name Index: Olanzapine)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Olanzapine (Mylan) Film Coated Tabs. 2.5 mg. 28 (A)	S1A	19.74	32950
Olanzapine (Mylan) Film Coated Tabs. 5 mg. 28 (A)	S1A	39.50	32951
Olanzapine (Mylan) Film Coated Tabs. 7.5 mg. 56 (A)	S1A	118.48	32952
Olanzapine (Mylan) Film Coated Tabs. 10 mg. 28 (A)	S1A	78.98	32953
Olanzapine (Mylan) Film Coated Tabs. 15 mg. 28 (A)	S1A	107.71	32954
(Non-Proprietary Name Index: Olanzapine)			
Olanzapine TEVA Film Coated Tabs. 2.5 mg. 28 (A)	S1A	23.79	32958
Olanzapine TEVA Film Coated Tabs. 5 mg. 28 (A)	S1A	47.60	32959
Olanzapine TEVA Film Coated Tabs. 7.5 mg. 56 (A)	S1A	142.78	32960
Olanzapine TEVA Film Coated Tabs. 10 mg. 28 (A)	S1A	95.19	32961
Olanzapine TEVA Film Coated Tabs. 15 mg. 28 (A)	S1A	129.81	32962
(Non-Proprietary Name Index: Olanzapine)			
Olanzapine TEVA Orodispersible Tabs. 5 mg. 28 (A)	S1A	52.36	32966
Olanzapine TEVA Orodispersible Tabs. 10 mg. 28 (A)	S1A	95.19	32967
Olanzapine TEVA Orodispersible Tabs. 15 mg. 28 (A)	S1A	142.80	32968
Olanzapine TEVA Orodispersible Tabs. 20 mg. 28 (A)	S1A	190.36	32969
(Non-Proprietary Name Index: Olanzapine)			
Rolyprexa Film Coated Tabs. 2.5 mg. 28 (A)	S1A	23.90	32970
Rolyprexa Film Coated Tabs. 5 mg. 28 (A)	S1A	47.79	32971
Rolyprexa Film Coated Tabs. 7.5 mg. 56 (A)	S1A	143.38	32972
Rolyprexa Film Coated Tabs. 10 mg. 28 (A)	S1A	95.59	32973
Rolyprexa Film Coated Tabs. 15 mg. 28 (A)	S1A	130.36	32974
(Non-Proprietary Name Index: Olanzapine)			
Rosuvastatin (KRKA Pharma) Film Coated Tabs. 5 mg. 28 (A)	S1B	14.59	62857
Rosuvastatin (KRKA Pharma) Film Coated Tabs. 10 mg. 28 (A)	S1B	17.93	62858
Rosuvastatin (KRKA Pharma) Film Coated Tabs. 20 mg. 28 (A)	S1B	29.27	62859
Rosuvastatin (KRKA Pharma) Film Coated Tabs. 40 mg. 28 (A)	S1B	30.07	62860
(Non-Proprietary Name Index: Rosuvastatin)			

DELETIONS

Atecor Tabs. 50 mg. 100 (A)	10715
Atecor Tabs. 100 mg. 100 (A)	10731
Atropine Sulph. (Antigen) Inj. 600 mcg./ml. 1 ml. 10 (A)	56340
DF-118 Tabs. 30 mg. 500 (A)	20613
Metoclopramide (Antigen) Inj. 5 mg./ml. 2 ml. 10 (A)	33642
Stelazine Spans. 2 mg. 60 (A)	46892
Stelazine Spans. 10 mg. 30 (A)	46906
Stelazine Spans. 15 mg. 30 (A)	46922
Viskaldix Tabs. 28 (A)	76759

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST OCTOBER 2011

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER	AGENTS
Avonex Soln. for Inj. 30 ug./0.5 ml. Pre-filled Pen 4 (A) *Code the number of injections dispensed*	88285	Interferon Beta-1A	Biogen Idec	United Drug
Avonex Soln. for Inj. 30 ug./0.5 ml. Pre-filled Pen 12 (A) *Code the number of injections dispensed*	88286	Interferon Beta-1A	Biogen Idec	United Drug

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Prostap SR Inj. 3.75 mg. 1 (A)	88130	Leuprorelin	Takeda UK Ltd.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st September 2011

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE 1ST SEPTEMBER 2011

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Abilify (G-Pharma) Tabs. 5 mg. 28 (A)	S1A	124.33	17277
Abilify (G-Pharma) Tabs. 10 mg. 28 (A)	S1A	128.97	17278
Abilify (G-Pharma) Tabs. 15 mg. 28 (A)	S1A	128.97	17279
Abilify (G-Pharma) Tabs. 30 mg. 28 (A)	S1A	257.95	17280
(Non-Proprietary Name Index: Aripiprazole)			
Actos (G-Pharma) Tabs. 15 mg. 28 (A)	S1B	33.72	15565
Actos (G-Pharma) Tabs. 30 mg. 28 (A)	S1B	50.16	15566
(Non-Proprietary Name Index: Pioglitazone)			
Aldara (G-Pharma) 5% Cream Sachets 12 (A)	S1A	71.30	11650
Code the number of sachets dispensed			
(Non-Proprietary Name Index: Imiquimod)			
Arcoxia (IPS Healthcare) Tabs. 30 mg. 28 (A)	S1B	21.47	14290
Arcoxia (IPS Healthcare) Tabs. 60 mg. 28 (A)	S1B	28.47	14291
(Non-Proprietary Name Index: Etoricoxib)			
Capozide Tabs. 50/25 mg. 30 (A)	S1B	6.75	27105
(Non-Proprietary Name Index: Captopril and Diuretics)			
Cardura XL (IPS Healthcare) Tabs. 4 mg. 28 (A)	S1B	7.23	16413
Cardura XL (IPS Healthcare) Tabs. 8 mg. 28 (A)	S1B	37.70	16414
(Non-Proprietary Name Index: Doxazosin)			
Cefuroxime (Actavis) Film Coated Tabs. 250 mg. 14 (A)	S1A	4.46	17465
Cefuroxime (Actavis) Film Coated Tabs. 500 mg. 14 (A)	S1A	8.48	17466
(Non-Proprietary Name Index: Cefuroxime)			
Champix (Autumn Healthcare) Tabs. 0.5 mg. 56 (A)	S1A	75.98	34652
Champix (Autumn Healthcare) Tabs. 1 mg. 28 (A)	S1A	36.78	34653
(Non-Proprietary Name Index: Varenicline)			
Coversyl Arginine (IPS Healthcare) Tabs. 10 mg. 30 (A)	S1B	15.75	68376
(Non-Proprietary Name Index: Perindopril)			
Dorzolamide (Actavis) Eye Drops Soln. 20 mg./ml. 5 ml. (B)	S1B	8.24	57506
(Non-Proprietary Name Index: Dorzolamide)			
Dovobet (IPS Healthcare) Oint. 50 mcg./G. + 0.5 mg./G. 120 G. (B)	S1A	77.84	44610
(Non-Proprietary Name Index: Calcipotriol, Combinations)			
Exforge (Autumn Healthcare) Tabs. 5 mg./80 mg. 28 (A)	S1B	19.49	32487
Exforge (Autumn Healthcare) Tabs. 5 mg./160 mg. 28 (A)	S1B	25.23	32488
Exforge (Autumn Healthcare) Tabs. 10 mg./160 mg. 28 (A)	S1B	26.04	32489
(Non-Proprietary Name Index: Valsartan and Amlodipine)			
Ezetrol (IPS Healthcare) Tabs. 10 mg. 28 (A)	S1B	33.75	23285
(Non-Proprietary Name Index: Ezetimibe)			
Fluconazole (Actavis) Hard Caps. 50 mg. 7 (A)	S1B	7.91	25162
Fluconazole (Actavis) Hard Caps. 150 mg. 1 (A)	S1B	3.38	25163
Fluconazole (Actavis) Hard Caps. 200 mg. 7 (A)	S1B	31.58	25164
(Non-Proprietary Name Index: Fluconazole)			
Ganfort (Autumn Healthcare) Eye Drops Soln. 300 mcg./ml. + 5 mg./ml. 3 ml. (B)	S1A	21.38	27542
(Non-Proprietary Name Index: Timolol, Combinations)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Istin (IPS Healthcare) Tabs. 5 mg. 28 (A)	S1B	5.55	29160
Istin (IPS Healthcare) Tabs. 10 mg. 28 (A)	S1B	8.29	29161
(Non-Proprietary Name Index: Amlodipine)			
Letrozole (Bluefish) Tabs. 2.5 mg. 30 (A)	S1A	56.43	24585
(Non-Proprietary Name Index: Letrozole)			
Lumigan (Autumn Healthcare) Eye Drops Soln. 0.3 mg./ml. 3 ml. (B)	S1A	15.51	77406
(Non-Proprietary Name Index: Bimatoprost)			
Lyrica (Autumn Healthcare) Caps. 25 mg. 84 (A)	S1A	123.09	53125
Lyrica (Autumn Healthcare) Caps. 75 mg. 56 (A)	S1A	82.07	53141
Lyrica (Autumn Healthcare) Caps. 150 mg. 56 (A)	S1A	82.07	53126
(Non-Proprietary Name Index: Pregabalin)			
Lyrica (G-Pharma) Caps. 25 mg. 56 (A)	S1A	82.07	53142
Lyrica (G-Pharma) Caps. 50 mg. 84 (A)	S1A	123.09	53143
Lyrica (G-Pharma) Caps. 100 mg. 84 (A)	S1A	123.09	53144
(Non-Proprietary Name Index: Pregabalin)			
Neoclarityn (Autumn Healthcare) Tabs. 5 mg. 30 (A)	S1B	10.39	35876
(Non-Proprietary Name Index: Desloratadine)			
OxyNorm Dispersa Orodispersible Tabs. 5 mg. 28 (A)	CD2	5.98	38239
OxyNorm Dispersa Orodispersible Tabs. 10 mg. 28 (A)	CD2	16.69	38546
OxyNorm Dispersa Orodispersible Tabs. 20 mg. 28 (A)	CD2	33.36	38710
(Non-Proprietary Name Index: Oxycodone)			
Plavix (Autumn Healthcare) Tabs. 75 mg. 30 (A)	S1B	36.58	41097
(Non-Proprietary Name Index: Clopidogrel)			
Procoralan (Autumn Healthcare) Tabs. 5 mg. 56 (A)	S1B	56.34	42784
Procoralan (Autumn Healthcare) Tabs. 7.5 mg. 56 (A)	S1B	56.34	42785
(Non-Proprietary Name Index: Ivabradine)			
Protelos (G-Pharma) Grans. Sachet 2 G. 28 (A)	S1B	39.39	43330
Code the number of sachets dispensed			
(Non-Proprietary Name Index: Strontium Ranelate)			
Protopic (Autumn Healthcare) Oint. 0.03% 30 G. (B)	S1A	27.66	66365
Protopic (Autumn Healthcare) Oint. 0.1% 30 G. (B)	S1A	30.74	66366
Protopic (Autumn Healthcare) Oint. 0.1% 60 G. (B)	S1A	58.45	66367
(Non-Proprietary Name Index: Tacrolimus)			
Prozac (IPS Healthcare) Caps. 20 mg. 30 (A)	S1A	4.84	43503
(Non-Proprietary Name Index: Fluoxetine)			
Requip Film Coated Tabs. 0.25 mg. 84 (A)	S1B	13.12	79086
(Non-Proprietary Name Index: Ropinirole)			
Rolpryna SR (KRKA Pharma) Prolonged Release Tabs. 2 mg. 21 (A)	S1B	21.60	79120
Rolpryna SR (KRKA Pharma) Prolonged Release Tabs. 2 mg. 84 (A)	S1B	63.21	79121
Rolpryna SR (KRKA Pharma) Prolonged Release Tabs. 4 mg. 84 (A)	S1B	114.38	79122
Rolpryna SR (KRKA Pharma) Prolonged Release Tabs. 8 mg. 84 (A)	S1B	210.52	79123
(Non-Proprietary Name Index: Ropinirole)			
Singulair Paed. (IPS Healthcare) Chewable Tabs. 4 mg. 28 (A)	S1B	33.08	73027
Singulair (IPS Healthcare) Tabs. 10 mg. 28 (A)	S1B	33.08	73026
(Non-Proprietary Name Index: Montelukast)			
Singulair Paed. (IPS Healthcare) Grans. 4 mg. Sachets 28 (A)	S1B	33.08	73028
Code the number of sachets dispensed			
(Non-Proprietary Name Index: Montelukast)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Xyzal (IPS Healthcare) Tabs. 5 mg. 30 (A)	S1B	7.06	74775
(Non-Proprietary Name Index: Levocitirizine)			
Zestril (IPS Healthcare) Tabs. 5 mg. 28 (A)	S1B	3.66	58470
Zestril (IPS Healthcare) Tabs. 10 mg. 28 (A)	S1B	4.51	58471
Zestril (IPS Healthcare) Tabs. 20 mg. 28 (A)	S1B	5.19	58472
(Non-Proprietary Name Index: Lisinopril)			
Zoton (IPS Healthcare) FasTabs. Orodispersible Tabs. 15 mg. 28 (A)	S1B	11.01	70910
Zoton (IPS Healthcare) FasTabs. Orodispersible Tabs. 30 mg. 28 (A)	S1B	21.86	70911
(Non-Proprietary Name Index: Lansoprazole)			

CHANGES TO THE LIST OF REMIBURSABLE NON DRUG ITEMS IN THE G.M.S. SCHEME
EFFECTIVE 1ST SEPTEMBER 2011
CHANGES UNDERLINED

		€	
Change	Optium B-Ketone Test Strips 10 (A)	27.50	85106
To Read	FreeStyle Optium B-Ketone Test Strips 10 (A)	27.50	85106
Change	Optium Plus Test Strips 50 (A)	20.43	10051
To Read	FreeStyle Optium Test Strips 50 (A)	20.43	10051

DELETIONS

Ampicillin (Athlone Labs.) Caps. 250 mg. 100 (A)	52647
Ampicillin (Athlone Labs.) Caps. 250 mg. 1000 (A)	52663
Ampicillin (Athlone Labs.) Caps. 500 mg. 100 (A)	52671
Ampicillin (Athlone Labs.) Caps. 500 mg. 500 (A)	52701
Ampicillin (Athlone Labs.) Syr. 125 mg./5 ml. 100 ml. (B)	91898
Ampicillin (Athlone Labs.) Syr. 250 mg./5 ml. 100 ml. (B)	91863
Capozide Tabs. 28 (A)	16535
Carace Tabs. 5 mg. 28 (A)	16225
Carace Tabs. 10 mg. 28 (A)	16268
Carace 10 Plus Tabs. 28 (A)	70526
Carace 20 Plus Tabs. 28 (A)	70535
Clonamp Caps. 500 mg. 100 (A)	76376
Clonamp Syr. 125 mg./5 ml. 100 ml. (B)	90921
Clonamp Syr. 250 mg./5 ml. 100 ml. (B)	90948
Ecostatin Pess. 150 mg. 3 (A)	74640
Estraderm TTS 25 Patches 8 (A)	23604
Estraderm TTS 50 Patches 8 (A)	23612
Estraderm TTS 100 Patches 8 (A)	23620
Finasteride (Johnson Bros. Ltd.) Tabs. 5 mg. 28 (A)	25773
Fruside Tabs. 40 mg. 100 (A)	76617
Graneodin Oint. 25 G. (B)	27125
Haloperidol (Clonmel) Tabs. 5 mg. 100 (A)	27448
Mycostatin Cream 15 G. (B)	63185
Velosef Inj. 500 mg. 5 (A)	60097
Velosef Inj. 1 G. 1 (A)	60100
Ventolin Resp. Soln. 0.5 % 20 ml. (B)	63584

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST SEPTEMBER 2011

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER	AGENTS
Prostap SR DCS Pdr. & Solv. for Prolonged Release Susp. for Inj. in Pre-filled Syr. 3.75 mg. 1 (A) *Code the number of injections dispensed*	88136	Leuprorelin	Takeda UK Ltd.	United Drug
Prostap 3 DCS Pdr. & Solv. for Prolonged Release Susp. for Inj. in Pre-filled Syr. 11.25 mg. 1 (A) *Code the number of injections dispensed*	88137	Leuprorelin	Takeda UK Ltd.	United Drug

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st August 2011

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE 1ST AUGUST 2011

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
EirFem Film Coated Tabs. 2.5 mg. 30 (A) *(Non-Proprietary Name Index: Letrozole)*	S1A	45.63	25103
Letrozole (Actavis) Film Coated Tabs. 2.5 mg. 30 (A) *(Non-Proprietary Name Index: Letrozole)*	S1A	45.63	24505
Letrozole (Clonmel) Film Coated Tabs. 2.5 mg. 30 (A) *(Non-Proprietary Name Index: Letrozole)*	S1A	56.80	24513
Letrozole Mylan (Gerard Labs.) Film Coated Tabs. 2.5 mg. 30 (A) *(Non-Proprietary Name Index: Letrozole)*	S1A	45.47	24515
Letrozole TEVA Film Coated Tabs. 2.5 mg. 30 (A) *(Non-Proprietary Name Index: Letrozole)*	S1A	56.81	24517
Letzo Film Coated Tabs. 2.5 mg. 30 (A) *(Non-Proprietary Name Index: Letrozole)*	S1A	57.05	24525
Movitev Pdr. for Oral Soln. 13.7 G. Sachet 30 (A) *Code the number of sachets dispensed* *(Non-Proprietary Name Index: Macrogol, combinations)*	S1B	9.98	36865

DELETIONS

Betaloc SA Tabs. 200 mg. 28 (A)	14761
Cardicor (B & S Healthcare) Tabs. 1.25 mg. 28 (A)	17300
Cardicor (B & S Healthcare) Tabs. 2.5 mg. 28 (A)	17324
Cardicor (B & S Healthcare) Tabs. 3.75 mg. 28 (A)	17452
Cardicor (B & S Healthcare) Tabs. 5 mg. 28 (A)	16107
Cardicor (B & S Healthcare) Tabs. 7.5 mg. 28 (A)	16132
Clonamox Caps. 500 mg. 100 (A)	18015
Oprymea Tabs. 0.18 mg. 30 (A)	36645
Oprymea Tabs. 0.7 mg. 30 (A)	36643

Insulin Infusion Sets

ADDITIONS

		Reimbursement Price €	Drug Code
Add	Animas ADR Cartridge Insulin Pump Syringe Reservoir 1.8 ml. 100-505-00 – 10 Pieces	29.58	83175
Add	Animas ADR Cartridge Insulin Pump Syringe Reservoir 3.0 ml. 100-505-01 – 10 Pieces	29.58	83176
Add	Animas COMFORT 23" 13 mm. 100-240-01 - 10 Pieces	90.60	83177
Add	Animas COMFORT 43" 13 mm. 100-240-03 - 10 Pieces	90.60	83178
Add	Animas DETACH 23" 6 mm. 100-905-00 - 10 Pieces	105.00	83179
Add	Animas DETACH 23" 8 mm. 100-905-01 - 10 Pieces	105.00	83180
Add	Animas DETACH 43" 6 mm. 100-905-02 - 10 Pieces	105.00	83181
Add	Animas DETACH 43" 8 mm. 100-905-03 - 10 Pieces	105.00	83183
Add	Animas Inset 30 Grey 60 cm. 13 mm. 100-396-00 - 10 Pieces	105.00	83184
Add	Animas Inset 30 Blue 60 cm. 13 mm. 100-396-01 - 10 Pieces	105.00	83185
Add	Animas Inset 30 Pink 60 cm. 13 mm. 100-396-02 - 10 Pieces	105.00	83186
Add	Animas Inset 30 Grey 110 cm. 13 mm. 100-396-03 - 10 Pieces	105.00	83187
Add	Medtronic Mio Pink 45 cm. 6 mm. MMT-921 - 10 Pieces	152.00	83188
Add	Medtronic Mio Pink 60 cm. 6 mm. MMT-923 - 10 Pieces	152.00	83189
Add	Medtronic Mio Pink 80 cm. 6 mm. MMT-925 - 10 Pieces	152.00	83192
Add	Medtronic Mio Blue 45 cm. 6 mm. MMT-941 - 10 Pieces	152.00	83193
Add	Medtronic Mio Blue 60 cm. 6 mm. MMT-943 - 10 Pieces	152.00	83194
Add	Medtronic Mio Blue 80 cm. 6 mm. MMT-945 - 10 Pieces	152.00	83195
Add	Medtronic Mio Grey 80 cm. 6 mm. MMT-965 - 10 Pieces	152.00	83196
Add	Medtronic Mio Grey 80 cm. 9 mm. MMT-975 - 10 Pieces	152.00	83197
Add	Medtronic Quick-set Paradigm 45 cm. 6 mm. MMT-394 - 10 Pieces	99.75	83198
Add	Medtronic Silhouette Paradigm 45 cm. 13 mm. MMT-368 - 10 Pieces	124.13	83199
Add	Medtronic Silhouette Paradigm 80 cm. 13 mm. MMT-383 - 10 Pieces	124.13	83200
Add	Medtronic Silhouette Paradigm 80 cm. 17 mm. MMT-384 - 10 Pieces	117.73	83201
Add	Medtronic Sof-Sensor Glucose Sensor MMT-7002D - 4 Pieces	215.00	83202
Add	Medtronic Sure-T Paradigm 45 cm. 6 mm. MMT-862 - 10 Pieces	124.13	83203
	Code the number of pieces dispensed		

CHANGES

CHANGES UNDERLINED

Change	Animas Cartridge for Animas IR 1200 Insulin Pump 10-124-02 - 10 Pieces		85025
To Read	Animas <u>2020 Cartridges 2020-100-124-11</u> - 10 Pieces	29.58	85025
Change	Medtronic MiniMed Paradigm Easy Set 80 cm. 6 mm. MMT-357M6 - 10 Pieces		85310
To Read	Medtronic <u>Sure-T Paradigm 80 cm. 6 mm. MMT-866</u> - 10 Pieces	124.13	85310
Change	Medtronic MiniMed Paradigm Easy Set 80 cm. 8 mm. MMT-357M8 - 10 Pieces		85311
To Read	Medtronic <u>Sure-T Paradigm 80 cm. 8 mm. MMT-876</u> - 10 Pieces	124.13	85311
Change	Medtronic MiniMed Paradigm Easy Set 80 cm. 10 mm. MMT-357M10 - 10 Pieces		85313
To Read	Medtronic <u>Sure-T Paradigm 80 cm. 10 mm. MMT-886</u> - 10 Pieces	124.13	85313
Change	Medtronic MiniMed Paradigm Easy Set 60 cm. 6 mm. MMT-357S6 - 10 Pieces		85315
To Read	Medtronic <u>Sure-T Paradigm 60 cm. 6 mm. MMT-864</u> - 10 Pieces	124.13	85315
Change	Medtronic MiniMed Paradigm Easy Set 60 cm. 8 mm. MMT-357S8 - 10 Pieces		85318
To Read	Medtronic <u>Sure-T Paradigm 60 cm. 8 mm. MMT-874</u> - 10 Pieces	124.13	85318

		Reimbursement Price €	Drug Code
	CHANGES		
	CHANGES UNDERLINED		
Change	Medtronic MiniMed Paradigm Easy Set 60 cm. 10 mm. MMT-357S10 - 10 Pieces		85319
To Read	Medtronic Sure-T Paradigm 60 cm. 10 mm. MMT-884 - 10 Pieces	124.13	85319
Change	Medtronic MiniMed Paradigm Reservoir MMT-326A - 10 Pieces		85118
To Read	Medtronic Paradigm Reservoir 1.8 ml. MMT-326A - 10 Pieces	29.50	85118
Change	Medtronic MiniMed Paradigm Reservoir MMT-332A - 10 Pieces		85127
To Read	Medtronic Paradigm Reservoir 3.0 ml. MMT-332A - 10 Pieces	29.50	85127
Change	Medtronic MiniMed Paradigm Quick-Set 110 cm. 9 mm. MMT-396 - 10 Pieces		83153
To Read	Medtronic Quick-Set Paradigm 110 cm. 9 mm. MMT-396 - 10 Pieces	99.75	83153
Change	Medtronic MiniMed Paradigm Quick-Set 110 cm. 6 mm. MMT-398 - 10 Pieces		83408
To Read	Medtronic Quick-Set Paradigm 110 cm. 6 mm. MMT-398 - 10 Pieces	99.75	83408
Change	Medtronic MiniMed Paradigm Quick-Set 60 cm. 9 mm. MMT-397 - 10 Pieces		83447
To Read	Medtronic Quick-Set Paradigm 60 cm. 9 mm. MMT-397 - 10 Pieces	99.75	83447
Change	Medtronic MiniMed Paradigm Quick-Set 60 cm. 6 mm. MMT-399 - 10 Pieces		83492
To Read	Medtronic Quick-Set Paradigm 60 cm. 6 mm. MMT-399 - 10 Pieces	99.75	83492
Change	Medtronic MiniMed Paradigm QR Sof-Set 107 cm. MMT-317 - 12 Pieces		85201
To Read	Medtronic MiniMed Paradigm Sof-Set Ultimate QR 107 cm. MMT-317 - 12 Pieces	83.76	85201
Change	Medtronic MiniMed Paradigm QR Sof-Set 61 cm. MMT-318 - 12 Pieces		85210
To Read	Medtronic MiniMed Paradigm Sof-Set Ultimate QR 61 cm. 9 mm. MMT-318 – 12 Pieces	83.76	85210
Change	Medtronic MiniMed Paradigm QR Sof-Set Micro 107 cm. MMT-324 - 12 Pieces		85215
To Read	Medtronic MiniMed Paradigm Sof-Set Micro QR 107 cm. MMT-324 - 12 Pieces	83.76	85215
Change	Medtronic MiniMed Paradigm QR Sof-Set Micro 61 cm. MMT-325 - 12 Pieces		85221
To Read	Medtronic MiniMed Paradigm Sof-Set Micro QR 61 cm. MMT-325 - 12 Pieces	83.76	85221
	Code the number of pieces dispensed		

DELETIONS

Delete	Medtronic MiniMed Paradigm Silhouette 110 cm. Combo Set MMT-379 - 10 Pieces	85301
Delete	Medtronic MiniMed Paradigm Silhouette 60 cm. Combo Set MMT-380 - 10 Pieces	85307
Delete	Medtronic MiniMed 508 Polyfin with Wings 61 cm. MMT-307 - 24 Pieces	85335
Delete	Medtronic MiniMed 508 Polyfin with Wings 107 cm. MMT-306 - 24 Pieces	85342
Delete	Medtronic MiniMed 508 Polyfin QR with Wings 61 cm. MMT-366 - 24 Pieces	85347
Delete	Medtronic MiniMed 508 Polyfin QR with Wings 107 cm. MMT-365 - 24 Pieces	85350
Delete	Medtronic MiniMed 508 Silhouette 60 cm. Combo Set MMT-374 - 10 Pieces	95199
Delete	Medtronic MiniMed 508 Silhouette 110 cm. Combo Set MMT-372 - 10 Pieces	95408
Delete	Medtronic MiniMed 508 Standard Sof-Set 61 cm. MMT-112 - 24 Pieces	95429
Delete	Medtronic MiniMed 508 Standard Sof-Set 107 cm. MMT-111 - 24 Pieces	95432

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST AUGUST 2011

ADDITIONS

PROPRIETARY NAME INDEX	CODE	GENERIC NAME	MANUFACTURER	AGENTS
Mycophenolate Mofetil Mylan (Gerard) Film Coated Tabs. 500 mg. 50 (A)	88963	Mycophenolic Acid	Gerard Laboratories	Allphar Services.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st July 2011

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST JULY 2011

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Esomeprazole Mylan Gastro-Resistant (Gerard Labs.) Caps. 20 mg. 28 (A)	S1B	18.63	36531
Esomeprazole Mylan Gastro-Resistant (Gerard Labs.) Caps. 40 mg. 28 (A)	S1B	28.08	36532
(Non-Proprietary Name Index: Esomeprazole)			
Exemestane (Actavis) Film Coated Tabs. 25 mg. 30 (A)	S1A	110.08	37610
(Non-Proprietary Name Index: Exemestane)			
Onglyza Tabs. 2.5 mg. 28 (A)	S1B	41.26	37535
(Non-Proprietary Name Index: Saxagliptin)			
Palexia Film Coated Tabs. 50 mg. 28 (A)	CD2	15.88	34203
Palexia Film Coated Tabs. 50 mg. 56 (A)	CD2	31.75	34204
Palexia Film Coated Tabs. 75 mg. 28 (A)	CD2	23.81	34205
Palexia Film Coated Tabs. 75 mg. 56 (A)	CD2	47.63	34206
Palexia SR Prolonged Release Tabs. 50 mg. 28 (A)	CD2	15.88	34207
Palexia SR Prolonged Release Tabs. 50 mg. 56 (A)	CD2	31.75	34208
Palexia SR Prolonged Release Tabs. 100 mg. 56 (A)	CD2	63.50	34209
Palexia SR Prolonged Release Tabs. 150 mg. 56 (A)	CD2	95.26	34210
Palexia SR Prolonged Release Tabs. 200 mg. 56 (A)	CD2	127.01	34211
Palexia SR Prolonged Release Tabs. 250 mg. 56 (A)	CD2	158.76	34212
(Non-Proprietary Name Index: Tapentadol)			
Rosuvastatin (Actavis) Film Coated Tabs. 5 mg. 28 (A)	S1B	14.86	62830
Rosuvastatin (Actavis) Film Coated Tabs. 10 mg. 28 (A)	S1B	18.27	62831
Rosuvastatin (Actavis) Film Coated Tabs. 20 mg. 28 (A)	S1B	29.82	62832
Rosuvastatin (Actavis) Film Coated Tabs. 40 mg. 28 (A)	S1B	30.63	62833
(Non-Proprietary Name Index: Rosuvastatin)			
Salofalk Suppos. 1 G. 30 (A)	S1B	49.63	44082
(Non-Proprietary Name Index: Mesalazine)			
Trobalt Initiation (50 mg. x 21 and 100 mg. x 42 Film Coated Tabs.) Pack 1 (A)	S1B	27.77	34225
Code the number of packs dispensed			
Trobalt Film Coated Tabs. 50 mg. 21 (A)	S1B	5.55	34226
Trobalt Film Coated Tabs. 50 mg. 84 (A)	S1B	22.22	34227
Trobalt Film Coated Tabs. 100 mg. 21 (A)	S1B	11.10	34228
Trobalt Film Coated Tabs. 100 mg. 84 (A)	S1B	44.41	34229
Trobalt Film Coated Tabs. 200 mg. 84 (A)	S1B	88.85	34230
Trobalt Film Coated Tabs. 300 mg. 84 (A)	S1B	129.59	34231
Trobalt Film Coated Tabs. 400 mg. 84 (A)	S1B	166.30	34232
(Non-Proprietary Name Index: Retigabine)			
Xeplion Pre-filled Syr. 50 mg. Pack 1 (A)	S1A	259.79	34251
Xeplion Pre-filled Syr. 75 mg. Pack 1 (A)	S1A	375.07	34252
Xeplion Pre-filled Syr. 100 mg. Pack 1 (A)	S1A	490.01	34253
Xeplion Pre-filled Syr. 150 mg. Pack 1 (A)	S1A	735.02	34254
Code the number of pre-filled syringes dispensed			
(Non-Proprietary Name Index: Paliperidone)			

Drug Description including coding instruction		Legal Class	Drug Code
	CHANGE		
	CHANGES UNDERLINED		
Change	Lercan Tabs. 10 mg. 28 (A)	S1B	41032
To Read	Lercanidipine (Clonmel) Tabs. 10 mg. 28 (A)		41032
	(Non-Proprietary Name Index: Lercanidipine)		
Change	Lercan Tabs. 20 mg. 28 (A)	S1B	41665
To Read	Lercanidipine (Clonmel) Tabs. 20 mg. 28 (A)		41665
	(Non-Proprietary Name Index: Lercanidipine)		
Change	Zithromel Film Coated Tabs. 250 mg. 6 (A)	S1A	47968
To Read	Azithromycin (Clonmel) Tabs. 250 mg. 6 (A)		47968
	(Non-Proprietary Name Index: Azithromycin)		

	CHANGE TO JUNE 2011 UPDATE		
	CHANGES UNDERLINED		
Delete	Azromax Tabs. 250 mg. 6 (A)	S1A	13822
Add	Azromax Tabs. 250 mg. 6 (A)	S1A	13822
Change	Ramipril (KRKA Pharma) Tabs. 1.25 mg. 28 (A)	S1B	50017
To Read	Ramipril (KRKA Pharma) Tabs. 1.25 mg. 30 (A)		50017
Change	Ramipril (KRKA Pharma) Tabs. 2.5 mg. 28 (A)	S1B	50018
To Read	Ramipril (KRKA Pharma) Tabs. 2.5 mg. 30 (A)		50018
Change	Ramipril (KRKA Pharma) Tabs. 5 mg. 28 (A)	S1B	50019
To Read	Ramipril (KRKA Pharma) Tabs. 5 mg. 30 (A)		50019
Change	Ramipril (KRKA Pharma) Tabs. 10 mg. 28 (A)	S1B	50020
To Read	Ramipril (KRKA Pharma) Tabs. 10 mg. 30 (A)		50020

DELETIONS

Accolate (B & S Healthcare) Tabs. 20 mg. 60 (A)	10202
Amaryl (B & S Healthcare) Tabs. 4 mg. 30 (A)	12723
Amaryl (B & S Healthcare) Tabs. 4 mg. 60 (A)	12919
Beconase (B & S Healthcare) Aqueous Nasal Spray 50 mcg. 200 Dose Pack 1 (A)	67225
Betaloc (B & S Healthcare) Tabs. 100 mg. 100 (A)	43047
Capoten (B & S Healthcare) Tabs. 12.5 mg. 20 (A)	16707
Celebrex (B & S Healthcare) Caps. 100 mg. 30 (A)	17331
Citalopram (IVAX) Tabs. 10 mg. 28 (A)	17707
Citalopram (IVAX) Tabs. 20 mg. 28 (A)	17790
Clonocid Susp. 125 mg./5 ml. 70 ml. (B)	90120
Daonil (B & S Healthcare) Tabs. 5 mg. 100 (A)	19615
Detrusitol (B & S Healthcare) Tabs. 1 mg. 56 (A)	20458
Detrusitol (B & S Healthcare) Tabs. 2 mg. 56 (A)	20463
Doralese Tabs. 20 mg. 60 (A)	22322
Endoxana Inj. 200 mg. 10 (A)	67504
Endoxana Inj. 500 mg. 1 (A)	67512
Endoxana Inj. 1 G. 1 (A)	67520
Imdur PR (B & S Healthcare) Tabs. 60 mg. 28 (A)	31556
Imdur PR (B & S Healthcare) Tabs. 60 mg. 60 (A)	31463
Kefexin Tabs. 250 mg. 100 (A)	38598
Kefexin Tabs. 500 mg. 100 (A)	38652
Kredex Tabs. 6.25 mg. 28 (A)	31095
Kredex Tabs. 12.5 mg. 28 (A)	31122
Kredex Tabs. 25 mg. 56 (A)	31305
Livial (B & S Healthcare) Tabs. 2.5 mg. 28 (A)	31962
Livial (B & S Healthcare) Tabs. 2.5 mg. 30 (A)	31824
Mitoxana Inj. 500 mg. 1 (A)	84573
Mitoxana Inj. 1 G. 1 (A)	34398
Mitoxana Inj. 2 G. 1 (A)	34479
Naproxen (Generics UK) Tabs. 250 mg. 250 (A)	35378
Naproxen (Generics UK) Tabs. 500 mg. 100 (A)	35505
Onsenal Caps. 400 mg. 60 (A)	37375
Solaraze (B & S Healthcare) Gel 3% 25 G. (B)	46551
Xyloproct Oint. 20 G. (B)	66805
Xyloproct Oint. 30 G. (B)	66818
Zostrum Soln. 5 ml. (B)	68322
Zydol (B & S Healthcare) Caps. 50 mg. 100 (A)	54210

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST JULY 2011

ADDITIONS

PROPRIETARY NAME INDEX	CODE	GENERIC NAME	MANUFACTURER	AGENTS
Myfenax Caps. 250 mg. 100 (A)	88532	Mycophenolate Acid	TEVA Pharmaceuticals Ire.	United Drug
Myfenax Caps. 500 mg. 50 (A)	88533	Mycophenolate Acid	TEVA Pharmaceuticals Ire.	United Drug
Puregon (P.C.O. Mfg.) Soln. for Inj. Cartridge 600 iu 1 (A) *Code the number of cartridges dispensed*	88761	Follitropin Beta	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.
Puregon (P.C.O. Mfg.) Soln. for Inj. Cartridge 900 iu 1 (A) *Code the number of cartridges dispensed*	88762	Follitropin Beta	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.
Revatio (P.C.O. Mfg.) Tabs. 20 mg. 90 (A)	88244	Sildenafil	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.
Temozolomide (Clonmel Healthcare) Hard Caps. 5 mg. 5 (A)	88497	Temozolomide	Clonmel Healthcare Ltd.	Clonmel Healthcare Ltd.
Temozolomide (Clonmel Healthcare) Hard Caps. 20 mg. 5 (A)	88498	Temozolomide	Clonmel Healthcare Ltd.	Clonmel Healthcare Ltd.
Temozolomide (Clonmel Healthcare) Hard Caps. 100 mg. 5 (A)	88499	Temozolomide	Clonmel Healthcare Ltd.	Clonmel Healthcare Ltd.
Temozolomide (Clonmel Healthcare) Hard Caps. 140 mg. 5 (A)	88500	Temozolomide	Clonmel Healthcare Ltd.	Clonmel Healthcare Ltd.
Temozolomide (Clonmel Healthcare) Hard Caps. 180 mg. 5 (A)	88516	Temozolomide	Clonmel Healthcare Ltd.	Clonmel Healthcare Ltd.
Temozolomide (Clonmel Healthcare) Hard Caps. 250 mg. 5 (A)	88519	Temozolomide	Clonmel Healthcare Ltd.	Clonmel Healthcare Ltd.
Vfend (P.C.O. Mfg.) Tabs. 50 mg. 28 (A)	88257	Voriconazole	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.
Vfend (P.C.O. Mfg.) Tabs. 200 mg. 28 (A)	88258	Voriconazole	P.C.O. Manufacturing Ltd.	P.C.O. Manufacturing Ltd.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st June 2011

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST JUNE 2011

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Clopidogrel (KRKA Pharma) Film Coated Tabs. 75 mg. 28 (A) *(Non-Proprietary Name Index: Clopidogrel)*	S1B	37.79	65118
Cytamen Inj. 1000 mcg. 1 ml. 5 (A) *(Non-Proprietary Name Index: Cyanocobalamin)*	S1A	2.15	19496
Esomeprazole (KRKA Pharma) Gastro Resistant Caps. 20 mg. 28 (A)	S1B	19.01	36503
Esomeprazole (KRKA Pharma) Gastro Resistant Caps. 40 mg. 28 (A) *(Non-Proprietary Name Index: Esomeprazole)*	S1B	28.45	36504
Klariger LA Tabs. 500 mg. 7 (A) *(Non-Proprietary Name Index: Clarithromycin)*	S1A	3.30	30001
Levocetirizine TEVA Film Coated Tabs. 5 mg. 30 (A) *(Non-Proprietary Name Index: Levocetirizine)*	S1B	7.29	53903
Nolpaza Gastro Resistant Tabs. 20 mg. 28 (A)	S1B	9.00	43403
Nolpaza Gastro Resistant Tabs. 40 mg. 28 (A) *(Non-Proprietary Name Index: Pantoprazole)*	S1B	16.64	43404
Oprymea Tabs. 0.088 mg. 30 (A)	S1B	3.81	36642
Oprymea Tabs. 0.18 mg. 30 (A)	S1B	7.58	36645
Oprymea Tabs. 0.18 mg. 100 (A)	S1B	25.28	36646
Oprymea Tabs. 0.7 mg. 30 (A)	S1B	30.40	36643
Oprymea Tabs. 0.7 mg. 100 (A) *(Non-Proprietary Name Index: Pramipexole)*	S1B	101.34	36644
Perindopril (KRKA Pharma) Tabs. 4 mg. 30 (A)	S1B	7.51	39103
Perindopril (KRKA Pharma) Tabs. 8 mg. 30 (A) *(Non-Proprietary Name Index: Perindopril)*	S1B	12.00	39104
Pinaclav Tabs. 500 mg./125 mg. 21 (A) *(Non-Proprietary Name Index: Amoxicillin and Enzyme Inhibitor)*	S1A	3.86	39835
Ramipril (KRKA Pharma) Tabs. 1.25 mg. 28 (A)	S1B	2.42	50017
Ramipril (KRKA Pharma) Tabs. 2.5 mg. 28 (A)	S1B	3.41	50018
Ramipril (KRKA Pharma) Tabs. 5 mg. 28 (A)	S1B	4.76	50019
Ramipril (KRKA Pharma) Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Ramipril)*	S1B	6.49	50020
Ramipril (Niche Generics) Tabs. 1.25 mg.28 (A)	S1B	2.31	50026
Ramipril (Niche Generics) Tabs. 2.5 mg. 28 (A)	S1B	3.26	50027
Ramipril (Niche Generics) Tabs. 5 mg. 28 (A)	S1B	4.54	50028
Ramipril (Niche Generics) Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Ramipril)*	S1B	6.19	50029
Saflutan Eye Drops. 15 mcg./ml. 0.3 ml. Unit Dose Vial 30 (A) *Code the number of vials dispensed* *(Non-Proprietary Name Index: Tafluprost)*	S1B	21.45	31005

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Tavager Film Coated Tabs. 250 mg. 10 (A)	S1B	14.88	56915
Tavager Film Coated Tabs. 500 mg. 10 (A)	S1B	24.81	56916
(Non-Proprietary Name Index: Levofloxacin)			

CHANGES

CHANGES UNDERLINED

		€	
Change	Salofalk Suppos. 30 (A)	24.18	44032
To Read	Salofalk Suppos. 250 mg. 30 (A)	24.18	44032

CHANGES TO THE LIST OF REMIBURSABLE NON DRUG ITEMS IN THE G.M.S. SCHEME
EFFECTIVE 1ST JUNE 2011
CHANGES UNDERLINED

		€	
Change	Nutilis 9 G. Sachet 20 (A)	7.31	81105
To Read	Nutilis Powder 12 G. Sachets 20 (A)	7.31	81109
Change	Nutilis 225 G. Pack 1 (A)	5.81	82248
To Read	Nutilis Powder 300 G. Pack 1 (A)	5.81	82249
Change	Nutilis 500 G. Pack 1 (A)	12.90	83035
To Read	Nutilis Powder 670 G. Pack 1 (A)	12.90	83039

DELETIONS

Agelan Tabs. 2.5 mg. 28 (A)	10286
All-Flex Arcing Spring Diaphragm Sizes 55 mm.- 95 mm. 1 (A)	78857
Allopurinol (Gerard Labs.) Tabs. 100 mg. 100 (A)	10023
Allopurinol (Gerard Labs.) Tabs. 300 mg. 100 (A)	10048
Amilco Tabs. 100 (A)	10545
Andropatch Patches 60 (A)	12684
Antimet Tabs. 10 mg. 100 (A)	12300
Antimet Tabs. 10 mg. 500 (A)	12505
Azromax Tabs. 250 mg. 6 (A)	13822
Beclo-Rhino Aqueous Nasal Spray Susp. 50 mcg. 200 Dose Pack 1 (A)	13838
By-Madol SR Caps. 150 mg. 60 (A)	15926
By-Madol SR Caps. 200 mg. 60 (A)	15942
Captor Tabs. 6.25 mg. 30 (A)	68511
Cardox SR 60 Caps. 28 (A)	17273
Ceftal Tabs. 125 mg. 14 (A)	17350
Citrol Tabs. 10 mg. 30 (A)	17783
Citrol Tabs. 30 mg. 30 (A)	17852
Claryl Tabs. 250 mg. 14 (A)	17536
Claryl Tabs. 500 mg. 14 (A)	17550
Coversyl (B & S Healthcare) Tabs. 8 mg. 30 (A)	18552
Diltiazem Hydrochloride (Generics UK) Tabs. 60 mg.(A)	21234
Doxane Tabs. 1 mg. 30 (A)	68942
Doxane Tabs. 2 mg. 30 (A)	68971
Ergometrine (Antigen) Inj. 500 mcg./ml. 1 ml. 10 (A)	56448
Gamanil Tabs. 70 mg. 250 (A)	25151
Geramet Tabs. 800 mg. 30 (A)	17647
Gericarb Tabs. 100 mg. 100 (A)	26767
Gericarb Tabs. 200 mg. 100 (A)	26891
Gericarb SR Tabs. 200 mg. 56 (A)	27111

DELETIONS

Glibenclamide (Gerard Labs.) Tabs. 5 mg. 100 (A)	26664
Glycemager Tabs. 1 mg. 30 (A)	29443
Glycemager Tabs. 2 mg. 30 (A)	29450
Glycemager Tabs. 4 mg. 30 (A)	29462
Half Capozide Tabs. 28 (A)	27103
Hexogen Tabs. 500 mg. 500 (A)	25062
Inamide Tabs. 2.5 mg. 30 (A)	27814
Klariger Tabs. 500 mg. 7 (A)	30063
Larig Disp. Tabs. 5 mg. 28 (A)	30605
Lanzol Caps. 30 mg. 7 (A)	14698
Maxolon Tabs. 10 mg. 500 (A)	32948
Metronide Tabs. 200 mg. 21 (A)	33630
Mianserin HCl. (Generics UK) Tabs. 10 mg. 500 (A)	30406
Mianserin HCl. (Generics UK) Tabs. 30 mg. 500 (A)	30422
Migrastat Tabs. 50 mg. 2 (A)	34315
Minims Gentamicin Sulfate 0.3% 20 (A)	34096
Minims Pilocarpine 1% 20 (A)	34134
Minims Pilocarpine 4% 20 (A)	34150
Mirtaz Orodispersible Tabs. 30 mg. 30 (A)	33430
Mistamine Tabs. 10 mg. 30 (A)	33596
Mobic Suppos. 15 mg. 12 (A)	33393
Nailderm Tabs. 250 mg. 14 (A)	76603
Nolgen Tabs. 10 mg. 28 (A)	36730
Optimine Tabs. 1 mg. 56 (A)	37834
Pilogel Ophth. Gel 5 G. (B)	41422
Praxilene Caps. 500 (A)	60542
Seliprol Tabs. 200 mg. 28 (A)	45531
Seliprol Tabs. 400 mg. 28 (A)	45549
Sivatin Tabs. 80 mg. 30 (A)	46314
Ternaf Tabs. 125 mg. 14 (A)	49031
Ternaf Tabs. 250 mg. 14 (A)	49048
Valproat Prolonged Release Tabs. 300 mg. 100 (A)	58840
Valproat Prolonged Release Tabs. 500 mg. 100 (A)	58845
Vasofed Caps. 10 mg. 100 (A)	51209
Venlift XL (Ranbaxy) Prolonged Release Caps. 75 mg. 28 (A)	79290
Vertigon Tabs. 8 mg. 120 (A)	52319
Zinnat (B & S Healthcare) Tabs. 250 mg. 12 (A)	59875
Zirtek Oral Soln. 1 mg./ml. 200 ml. (B)	52768
Zynor Tabs. 10 mg. 30 (A)	56066

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST JUNE 2011

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER	AGENTS
Tasigna Caps. 150 mg. 112 (A)	88490	Nilotinib	Novartis Ireland Ltd.	Movianto

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st May 2011

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE 1ST MAY 2011

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Amoclav Tabs. 500 mg./125 mg. 21 (A) *(Non-Proprietary Name Index: Amoxicillin and Enzyme Inhibitor)*	S1A	3.86	13840
Bisoprolol Fumarate (Actavis) Tabs. 5 mg. 28 (A)	S1B	3.14	13813
Bisoprolol Fumarate (Actavis) Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Bisoprolol)*	S1B	3.53	13814
Bisoprolol Fumarate (Niche) Tabs. 5 mg. 28 (A)	S1B	2.81	13880
Bisoprolol Fumarate (Niche) Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Bisoprolol)*	S1B	4.32	13881
Lutinus Vag. Tabs. 100 mg. 21 (A) *(Non-Proprietary Name Index: Progesterone)*	S1A	26.74	21705
Moxivig Eye Drops Soln. 0.5% 5 ml. (B) *(Non-Proprietary Name Index: Moxifloxacin)*	S1A	9.10	21730
Pentasa PR Tabs. 1 G. 60 (A) *(Non-Proprietary Name Index: Mesalazine)*	S1B	54.30	59705
Rabeprazole Sodium (Actavis) Gastro Resistant Tabs. 10 mg. 28 (A)	S1B	12.78	73120
Rabeprazole Sodium (Actavis) Gastro Resistant Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Rabeprazole)*	S1B	20.03	73121
Resolor Film Coated Tabs. 1 mg. 28 (A)	S1B	46.85	12843
Resolor Film Coated Tabs. 2 mg. 28 (A) *(Non-Proprietary Name Index: Prucalopride)*	S1B	67.32	12844
Targin Prolonged Release Tabs. 5 mg./2.5 mg. 56 (A)	CD2	19.77	62880
Targin Prolonged Release Tabs. 40 mg./20 mg. 56 (A) *(Non-Proprietary Name Index: Oxycodone, Combinations)*	CD2	158.14	62881
Vimovo MR Tabs. 500 mg./20 mg. 60 (A) *(Non-Proprietary Name Index: Naproxen and Esomeprazole)*	S1B	21.08	23216
Vitile MR Tabs. 30 mg. 60 (A) *(Non-Proprietary Name Index: Gliclazide)*	S1B	3.59	23250

DELETIONS

Amoclav Tabs. 250 mg./125 mg. 104 (A)	13875
Erythromycin (Abbott) Tabs. 250 mg. 100 (A)	23841

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST MAY 2011

ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER	AGENTS
Aranesp Soln. for Inj. Pre-filled Syr. ANG 15 mcg. 4 (A) *Code the number of syringes dispensed*	88765	Darbepoetin Alfa	Amgen Ireland Limited	United Drug
Aranesp Soln. for Inj. Pre-filled Syr. ANG 20 mcg. 4 (A) *Code the number of syringes dispensed*	88766	Darbepoetin Alfa	Amgen Ireland Limited	United Drug
Aranesp Soln. for Inj. Pre-filled Syr. ANG 30 mcg. 4 (A) *Code the number of syringes dispensed*	88767	Darbepoetin Alfa	Amgen Ireland Limited	United Drug
Aranesp Soln. for Inj. Pre-filled Syr. ANG 40 mcg. 4 (A) *Code the number of syringes dispensed*	88768	Darbepoetin Alfa	Amgen Ireland Limited	United Drug
Aranesp Soln. for Inj. Pre-filled Syr. ANG 50 mcg. 4 (A) *Code the number of syringes dispensed*	88769	Darbepoetin Alfa	Amgen Ireland Limited	United Drug
Aranesp Soln. for Inj. Pre-filled Syr. ANG 60 mcg. 4 (A) *Code the number of syringes dispensed*	88770	Darbepoetin Alfa	Amgen Ireland Limited	United Drug
Aranesp Soln. for Inj. Pre-filled Syr. ANG 80 mcg. 4 (A) *Code the number of syringes dispensed*	88776	Darbepoetin Alfa	Amgen Ireland Limited	United Drug
Aranesp Soln. for Inj. Pre-filled Syr. ANG 100 mcg. 4 (A) *Code the number of syringes dispensed*	88777	Darbepoetin Alfa	Amgen Ireland Limited	United Drug
Aranesp Soln. for Inj. Pre-filled Syr. ANG 150 mcg. 4 (A) *Code the number of syringes dispensed*	88778	Darbepoetin Alfa	Amgen Ireland Limited	United Drug
Aranesp Soln. for Inj. Pre-filled Syr. ANG 300 mcg. 1 (A) *Code the number of syringes dispensed*	88779	Darbepoetin Alfa	Amgen Ireland Limited	United Drug
Aranesp Soln. for Inj. Pre-filled Syr. ANG 500 mcg. 1 (A) *Code the number of syringes dispensed*	88780	Darbepoetin Alfa	Amgen Ireland Limited	United Drug
Neulasta Soln. for Inj. Pre-filled Syr. ANG 6 mg./0.6 ml. 0.6 ml. 1 (A) *Code the number of syringes dispensed*	88484	Pegfilgrastim	Amgen Ireland Limited	United Drug

DELETIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY NAME	MANUFACTURER
Cetrotide Pdr. and Solv. for Soln. for Inj. 3 mg. 1 (A)	88454	Cetrorelix	Merck Pharmaceuticals
Forsteo Inj. 250 mcg./ml. 3 ml. 1 (A)	88460	Teriparatide	Eli Lilly and Co. Ltd.
Genotropin Inj. 4 iu 1 (A)	88062	Somatropin	Pfizer Healthcare Ireland
Genotropin KabiQuick Syr. 2 iu 10 (A)	88063	Somatropin	Pfizer Healthcare Ireland
Genotropin KabiQuick Syr. 3 iu 10 (A)	88064	Somatropin	Pfizer Healthcare Ireland
Genotropin KabiQuick Syr. 4 iu 10 (A)	88065	Somatropin	Pfizer Healthcare Ireland
Genotropin KabiVial 4 iu Multidose 1 (A)	88066	Somatropin	Pfizer Healthcare Ireland
Genotropin KabiVial 16 iu Multidose 1 (A)	88067	Somatropin	Pfizer Healthcare Ireland
Gonal F Pdr. and Solv. for Soln. for Inj. 75 iu 5 (A)	88466	Follitropin Alfa	Merck Pharmaceuticals
Neo Recormon Inj. for Reco-Pen 10,000 IU 1 (A)	88265	Erythropoietin	Roche Products Ireland Ltd.
Neo Recormon Inj. for Reco-Pen 20,000 IU 1 (A)	88267	Erythropoietin	Roche Products Ireland Ltd.
Neo Recormon Prefilled Syr. 1000 IU/0.3 ml. 0.3 ml. 6 (A)	88274	Erythropoietin	Roche Products Ireland Ltd.
Pegintron Inj. 50 mcg. 1 (A)	88335	Peginterferon Alfa-2B	Merck, Sharp & Dohme Irl (Human Health) Ltd.
Pegintron Inj. 80 mcg. 1 (A)	88336	Peginterferon Alfa-2B	Merck, Sharp & Dohme Irl (Human Health) Ltd.
Pegintron Inj. 100 mcg. 1 (A)	88337	Peginterferon Alfa-2B	Merck, Sharp & Dohme Irl (Human Health) Ltd.
Pegintron Inj. 120 mcg. 1 (A)	88338	Peginterferon Alfa-2B	Merck, Sharp & Dohme Irl (Human Health) Ltd.
Pegintron Inj. 150 mcg. 1 (A)	88339	Peginterferon Alfa-2B	Merck, Sharp & Dohme Irl (Human Health) Ltd.
Rapamune Tabs. 1 mg. 100 (A)	88344	Sirolimus	Pfizer Consumer Healthcare (Wyeth)
Rapamune Tabs. 1 mg. 100 (A)	88417	Sirolimus	Pfizer Consumer Healthcare (Wyeth)
Roferon-A Inj. 4.5 MU 1 (A)	88156	Interferon Alfa-2A	Roche Products Ireland Ltd.
Thelin Tabs. 100 mg. 28 (A)	88659	Sitaxentan	Pfizer Healthcare Ireland
Ventavis Nebuliser Soln. Amps 10 mcg./ml. 2 ml. 30 (A)	88508	Iloprost	Bayer (Ireland) Ltd.
Viraferon Peg Inj. 50 mcg. 1 (A)	88315	Peginterferon Alfa-2B	Merck, Sharp & Dohme Irl (Human Health) Ltd.
Viraferon Peg Inj. 80 mcg. 1 (A)	88316	Peginterferon Alfa-2B	Merck, Sharp & Dohme Irl (Human Health) Ltd.
Viraferon Peg Inj. 100 mcg. 1 (A)	88317	Peginterferon Alfa-2B	Merck, Sharp & Dohme Irl (Human Health) Ltd.
Viraferon Peg Inj. 120 mcg. 1 (A)	88318	Peginterferon Alfa-2B	Merck, Sharp & Dohme Irl (Human Health) Ltd.
Viraferon Peg Inj. 150 mcg. 1 (A)	88319	Peginterferon Alfa-2B	Merck, Sharp & Dohme Irl (Human Health) Ltd.

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ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Biodol Caps. 50 mg. 30 (A) *(Non-Proprietary Name Index: Tramadol)*	S1A	2.20	15476
Cholestagel Tabs. 625 mg. 180 (A) *(Non-Proprietary Name Index: Colesevelam)*	S1B	137.36	73107
Clopidogrel Niche Tabs. 75 mg. 30 (A) *(Non-Proprietary Name Index: Clopidrogel)*	S1B	36.30	65112
Kalcipos-D Forte Chewable Tabs. 500 mg./800 IU 30 (A)	S1B	8.42	34005
Kalcipos-D Forte Chewable Tabs. 500 mg./800 IU 60 (A) *(Non-Proprietary Name Index: Calcium Carbonate and Colecalciferol)*	S1B	11.22	34006
Venlafex XL Prolonged Release Hard Caps. 37.5 mg. 28 (A)	S1A	7.54	79203
Venlafex XL Prolonged Release Hard Caps. 75 mg. 28 (A)	S1A	10.80	79204
Venlafex XL Prolonged Release Hard Caps. 150 mg. 28 (A) *(Non-Proprietary Name Index:Venlafaxine)*	S1A	18.22	79205

CHANGE TO MARCH 2011 UPDATE
DELETE

Letrozole (Bluefish) Tabs. 2.5 mg. 30 (A) *(Non-Proprietary Name Index: Letrozole)*	S1A	58.10	24585

DELETIONS

Champix Tabs. 2 week Starter Pack 1 (A)	34538
Champix Tabs. 1 mg. 28 (A)	34543
Norlevo Tabs. 1.5 mg. 1 (A)	62462
Soprol Tabs. 10 mg. 28 (A)	72075

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UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
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ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY	MANUFACTURER	AGENTS
Genotropin Pre-Filled Pen (Go Quick) 5.3 mg. 1(A)	88527	Somatropin	Pfizer Healthcare Ireland	United Drug
Genotropin Pre-Filled Pen (Go Quick) 12 mg. 1(A)	88528	Somatropin	Pfizer Healthcare Ireland	United Drug
Leuprex Implant 3.5 mg. 1 (A)	88561	Leuprorelin	Rowex Ltd.	Allphar

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ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Agerdex Film Coated Tabs. 1 mg. 28 (A) *(Non-Proprietary Name Index: Anastrozole)*	S1A	73.98	12933
Alendronic Acid (Bluefish) Once Weekly Tabs. 70 mg. 4 (A) *(Non-Proprietary Name Index: Alendronic Acid)*	S1B	13.70	10570
Allopurinol TEVA Tabs. 100 mg. 100 (A)	S1B	5.01	12950
Allopurinol TEVA Tabs. 300 mg. 100 (A) *(Non-Proprietary Name Index: Allopurinol)*	S1B	11.66	12951
Amlodipine (Bluefish) Tabs. 5 mg. 28 (A)	S1B	5.74	15073
Amlodipine (Bluefish) Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Amlodipine)*	S1B	8.58	15074
Anastrozole (Actavis) Film Coated Tabs. 1 mg. 28 (A) *(Non-Proprietary Name Index: Anastrozole)*	S1A	74.00	12941
Anastrozole (Niche) Film Coated Tabs. 1 mg. 28 (A) *(Non-Proprietary Name Index: Anastrozole)*	S1A	70.55	12944
Champix (Lexon UK) Tabs. 2 Week Starter Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Varenicline)*	S1A	34.87	34650
Citalopram (Bluefish) Tabs. 10 mg. 28 (A)	S1A	4.43	17994
Citalopram (Bluefish) Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Citalopram)*	S1A	6.95	17995
Clavamel Forte Tabs. 500/125 mg. 21 (A) *(Non-Proprietary Name Index: Amoxicillin and Enzyme Inhibitor)*	S1A	3.86	32524
Donepezil Hydrochloride (Bluefish) Tabs. 5 mg. 28 (A)	S1A	32.71	69060
Donepezil Hydrochloride (Bluefish) Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Donepezil)*	S1A	45.87	69061
Letrozole (Bluefish) Tabs. 2.5 mg. 30 (A) *(Non-Proprietary Name Index: Letrozole)*	S1A	58.10	24585
Lipovas Tabs. 10 mg. 28 (A)	S1B	6.22	31742
Lipovas Tabs. 20 mg. 28 (A)	S1B	11.96	31743
Lipovas Tabs. 40 mg. 28 (A) *(Non-Proprietary Name Index: Pravastatin Sodium)*	S1B	14.95	31744
Maxilief Eff. Tabs. 60 (A) *(Non-Proprietary Name Index: Codeine, Combinations excl. Psycholeptics)*		7.12	63332
Metformin (Bluefish) Tabs. 500 mg. 84 (A)	S1B	2.04	36815
Metformin (Bluefish) Tabs. 850 mg. 56 (A)	S1B	2.26	36816
Metformin (Bluefish) Tabs. 1000 mg. 30 (A) *(Non-Proprietary Name Index: Metformin)*	S1B	2.40	36817

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Mirtazapine (Bluefish) Orodispersible Tabs. 15 mg. 30 (A)	S1A	4.70	33460
Mirtazapine (Bluefish) Orodispersible Tabs. 30 mg. 30 (A)	S1A	9.37	33461
Mirtazapine (Bluefish) Orodispersible Tabs. 45 mg. 30 (A)	S1A	14.06	33462
(Non-Proprietary Name Index: Mirtazapine)			
Nepramel Gastro-Resistant Caps. 20 mg. 28 (A)	S1B	19.00	13865
Nepramel Gastro-Resistant Caps. 40 mg. 28 (A)	S1B	28.63	13866
(Non-Proprietary Name Index: Esomeprazole)			
Omeprazole (Bluefish) Caps. 20 mg. 28 (A)	S1B	13.66	37660
(Non-Proprietary Name Index: Omeprazole)			
Pantoprazole (Bluefish) Gastro-Resistant Tabs. 20 mg. 30 (A)	S1B	9.00	77484
Pantoprazole (Bluefish) Gastro-Resistant Tabs. 40 mg. 30 (A)	S1B	16.64	77485
(Non-Proprietary Name Index: Pantoprazole)			
Pramipexole (Bluefish) Tabs. 0.18 mg. 100 (A)	S1B	50.56	79117
Pramipexole (Bluefish) Tabs. 0.7 mg. 100 (A)	S1B	253.33	79118
(Non-Proprietary Name Index: Pramipexole)			
Pramipexole Mylan (Gerard Labs.) Tabs. 0.088 mg. 30 (A)	S1B	5.82	36603
Pramipexole Mylan (Gerard Labs.) Tabs. 0.18 mg. 100 (A)	S1B	39.04	36604
Pramipexole Mylan (Gerard Labs.) Tabs. 0.7 mg. 100 (A)	S1B	156.19	36605
(Non-Proprietary Name Index: Pramipexole)			
Razole Gastro-Resistant Tabs. 10 mg. 28 (A)	S1B	12.78	37505
(Non-Proprietary Name Index: Rabeprazole)			
Risedronate Mylan (Gerard Labs.) Once A Week Film Coated Tabs. 35 mg. 4 (A)	S1B	20.41	50510
(Non-Proprietary Name Index: Risedronic Acid)			
Risonate Once Weekly Film Coated Tabs. 35 mg. 4 (A)	S1B	20.49	50522
(Non-Proprietary Name Index: Risedronic Acid)			
Simvastatin (Bluefish) Tabs. 10 mg. 28 (A)	S1B	3.36	76352
Simvastatin (Bluefish) Tabs. 20 mg. 28 (A)	S1B	5.69	76353
Simvastatin (Bluefish) Tabs. 40 mg. 28 (A)	S1B	5.69	76354
(Non-Proprietary Name Index: Simvastatin)			
Tetmodis Tabs. 25 mg. 112 (A)	S1B	115.82	50530
(Non-Proprietary Name Index: Tetrabenazine)			
Valaciclovir (Bluefish) Tabs. 500 mg. 30 (A)	S1A	23.84	60504
(Non-Proprietary Name Index: Valaciclovir)			
Venlablue XL Hard Caps. 75 mg. 28 (A)	S1A	11.55	60554
Venlablue XL Hard Caps. 150 mg. 28 (A)	S1A	19.49	60555
(Non-Proprietary Name Index: Venlaflaxine)			
Zebinix Tabs. 800 mg. 30 (A)	S1B	175.01	50550
(Non-Proprietary Name Index: Eslicarbazepine)			

CHANGES

CHANGES UNDERLINED

Change	Ebixa Oral Drops 10 mg./G. 50 G. (B)	22960
To Read	Ebixa 5 mg./pump, Oral Soln. 50 ml. (B)	22960
Change	Ebixa Oral Drops 10 mg./G. 100 G. (B)	22979
To Read	Ebixa 5 mg./pump, Oral Soln. 100 ml. (B)	22979

Drug Description including coding instruction		Legal Class	Reimbursement Price €	Drug Code
CHANGE TO FEBRUARY 2011 UPDATE				
CHANGES UNDERLINED				
Delete	Premique 5 Tabs. 28 (A)			42057
Add	Premique 5 Tabs. 28 (A)			42057

DELETIONS

Betaloc (B & S Healthcare) Tabs. 50 mg. 100 (A)	67309
Betnovate-N Cream 30 G. (B)	14923
CCNU Caps. 10 mg. 20 (A)	84050
CCNU Caps. 40 mg. 20 (A)	70548
Cipramil (B & S Healthcare) Tabs. 20 mg. 28 (A)	18311
Dovonex (B & S Healthcare) Oint. 30 G. (B)	22306
Ikorel (B & S Healthcare) Tabs. 10 mg. 30 (A)	28704
Mustine Hyd. Inj. 10 mg. 10 (A)	83445
Protium (B & S Healthcare) Tabs. 40 mg. 28 (A)	43528
Soframycin Eye Oint. 5 G. (B)	46566
Soframycin Eye Drops 10 ml. (B)	46570

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ADDITIONS

PROPRIETARY NAME INDEX	CODE	NON-PROPRIETARY	MANUFACTURER	AGENTS
Mycophenolate Mofetil (Clonmel) Hard Caps. 250 mg. 100 (A)	88093	Mycophenolic Acid	Clonmel Healthcare Ltd.	Clonmel Healthcare Ltd.
Mycophenolate Mofetil (Clonmel) Film Coated 500 mg. 50 (A)	88094	Mycophenolic Acid	Clonmel Healthcare Ltd.	Clonmel Healthcare Ltd.

DELETIONS

PROPRIETARY NAME INDEX	CODE	GENERIC NAME	MANUFACTURER
Emtriva Caps. 200 mg. 30 (A)	88562	Emtricitabine	Bristol Myers Squibb Ltd.
Emtriva Oral Soln. 10 mg./ml. 170 ml. (B)	88582	Emtricitabine	Bristol Myers Squibb Ltd.

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ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Amidex Tabs. 1 mg. 28 (A) *(Non-Proprietary Name Index: Anastrozole)*	S1A	35.40	11201
Amlodipine Mylan (Gerard Labs.) Tabs. 5 mg. 28 (A)	S1B	5.96	11226
Amlodipine Mylan (Gerard Labs.) Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Amlodipine)*	S1B	8.90	11227
Anastrozole TEVA Tabs. 1 mg. 28 (A) *(Non-Proprietary Name Index: Anastrozole)*	S1A	70.55	12930
Lercanidipine TEVA Film Coated Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Lercanidipine)*	S1B	8.94	51414
Tylex Effervescent Tabs. 30 mg./500 mg. 100 (A) *(Non-Proprietary Name Index: Codeine Combinations Excl. Psycholeptics)*	S1A	10.14	55345
Zycron MR Tabs. 30 mg. 60 (A) *(Non-Proprietary Name Index: Gliclazide)*	S1B	4.30	63054

DELETIONS

Centyl Tabs. 2.5 mg. 500 (A)	17035
Mesulid Gel 3% 50 G. (B)	33861
Premique 5 Tabs. 28 (A)	42057
Timodine Cream 30 G. (B)	49638
Vasogen Cream 50 G. (B)	54909
Vasogen Cream 100 G. (B)	54917
Venlift Tabs. 75 mg. 56 (A)	79281
Venlift XL (Ranbaxy) Prolonged Release Caps. 150 mg. 28 (A)	79291

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ADDITIONS

PROPRIETARY NAME INDEX	CODE	GENERIC NAME	TRADE PRICE €	MANUFACTURER	AGENTS
IRESSA Tabs. 250 mg. 30 (A)	88524	Gefitinib	2,477.79	Astra Zeneca Pharmaceticals (Ireland) Ltd.	United Drug
Rebetol Oral Soln. 40 mg./ml. 118 ml. (B)	88297	Ribavirin	105.86	Merck Sharp and Dohme	United Drug
Rebif Initiation (8.8 mcg. x 6 Pre-filled Pens and 22 mcg. x 6 Pre-filled Pens) Pack 1 (A) *Code the number of packs dispensed*	88371	Interferon Beta-1a	1,006.50	Merck Serono	Allphar Services Ltd.
Rebif Soln. for Inj. in Pre-filled Pen 22 mcg. 12 (A) *Code the number of pre-filled pens dispensed*	88376	Interferon Beta-1a	1,042.19	Merck Serono	Allphar Services Ltd.
Rebif Soln. for Inj. in Pre-filled Pen 44 mcg. 12 (A) *Code the number of pre-filled pens dispensed*	88383	Interferon Beta-1a	1,428.67	Merck Serono	Allphar Services Ltd.

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1ST JANUARY 2011

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Citalopram TEVA Tabs. 40 mg. 28 (A) *(Non-Proprietary Name Index: Citalopram)*	S1A	18.23	17911
Diovan Oral Soln. 3 mg./ml. 160 ml. (B) *(Non-Proprietary Name Index: Valsartan)*	S1B	8.45	73766
*****Hydromorphone Hydrochloride (Martindale) Inj. 20 mg./ml. 1 ml. 10 (A) *Code the number of injections dispensed* *(Non-Proprietary Name Index: Hydromorphone)*	CD2	53.78	17980
*****Hyoscine Hydrobromide (Martindale) Inj. 400 mcg./ml. 1 ml. 10 (A)	S1A	26.10	17982
*****Hyoscine Hydrobromide (Martindale) Inj. 600 mcg./ml. 1 ml. 10 (A) *Code the number of injections dispensed* *(Non-Proprietary Name Index: Scopolamine)*	S1A	29.32	17984
Lamater Tabs. 250 mg. 28 (A) *(Non-Proprietary Name Index: Terbinafine)*	S1B	20.42	17976
Miramel Tabs. 0.088 mg. 30 (A)	S1B	7.26	33636
Miramel Tabs. 0.18 mg. 100 (A)	S1B	48.21	33637
Miramel Tabs. 0.7 mg. 100 (A) *(Non-Proprietary Name Index: Pramipexole)*	S1B	193.24	33638
Risedronate Sodium (Actavis) Once Weekly Film Coated Tabs. 35 mg. 4 (A) *(Non-Proprietary Name Index: Risedronic Acid)*	S1B	25.61	50507
Risontel Once a Week Film Coated Tabs. 35 mg. 4 (A) *(Non-Proprietary Name Index: Risedronic Acid)*	S1B	24.42	50703
Seroquel XR Prolonged Release Tabs. 150 mg. 60 (A) *(Non-Proprietary Name Index: Quetiapine)*	S1A	100.69	45872
Sotacor Tabs. 80 mg. 30 (A) *(Non-Proprietary Name Index: Sotalol Hydrochloride)*	S1B	1.88	46740
Twynsta Tabs. 40 mg./5 mg. 28 (A)	S1B	22.18	42422
Twynsta Tabs. 80 mg./5 mg. 28 (A)	S1B	26.80	42423
Twynsta Tabs. 80 mg./10 mg. 28 (A) *(Non-Proprietary Name Index: Telmisartan and Amlodipine)*	S1B	27.72	42424
#Versatis Medicated Plasters 5% 30 (A) *(Non-Proprietary Name Index: Lidocaine)*	S1B	95.70	11020
Zithromel Film Coated Tabs. 250 mg. 6 (A) *(Non-Proprietary Name Index: Azithromycin)*	S1A	10.38	47968

DELETIONS

Efexor Tabs. 75 mg. 56 (A)	22894

*From 1st January 2011 these products will no longer be reimbursed on an exceptional basis as per notification dated January 1997.

#From 1st January 2011 the following products Lidoderm (ULM) Patches 5% 30 – 20382 and Versatis (ULM) Medicated Plasters 5% 30 - 20239 will not be reimbursed as Exempt Medicinal Products as per Circular 009/10 dated April 2010.

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ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Alphagan (B & S Healthcare D.P.R.) Eye Drops 0.2% 5 ml. (B) *(Non-Proprietary Name Index: Brimonidine)*	S1B	13.72	11308
Arcoxia (B & S Healthcare D.P.R.) Tabs. 60 mg. 28 (A)	S1B	32.80	14255
Arcoxia (B & S Healthcare D.P.R.) Tabs. 90 mg. 28 (A) *(Non-Proprietary Name Index: Etoricoxib)*	S1B	32.80	14256
Augmentin Tabs. 500 mg./125 mg. 21 (A) *(Non-Proprietary Name Index: Amoxicillin and Enzyme Inhibitor)*	S1A	6.55	14267
Calcichew D3 Forte (B & S Healthcare D.P.R.) Tabs. 500 mg. 100 (A) *(Non-Proprietary Name Index: Calcium, Combinations with other drugs)*		11.51	15887
Canesten HC (B & S Healthcare D.P.R.) Cream 30 G. (B) *(Non-Proprietary Name Index: Imidazole and Triazole Derivatives, Combinations)*	S1B	3.83	70213
Capoten Tabs. 50 mg. 28 (A) *(Non-Proprietary Name Index: Captopril)*	S1B	5.12	56768
Celluvisc (B & S Healthcare D.P.R.) Eye Drop Soln. 0.5% 0.4 ml. Unit Dose 30 (A) *Code the number of vials dispensed* *(Non-Proprietary Name Index: Artificial Tears and other Indifferent Preparations)*		6.67	17074
Clarie LA Tabs. 500 mg. 7 (A) *(Non-Proprietary Name Index: Clarithromycin)*	S1A	11.70	17002
Combigan (B & S Healthcare D.P.R.) Eye Drops Soln. 5 ml. (B) *(Non-Proprietary Name Index: Timolol, Combinations)*	S1A	15.16	14327
Cozaar (Clear Pharmacy) Tabs. 50 mg. 28 (A) *(Non-Proprietary Name Index: Losartan)*	S1B	15.59	76594
Crestor (B & S Healthcare) Tabs. 40 mg. 28 (A) *(Non-Proprietary Name Index: Rosuvastatin)*	S1B	39.12	19264
Diovan (Profind Wholesale) Tabs. 80 mg. 28 (A) *(Non-Proprietary Name Index: Valsartan)*	S1B	19.00	73786
Exelon (B & S Healthcare) Caps. 1.5 mg. 56 (A)	S1A	73.37	24467
Exelon (B & S Healthcare) Caps. 3 mg. 56 (A)	S1A	75.41	24468
Exelon (B & S Healthcare) Caps. 4.5 mg. 56 (A)	S1A	75.41	24469
Exelon (B & S Healthcare) Caps. 6 mg. 56 (A) *(Non-Proprietary Name Index: Rivastigmine)*	S1A	75.41	24470
Lantus OptiSet (Waymade Healthcare Plc) 100 IU/ml. 3 ml. Pre-filled Pen 5 (A) *Code the number of pre-filled pens dispensed* *(Non-Proprietary Name Index: Insulin Glargine, Long-Acting)*	S1B	65.77	69254
Lexapro (Clear Pharmacy) Tabs. 10 mg. 28 (A)	S1A	23.84	45964
Lexapro (Clear Pharmacy) Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Escitalopram)*	S1A	47.74	45965

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Lipitor (Clear Pharmacy) Tabs. 10 mg. 28 (A)	S1B	22.76	41876
Lipitor (Clear Pharmacy) Tabs. 20 mg. 28 (A)	S1B	35.93	41877
Lipitor (Clear Pharmacy) Tabs. 40 mg. 28 (A)	S1B	60.15	41878
Lipitor (Clear Pharmacy) Tabs. 80 mg. 28 (A)	S1B	69.39	41879
(Non-Proprietary Name Index: Atorvastatin)			
Lumigan (Pharmaram Ltd.) Eye Drops Soln. 0.3 mg./ml. 3 ml. (B)	S1A	17.26	77450
(Non-Proprietary Name Index: Bimatoprost)			
Nasonex (Clear Pharmacy D.P.R.) Aqueous Nasal Spray 50 mcg. 140 Dose Pack 1 (A)	S1B	15.58	67150
Code the number of packs dispensed			
(Non-Proprietary Name Index: Mometasone)			
Nebilet (Clear Pharmacy) Tabs. 5 mg. 28 (A)	S1B	13.74	35692
(Non-Proprietary Name Index: Nebivolol)			
Nexium (Clear Pharmacy) Gastro Resistant Tabs. 20 mg. 28 (A)	S1B	28.44	61482
Nexium (Clear Pharmacy) Gastro Resistant Tabs. 40 mg. 28 (A)	S1B	43.92	61483
(Non-Proprietary Name Index: Esomeprazole)			
Pariet (Clear Pharmacy) Gastro Resistant Tabs. 10 mg. 28 (A)	S1B	18.70	73190
Pariet (Clear Pharmacy) Gastro Resistant Tabs. 20 mg. 28 (A)	S1B	29.34	73191
(Non-Proprietary Name Index: Rabeprazole)			
Prapexin Tabs. 0.088 mg. 30 (A)	S1A	7.46	79105
Prapexin Tabs. 0.18 mg. 100 (A)	S1A	49.53	79106
(Non-Proprietary Name Index: Pramipexole)			
Protelos (Pharmaram Ltd.) Grans. Sachets 2 G. 28 (A)	S1B	41.78	43306
Code the number of sachets dispensed			
(Non-Proprietary Name Index: Strontium Ranelate)			
Reminyl XL (B & S Healthcare D.P.R.) Caps. 16 mg. 28 (A)	S1A	84.01	44275
Reminyl XL (B & S Healthcare D.P.R.) Caps. 24 mg. 28 (A)	S1A	103.82	44276
(Non-Proprietary Name Index: Galantamine)			
Ridate Once A Week Film Coated Tabs. 35 mg. 4 (A)	S1B	23.75	44290
(Non-Proprietary Name Index: Risedronate Acid)			
Tramadol Hydrochloride (Actavis) Caps. 50 mg. 100 (A)	S1A	8.06	48592
(Non-Proprietary Name Index: Tramadol)			
Telfast (B & S Healthcare D.P.R.) Tabs. 120 mg. 30 (A)	S1B	9.74	48261
Telfast (B & S Healthcare D.P.R.) Tabs. 180 mg. 30 (A)	S1B	12.66	48262
(Non-Proprietary Name Index: Fexofenadine)			
Vaniqa (Pharmaram Ltd.) Cream 11.5% 30 G. (B)	S1A	31.71	52359
(Non-Proprietary Name Index: Eflornithine)			
Ventolin (G & A Licensing) Evohaler 100 mcg. 200 Dose Aerosol 1 (A)	S1B	3.23	74565
Code the number of inhalers dispensed			
(Non-Proprietary Name Index: Salbutamol)			

CHANGES UNDERLINED

		€	
Change	Laxido Orange Sachets Pdr. for Oral Soln. 30 (A)	8.45	31534
To Read	Laxido Orange Sachets Pdr. for Oral Soln. Sugar Free 30 (A)	8.45	31534

CHANGES TO NOVEMBER 2010 UPDATE
CHANGES UNDERLINED
EFFECTIVE 1ST NOVEMBER 2010

		€	
Change	Protium (LTT Pharma) Caps. 20 mg. 28 (A)	9.24	43569
To Read	Protium (LTT Pharma) Tabs. 20 mg. 28 (A)	9.24	43569
Change	Protium (LTT Pharma) Caps. 40 mg. 28 (A)	17.11	43570
To Read	Protium (LTT Pharma) Tabs. 40 mg. 28 (A)	17.11	43570
Change	Reminyl XL (B & S Healthcare D.P.R.) Caps. 8 mg. 28 (A)	72.36	44270
To Read	Reminyl XL (B & S Healthcare D.P.R.) Caps. 8 mg. 28 (A)	67.65	44270

DELETIONS

ByZestra Tabs. 5 mg. 28 (A)	14732
ByZestra Tabs. 20 mg. 28 (A)	14781
Clorom Grans. for Oral Susp. 125 mg./5 ml. 70 ml. (B)	91047
Clorom Granules for Oral Susp. 250 mg./5 ml. 70 ml. (B)	91048
Decadron Tabs. 0.5 mg. 30 (A)	19844
Gopten Caps. 1 mg. 28 (A)	26727
Nutrizym 10000 Caps. 100 (A)	70726
Nutrizym 22000 Caps. 100 (A)	70734
Rapolyte Sachets 25 (A)	43494
Serophene Tabs. 50 mg. 30 (A)	45861

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST DECEMBER 2010

ADDITIONS

PROPRIETARY NAME INDEX	CODE	GENERIC NAME	TRADE PRICE €	MANUFACTURER	AGENTS
Cimzia Soln. for Inj. Pre-filled Syr. 200 mg./ml. 2 x 1 ml. Complete Pack 1 (A) *Code the number of packs dispensed*	88502	Certolizumab Pegol	1103.65	UCB (Pharma) Ireland	United Drug
Modigraf Grans. for Oral Susp. Sachets 0.2 mg. 50 (A) *Code the number of sachets dispensed*	88504	Tacrolimus	82.57	Astellas Pharma Co. Ltd.	Temmler Ireland
Modigraf Grans. for Oral Susp. Sachets 1 mg. 50 (A) *Code the number of sachets dispensed*	88505	Tacrolimus	416.13	Astellas Pharma Co. Ltd.	Temmler Ireland
Mycolat Caps. 250 mg. 100 (A)	88507	Mycophenolic Mofetil	114.81	Rowex Ltd.	Allphar Services
Mycolat Tabs. 500 mg. 50 (A)	88509	Mycophenolic Mofetil	114.81	Rowex Ltd.	Allphar Services
Nivestim Soln. for Inj./Inf. Pre-filled Syr. 12 MU/0.2 ml. 0.2 ml. Pack 5 (A) *Code the number of packs dispensed*	88537	Filgrastim	269.15	Hospira Ireland Ltd.	United Drug
Nivestim Soln. for Inj./Inf. Pre-filled Syr. 30 MU/0.5 ml. 0.5 ml. Pack 5 (A) *Code the number of packs dispensed*	88538	Filgrastim	448.37	Hospira Ireland Ltd.	United Drug
Nivestim Soln. for Inj./Inf. Pre-filled Syr. 48 MU/0.5 ml. 0.5 ml, Pack 5 (A) *Code the number of packs dispensed*	88539	Filgrastim	714.96	Hospira Ireland Ltd.	United Drug

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st November 2010

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE 1ST NOVEMBER 2010

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Abilify (Lexon UK) Tabs. 5 mg. 28 (A)	S1B	132.07	17212
Abilify (Lexon UK) Tabs. 10 mg. 28 (A)	S1B	137.01	17213
Abilify (Lexon UK) Tabs. 15 mg. 28 (A)	S1B	137.01	17214
Abilify (Lexon UK) Tabs. 30 mg. 28 (A)	S1B	274.00	17215
(Non-Proprietary Name Index: Aripiprazole)			
Actos (Lexon UK) Tabs. 15 mg. 28 (A)	S1B	34.74	10797
Actos (Lexon UK) Tabs. 30 mg. 28 (A)	S1B	53.27	10798
(Non-Proprietary Name Index: Pioglitazone)			
Acupan (LTT Pharma) Tabs. 30 mg. 90 (A)	S1B	14.59	10641
(Non-Proprietary Name Index: Nefopam)			
Aldara (Lexon UK) 5% Cream Sachets 12 (A)	S1A	75.74	11601
Code the number of sachets dispensed			
(Non-Proprietary Name Index: Imiquimod)			
Alphagan (LTT Pharma D.P.R.) Eye Drops 0.2% 5 ml. (B)	S1B	14.05	11301
(Non-Proprietary Name Index: Brimonidine)			
Alphagan (P.C.O. Mfg. D.P.R.) Eye Drops 0.2% 5 ml. (B)	S1B	14.05	11306
(Non-Proprietary Name Index: Brimonidine)			
Amaryl (Profind Wholesale Ltd.) Tabs. 2 mg. 30 (A)	S1B	3.05	12924
Amaryl (Profind Wholesale Ltd.) Tabs. 4 mg. 30 (A)	S1B	4.92	12925
(Non-Proprietary Name Index: Glimepiride)			
Aprovel (Lexon UK) Tabs. 75 mg. 28 (A)	S1B	17.60	12209
Aprovel (Lexon UK) Tabs. 300 mg. 28 (A)	S1B	26.39	12210
(Non-Proprietary Name Index: Irbesartan)			
Arcoxia (B & S Healthcare D.P.R.) Tabs. 120 mg. 28 (A)	S1B	32.79	14232
(Non-Proprietary Name Index: Etoricoxib)			
Arcoxia (iMED Healthcare Ltd.) Tabs. 90 mg. 28 (A)	S1B	33.58	14253
(Non-Proprietary Name Index: Etoricoxib)			
Asacolon (Imbat Ltd.) Tabs. 400 mg. 100 (A)	S1B	29.12	14303
(Non-Proprietary Name Index: Mesalazine)			
Atacand (Imbat Ltd.) Tabs. 16 mg. 28 (A)	S1B	26.38	13707
(Non-Proprietary Name Index: Candesartan)			
Atacand Plus (Imbat Ltd.) Tabs. 16/12.5 mg. 28 (A)	S1B	26.38	15405
(Non-Proprietary Name Index: Candesartan and Diuretics)			
Azopt (Lexon UK) Eye Drops 10 mg./ml. 5 ml. (B)	S1B	10.73	50816
(Non-Proprietary Name Index: Brinzolamide)			
Betacap (Eurodrug Ltd. D.P.R.) Scalp Applic. 100 ml. (B)	S1B	5.10	14702
(Non-Proprietary Name Index: Bethamethasone)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Betagan (B & S Healthcare D.P.R.) Eye Drops Soln. 0.5% 5 ml. (B) *(Non-Proprietary Name Index: Levobunolol)*	S1B	6.45	14804
Betoptic (B & S Healthcare D.P.R.) Eye Drops Soln. 0.5% 5 ml. (B) *(Non-Proprietary Name Index: Betaxolol)*	S1B	6.94	14402
Betoptic (LTT Pharma D.P.R.) Eye Drops Soln. 0.5% 5 ml. (B) *(Non-Proprietary Name Index: Betaxolol)*	S1B	6.18	14410
Bricanyl (Profind Wholesale Ltd.) Turbohaler 500 mcg. 100 Dose Inhaler Pack 1 (A) *Code the number of aerosols dispensed* *(Non-Proprietary Name Index: Terbutaline)*	S1B	11.32	65002
Calcichew D3 Forte (LTT Pharma D.P.R.) Tabs. 100 (A) *(Non-Proprietary Name Index: Calcium, Combinations with other drugs)*		13.13	15875
Calcichew (P.C.O. Mfg. D.P.R.) Tabs. 500 mg. 100 (A) *(Non-Proprietary Name Index: Calcium Carbonate)*		14.40	15877
Cardicor (LTT Pharma D.P.R.) Tabs. 1.25 mg. 28 (A)	S1B	3.82	17403
Cardicor (LTT Pharma D.P.R.) Tabs. 2.5 mg. 28 (A)	S1B	3.53	17404
Cardicor (LTT Pharma D.P.R.) Tabs. 3.75 mg. 28 (A)	S1B	4.37	17405
Cardicor (LTT Pharma D.P.R.) Tabs. 7.5 mg. 28 (A) *(Non-Proprietary Name Index: Bisoprolol)*	S1B	5.28	17406
Cardura XL (LTT Pharma) Tabs. 8 mg. 28 (A) *(Non-Proprietary Name Index: Doxazosin)*	S1B	40.04	16405
Celluvisc (LTT Pharma D.P.R.) Eye Drop Soln. 1% 0.4 ml. Unit Dose 30 (A) *Code the number of vials dispensed* *(Non-Proprietary Name Index: Carmellose Sodium)*		7.26	17007
Cilest (P.C.O. Mfg.) Tabs. 250mcg./35 mg. 21 (A) *(Non-Proprietary Name Index: Norgestimate and Estrogen)*	S1B	2.31	17625
Co-Aprovel (Lexon UK) Tabs. 150/12.5 mg. 28 (A)	S1B	19.55	54307
Co-Aprovel (Lexon UK) Tabs. 300/12.5 mg. 28 (A) *(Non-Proprietary Name Index: Irbesartan and Diuretics)*	S1B	26.39	54308
Co-Aprovel (Waymade Healthcare Plc) Film Coated Tabs. 300/12.5 mg. 28 (A) *(Non-Proprietary Name Index: Irbesartan and Diuretics)*	S1B	26.11	54315
Co-Diovan (Profind Wholesale Ltd.) Tabs. 160/12.5 mg. 28 (A)	S1B	25.45	18715
Co-Diovan (Profind Wholesale Ltd.) Tabs. 160/25 mg. 28 (A) *(Non-Proprietary Name Index: Valsartan and Diuretics)*	S1B	25.94	18716
Combigan (Eurodrug Ltd. D.P.R.) Eye Drops Soln. 5 ml. (B) *(Non-Proprietary Name Index: Timolol Combinations)*	S1A	15.52	14320
Cosopt (Eurodrug Ltd. D.P.R.) Eye Drops Soln. 5 ml. (B) *(Non-Proprietary Name Index: Timolol Combinations)*	S1A	17.93	18530
Cosopt (P.C.O. Mfg. D.P.R.) Eye Drops Soln. 20 mg./ml. 5 ml. (B) *(Non-Proprietary Name Index: Timolol Combinations)*	S1A	17.94	18533
Creon 10000 (LTT Pharma) Caps. 100 (A)	S1B	20.63	18912
Creon 25000 (LTT Pharma) Caps. 100 (A) *(Non-Proprietary Name Index: Multienzymes (Lipase, Protease Etc.))*	S1B	49.26	18913

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Crestor (Eurodrug D.P.R.) Tabs. 5 mg. 28 (A)	S1B	19.44	19260
Crestor (Eurodrug D.P.R.) Tabs. 10 mg. 28 (A)	S1B	23.91	19261
Crestor (Eurodrug D.P.R.) Tabs. 20 mg. 28 (A)	S1B	39.01	19226
Crestor (Eurodrug D.P.R.) Tabs. 40 mg. 28 (A)	S1B	40.07	19262
(Non-Proprietary Name Index: Rosuvastatin)			
Crestor (P.C.O. Mfg.) Tabs. 5 mg. 28 (A)	S1B	19.44	19233
(Non-Proprietary Name Index: Rosuvastatin)			
Crestor (Primecrown 2010 Ltd.) Tabs. 10 mg. 28 (A)	S1B	23.91	19245
Crestor (Primecrown 2010 Ltd.) Tabs. 20 mg. 28 (A)	S1B	39.01	19246
Crestor (Primecrown 2010 Ltd.) Tabs. 40 mg. 28 (A)	S1B	40.08	19247
(Non-Proprietary Name Index: Rosuvastatin)			
Dilzem SR (B & S Healthcare D.P.R.) Hard Caps. 60 mg. 56 (A)	S1B	9.04	16390
(Non-Proprietary Name Index: Diltiazem)			
Dilzem XL (B & S Healthcare D.P.R.) Hard Caps. 240 mg. 56 (A)	S1B	17.89	21719
(Non-Proprietary Name Index: Diltiazem)			
Dilzem XL (Eurodrug Ltd. D.P.R.) Caps. 120 mg. 28 (A)	S1B	8.94	21727
Dilzem XL (Eurodrug Ltd. D.P.R.) Caps. 180 mg. 28 (A)	S1B	13.27	21728
(Non-Proprietary Name Index: Diltiazem)			
Dilzem XL (Eurodrug Ltd. D.P.R.) Once Daily Caps. 240 mg. 28 (A)	S1B	17.13	21758
(Non-Proprietary Name Index: Diltiazem)			
Dovobet (Profind Wholesale Ltd.) Oint. 50 mcg./G. + 0.5 mg./G. 60 G. (B)	S1A	51.66	44605
(Non-Proprietary Name Index: Calcipotriol, Combinations)			
Epanutin (B & S Healthcare D.P.R.) Caps. 25 mg. 28 (A)	S1B	1.22	23509
Epanutin (B & S Healthcare D.P.R.) Caps. 100 mg. 84 (A)	S1B	7.74	23510
Epanutin (B & S Healthcare D.P.R.) Caps. 300 mg. 28 (A)	S1B	7.74	23511
(Non-Proprietary Name Index: Phenytoin)			
Epanutin (P.C.O. Mfg. D.P.R.) Caps. 100 mg. 84 (A)	S1B	7.41	23526
Epanutin (P.C.O. Mfg. D.P.R.) Caps. 300 mg. 28 (A)	S1B	7.41	23527
(Non-Proprietary Name Index: Phenytoin)			
Evista (Lexon UK) Tabs. 60 mg. 28 (A)	S1A	27.10	24607
(Non-Proprietary Name Index: Raloxifene)			
Evra Transdermal (Doncaster Ltd.) Patches 3 (A)	S1B	11.63	24402
Code the number of patches dispensed			
(Non-Proprietary Name Index: Norelgestromin and Estrogen)			
Exelon (Doncaster Ltd.) Caps. 1.5 mg. 56 (A)	S1A	77.50	24420
Exelon (Doncaster Ltd.) Caps. 3 mg. 56 (A)	S1A	79.66	24421
Exelon (Doncaster Ltd.) Caps. 4.5 mg. 56 (A)	S1A	79.66	24422
(Non-Proprietary Name Index: Rivastigmine)			
Faverin (B & S Healthcare D.P.R.) Tabs. 50 mg. 60 (A)	S1A	32.29	23202
Faverin (B & S Healthcare D.P.R.) Tabs. 100 mg. 30 (A)	S1A	32.29	23203
(Non-Proprietary Name Index: Fluvoxamine)			
Fexofenadine Hydrochloride (Niche Generics) Tabs. 120 mg. 30 (A)	S1B	9.67	23236
Fexofenadine Hydrochloride (Niche Generics) Tabs. 180 mg. 30 (A)	S1B	12.57	23237
(Non-Proprietary Name Index: Fexofenadine)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Fosamax (Eurodrug Ltd. D.P.R.) Once Weekly Tabs. 70 mg. 4 (A) *(Non-Proprietary Name Index: Alendronic Acid)*	S1B	31.98	75219
Fosamax (Primecrown 2010 Ltd. D.P.R.) Once Weekly Tabs. 70 mg. 4 (A) *(Non-Proprietary Name Index: Alendronic Acid)*	S1B	31.98	75223
Fosavance (iMED Healthcare Ltd.) Tabs. 70 mg./2800 iu 4 (A) *(Non-Proprietary Name Index: Alendronic Acid and Colecalciferol)*	S1B	31.39	75323
Fosavance (Lexon UK) Tabs. 70 mg./2800 iu 4 (A) *(Non-Proprietary Name Index: Alendronic Acid and Colecalciferol)*	S1B	31.41	75333
Ganfort (Waymade Healthcare Plc) Eye Drops Soln. 3 ml. (B) *(Non-Proprietary Name Index: Timolol, combinations)*	S1A	22.48	27536
Humulin I Kwikpen 100 iu/ml. 3 ml. Pre-filled Pen 5 (A) *Code the number of pre-filled pens dispensed* *(Non-Proprietary Name Index: Insulin Intermediate-Acting, Rapid Onset of Effect)*	S1B	38.02	69337
Inegy (B & S Healthcare D.P.R.) Tabs. 10 mg./20 mg. 28 (A)	S1A	46.76	29906
Inegy (B & S Healthcare D.P.R.) Tabs. 10 mg./40 mg. 28 (A)	S1A	54.57	29907
Inegy (B & S Healthcare D.P.R.) Tabs. 10 mg./80 mg. 28 (A) *(Non-Proprietary Name Index: Simvastatin and Ezetimibe)*	S1A	57.67	29908
Inegy (Eurodrug Ltd. D.P.R.) Tabs. 10/80 mg. 28 (A) *(Non-Proprietary Name Index: Simvastatin and Ezetimibe)*	S1A	55.25	29803
Inspra (B & S Healthcare D.P.R.) Tabs. 25 mg. 28 (A)	S1A	62.35	30565
Inspra (B & S Healthcare D.P.R.) Tabs. 50 mg. 28 (A) *(Non-Proprietary Name Index: Eplerenone)*	S1A	62.35	30566
Inspra (P.C.O. Mfg. D.P.R.) Tabs. 25 mg. 28 (A)	S1A	59.74	30572
Inspra (P.C.O. Mfg. D.P.R.) Tabs. 50 mg. 28 (A) *(Non-Proprietary Name Index: Eplerenone)*	S1A	59.74	30573
Keppra (Lexon UK) Tabs. 250 mg. 60 (A)	S1B	42.08	51472
Keppra (Lexon UK) Tabs. 500 mg. 60 (A) *(Non-Proprietary Name Index: Levetiracetam)*	S1B	73.81	51473
Lamictal (LTT Pharma) Tabs. 25 mg. 56 (A)	S1B	26.90	39267
Lamictal (LTT Pharma) Tabs. 50 mg. 56 (A)	S1B	42.22	39268
Lamictal (LTT Pharma) Tabs. 100 mg. 56 (A) *(Non-Proprietary Name Index: Lamotrigine)*	S1B	72.83	39269
Levitra (Doncaster Ltd.) Tabs. 10 mg. 4 (A) *(Non-Proprietary Name Index: Vardenafil)* ***Please note:- Reimbursement Restrictions as per Circular PB383 Apply***	S1A	15.61	77057
Levitra (P.C.O. Mfg.) Tabs. 20 mg. 4 (A) *(Non-Proprietary Name Index: Vardenafil)* ***Please note:- Reimbursement Restrictions as per Circular PB383 Apply***	S1A	29.70	77065
Lipitor (G & A Licensing Ltd.) Tabs. 80 mg. 30 (A) *(Non-Proprietary Name Index: Atorvastatin)*	S1B	74.42	41850
Lipitor (LTT Pharma) Tabs. 10 mg. 28 (A)	S1B	22.83	41863
Lipitor (LTT Pharma) Tabs. 20 mg. 28 (A)	S1B	35.99	41864
Lipitor (LTT Pharma) Tabs. 40 mg. 28 (A)	S1B	60.20	41865
Lipitor (LTT Pharma) Tabs. 80 mg. 28 (A) *(Non-Proprietary Name Index: Atorvastatin)*	S1B	69.45	41866

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Losec MUPS (LTT Pharma) Tabs. 10 mg. 28 (A)	S1B	9.33	65575
Losec MUPS (LTT Pharma) Tabs. 20 mg. 28 (A)	S1B	17.56	65576
(Non-Proprietary Name Index: Omeprazole)			
Lumigan (Lexon UK) Eye Drops Soln. 0.3 mg./ml. 3 ml. (B)	S1A	17.33	77404
(Non-Proprietary Name Index: Bimatoprost)			
Lyrica (P.C.O. Mfg.) Caps. 300 mg. 56 (A)	S1A	87.16	53130
(Non-Proprietary Name Index: Pregabalin)			
Lyrinel XL (B & S Healthcare D.P.R.) Tabs. 5 mg. 30 (A)	S1B	20.52	32317
Lyrinel XL (B & S Healthcare D.P.R.) Tabs. 10 mg. 30 (A)	S1B	41.02	32318
(Non-Proprietary Name Index: Oxybutynin)			
Lyrinel XL (Eurodrug D.P.R.) Tabs. 10 mg. 30 (A)	S1B	39.29	32329
(Non-Proprietary Name Index: Oxybutynin)			
Micardis (iMED Healthcare Ltd.) Tabs. 40 mg. 28 (A)	S1B	20.43	64475
Micardis (iMED Healthcare Ltd.) Tabs. 80 mg. 28 (A)	S1B	24.66	64476
(Non-Proprietary Name Index: Telmisartan)			
Micardis (Lexon UK) Tabs. 20 mg. 28 (A)	S1B	20.45	64480
Micardis (Lexon UK) Tabs. 40 mg. 28 (A)	S1B	20.45	64481
Micardis (Lexon UK) Tabs. 80 mg. 28 (A)	S1B	24.67	64482
(Non-Proprietary Name Index: Telmisartan)			
Micardis Plus (Doncaster Ltd.) Tabs. 80/25 mg. 28 (A)	S1B	30.36	64406
(Non-Proprietary Name Index: Telmisartan and Diuretics)			
Micardis Plus (Lexon UK) Tabs. 40/12.5 mg. 28 (A)	S1B	20.45	64493
Micardis Plus (Lexon UK) Tabs. 80/12.5 mg. 28 (A)	S1B	24.67	64494
(Non-Proprietary Name Index: Telmisartan and Diuretics)			
Nasacort (Eurodrug Ltd. D.P.R.) Nasal Spray 55 mcg. 120 Dose Pack 1 (A)	S1B	12.43	34217
Code the number of packs dispensed			
(Non-Proprietary Name Index: Triamcinolone)			
Nasonex (Eurodrug Ltd. D.P.R.) Nasal Spray 50 mcg. 140 Dose Pack 1 (A)	S1B	15.63	67145
Code the number of packs dispensed			
(Non-Proprietary Name Index: Mometasone)			
Nebimel Tabs. 5 mg. 28 (A)	S1B	8.79	67101
(Non-Proprietary Name Index: Nebivolol)			
Nebivolol TEVA Tabs. 5 mg. 28 (A)	S1B	10.70	35690
(Non-Proprietary Name Index: Nebivolol)			
Nelet Tabs. 5 mg. 28 (A)	S1B	9.89	35658
(Non-Proprietary Name Index: Nebivolol)			
Neoclarityn (Lexon UK) Tabs. 5 mg. 30 (A)	S1B	11.04	35860
(Non-Proprietary Name Index: Desloratadine)			
Nitrolingual (LTT Pharma D.P.R.) Pump Spray 400 mcg. 200 Dose Pack 1 (A)	S1B	5.41	42442
Code the number of packs dispensed			
(Non-Proprietary Name Index: Glyceryl Trinitrate)			
Nitrolingual (P.C.O. Mfg. D.P.R.) Pump Spray 400 mcg. 200 Dose Pack 1 (A)	S1B	5.41	42449
Code the number of packs dispensed			
(Non-Proprietary Name Index: Glyceryl Trinitrate)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Omacor (Imbat Ltd.) Caps. 1000 mg. 28 (A) *(Non-Proprietary Name Index: Omega-3-Triglycerides incl. Other Esters and Acids)*	S1B	18.74	37588
PecFent Nasal Spray Soln. 100 mcg. 1 (A)	CD2	37.57	29892
PecFent Nasal Spray Soln. 100 mcg. 4 (A)	CD2	150.31	29893
PecFent Nasal Spray Soln. 400 mcg. 1 (A)	CD2	37.57	29894
PecFent Nasal Spray Soln. 400 mcg. 4 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Fentanyl)*	CD2	150.31	29895
Persantin Retard (B & S Healthcare D.P.R.) Modified Release Caps. 200 mg. 60 (A) *(Non-Proprietary Name Index: Dipyridamole)*	S1B	14.26	40481
Plavix (Lexon UK) Tabs. 75 mg. 28 (A) *(Non-Proprietary Name Index: Clopidogrel)*	S1B	48.59	41095
Protium (LTT Pharma) Caps. 20 mg. 28 (A)	S1B	9.24	43569
Protium (LTT Pharma) Caps. 40 mg. 28 (A) *(Non-Proprietary Name Index: Pantoprazole)*	S1B	17.11	43570
Prozac (B & S Healthcare D.P.R.) Caps. 20 mg. 30 (A) *(Non-Proprietary Name Index: Fluoxetine)*	S1A	10.75	43485
Prozac (LTT Pharma D.P.R.) Caps. 20 mg. 30 (A) *(Non-Proprietary Name Index: Fluoxetine)*	S1A	9.63	43497
Razole Gastro-Resistant Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Rabeprazole)*	S1B	22.74	37512
Relestat (B & S Healthcare D.P.R.) Eye Drops Soln. 0.5 mg./ml. 5 ml. (B) *(Non-Proprietary Name Index: Epinastine)*	S1B	21.96	43665
Reminyl XL (B & S Healthcare D.P.R.) Caps. 8 mg. 28 (A) *(Non-Proprietary Name Index: Galantamine)*	S1A	72.36	44270
Renagel (Doncaster Ltd.) Tabs. 800 mg. 180 (A) *(Non-Proprietary Name Index: Sevelamer)*	S1B	196.87	43954
Rinozal Tabs. 5 mg. 30 (A) *(Non-Proprietary Name Index: Levocetirizine)*	S1B	6.46	77801
Salofalk (B & S Healthcare D.P.R.) Sachet 500 mg. 100 (A) *Code the number of sachets dispensed* *(Non-Proprietary Name Index: Mesalazine)*	S1B	43.25	44077
Seroquel (Imbat Ltd.) Tabs. 25 mg. 60 (A) *(Non-Proprietary Name Index: Quetiapine)*	S1A	40.29	46003
Sinemet-62.5 (B & S Healthcare D.P.R.) Tabs. 90 (A) *(Non-Proprietary Name Index: Levodopa and Decarboxylase Inhibitor)*	S1B	9.58	66900
Sinemet-CR (Eurodrug Ltd. D.P.R.) Tabs. 60 (A) *(Non-Proprietary Name Index: Levodopa and Decarboxylase Inhibitor)*	S1B	28.24	66902
Singulair (Eurodrug D.P.R.) Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Montelukast)*	S1B	35.12	73002
Singulair (P.C.O. Mfg. D.P.R.) Paed. Chewable Tabs. 4 mg. 28 (A) *(Non-Proprietary Name Index: Montelukast)*	S1B	35.13	73013

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Singulair (P.C.O. Mfg. D.P.R.) Grans. Paed. 4 mg. Sachet 28 (A) *Code the number of sachets dispensed* *(Non-Proprietary Name Index: Montelukast)*	S1B	35.13	73022
Spasmonal Forte (Eurodrug Ltd. D.P.R.) Tabs. 120 mg. 60 (A) *(Non-Proprietary Name Index: Alverine)*	S1B	16.43	46834
Spiriva Refill (Imbat Ltd.) Caps. 18 mcg. 30 (A) *(Non-Proprietary Name Index: Tiotropium Bromide)*	S1B	43.05	61503
Tambocor (LTT Pharma) Tabs. 50 mg. 60 (A) *(Non-Proprietary Name Index: Flecainide)*	S1A	10.87	49096
Tegretol Retard (P.C.O. Mfg.) Tabs. 400 mg. 30 (A) *(Non-Proprietary Name Index: Carbamazepine)*	S1B	4.84	49425
Telfast (Eurodrug Ltd. D.P.R.) Tabs. 120 mg. 30 (A)	S1B	9.98	48287
Telfast (Eurodrug Ltd. D.P.R.) Tabs. 180 mg. 30 (A) *(Non-Proprietary Name Index: Fexofenadine)*	S1B	12.97	48288
Telfast (LTT Pharma) Tabs. 120 mg. 30 (A)	S1B	9.98	48293
Telfast (LTT Pharma) Tabs. 180 mg. 30 (A) *(Non-Proprietary Name Index: Fexofenadine)*	S1B	12.98	48294
Telfast (P.C.O. Mfg. D.P.R.) Tabs. 120 mg. 30 (A)	S1B	9.98	48296
Telfast (P.C.O. Mfg. D.P.R.) Tabs. 180 mg. 30 (A) *(Non-Proprietary Name Index: Fexofenadine)*	S1B	12.98	48297
Travatan (Lexon UK) Eye Drops 40 mcg./ml. 2.5 ml. Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Travoprost)*	S1A	17.37	78605
Trusopt (Eurodrug Ltd. D.P.R.) Eye Drops 2% 5 ml. (B) *(Non-Proprietary Name Index: Dorzolamide)*	S1B	10.77	57580
Trusopt (P.C.O. Mfg. D.P.R.) Eye Drops 2% 5 ml. (B) *(Non-Proprietary Name Index: Dorzolamide)*	S1B	10.78	57560
Valaciclovir (Actavis) Film Coated Tabs. 500 mg. 10 (A)	S1A	21.11	60550
Valaciclovir (Actavis) Film Coated Tabs. 500 mg. 30 (A)	S1A	63.32	60551
Valaciclovir (Actavis) Film Coated Tabs. 500 mg. 42 (A) *(Non-Proprietary Name Index: Valaciclovir)*	S1A	88.63	60552
Warticon (Eurodrug Ltd. D.P.R.) Cream 0.15% 5 G. (B) *(Non-Proprietary Name Index: Podophyllotoxin)*	S1B	23.63	61780
Xenical (Lexon UK) Caps. 120 mg. 84 (A) *(Non-Proprietary Name Index: Orlistat)*	S1B	59.66	53416
Zanidip (Clear Pharmacy) Tabs. 10 mg. 28 (A)	S1B	9.26	63897
Zanidip (Clear Pharmacy) Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Lercanidipine)*	S1B	15.18	63898
Zonegran (P.C.O. Mfg.) Caps. 100 mg. 56 (A) *(Non-Proprietary Name Index: Zonisamide)*	S1B	82.78	74863
Zoton (Clear Pharmacy) FasTab Tabs. 15 mg. 28 (A)	S1B	19.44	71023
Zoton (Clear Pharmacy) FasTab Tabs. 30 mg. 28 (A) *(Non-Proprietary Name Index: Lansoprazole)*	S1B	38.65	71024

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Zoton (LTT Pharma) FasTab Tabs. 15 mg. 28 (A)	S1B	19.48	71040
Zoton (LTT Pharma) FasTab Tabs. 30 mg. 28 (A)	S1B	38.71	71041
(Non-Proprietary Name Index: Lansoprazole)			
Zyprexa (Lexon UK) Tabs. 2.5 mg. 28 (A)	S1A	44.48	71903
Zyprexa (Lexon UK) Tabs. 5 mg. 28 (A)	S1A	62.74	71904
Zyprexa (Lexon UK) Tabs. 10 mg. 28 (A)	S1A	125.49	71905
Zyprexa (Lexon UK) Tabs. 15 mg. 28 (A)	S1A	197.37	71906
(Non-Proprietary Name Index: Olanzapine)			
Zyprexa Velotab (Doncaster Ltd.) Tabs. 5 mg. 28 (A)	S1A	75.27	71808
(Non-Proprietary Name Index: Olanzapine)			
Zyprexa Velotab (Lexon UK) Tabs. 5 mg. 28 (A)	S1A	75.30	71816
Zyprexa Velotab (Lexon UK) Tabs. 10 mg. 28 (A)	S1A	150.59	71817
(Non-Proprietary Name Index: Olanzapine)			
Zyprexa Velotab (P.C.O. Mfg.) Tabs. 20 mg. 28 (A)	S1A	242.74	71822
(Non-Proprietary Name Index: Olanzapine)			

CHANGES

CHANGES UNDERLINED

		€	
Change	Preterax Arginine Tabs. 2.5 mg./0.625 mg. 30 (A)	20.48	68304
To Read	Coversyl Arginine Tabs. 2.5 mg./0.625 mg. 30 (A)	15.77	68304

DELETIONS

Avaglim Tabs. 4 mg. 56 (A)	53545
Avaglim Tabs. 8 mg. 56 (A)	53591
Avandamet Tabs. 1/500 mg. 112 (A)	53503
Avandamet Tabs. 2/500 mg. 56 (A)	53520
Avandamet Tabs. 2/500 mg. 112 (A)	53575
Avandamet Tabs. 2/1000 mg. 56 (A)	53542
Avandamet Tabs. 4/1000 mg. 56 (A)	53589
Avandamet (B & S Healthcare) Tabs. 1/500 mg. 56 (A)	53410
Avandamet (B & S Healthcare) Tabs. 2/500 mg. 28 (A)	53424
Avandamet (B & S Healthcare) Tabs. 2/500 mg. 56 (A)	53671
Avandamet (B & S Healthcare) Tabs. 2/500 mg. 112 (A)	53442
Avandamet (B & S Healthcare) Tabs. 2 mg./1000 mg. 56 (A)	53411
Avandamet (B & S Healthcare) Tabs. 4 mg./1000 mg. 56 (A)	53437
Avandamet (BR Lewis Pharmaceuticals) Tabs. 2/500 mg. 56 (A)	53711
Avandamet (BR Lewis Pharmaceuticals) Tabs. 2/500 mg. 112 (A)	53779
Avandamet (BR Lewis Pharmaceuticals) Tabs. 2/1000 mg. 56 (A)	53742
Avandamet (Doncaster Ltd.) Tabs. 2 mg./500 mg. 56 (A)	53723
Avandamet (Doncaster Ltd.) Tabs. 2 mg./500 mg. 112 (A)	53862
Avandamet (Doncaster Ltd.) Tabs. 2 mg./1000 mg.56 (A)	53736
Avandamet (Doncaster Ltd.) Tabs. 4 mg./1000 mg. 56 (A)	53751
Avandamet (P.C.O. Mfg.) Film Coated Tabs. 1/500 mg. 112 (A)	53664
Avandamet (P.C.O. Mfg.) Film Coated Tabs. 2/500 mg. 56 (A)	53692
Avandamet (P.C.O. Mfg.) Film Coated Tabs. 2/500 mg. 112 (A)	53799
Avandamet (Pharmaram Ltd.) Tabs. 2/500 mg. 112 (A)	53865
Avandamet (Polyfarma) Film Coated Tabs. 2/500 mg. 112 (A)	53619
Avandamet (Waymade Healthcare Plc) Tabs. 1/500 Mg. 112 (A)	53843
Avandamet (Waymade Healthcare Plc) Tabs. 2/500 Mg. 112 (A)	53844
Avandamet (Wayamde Healthcare PLC) Tabs. 2/1000 mg. 56 (A)	53845
Avandamet (Waymade Healthcare Plc) Tabs. 4/1000 Mg. 56 (A)	53846
Avandia Tabs. 4 mg. 28 (A)	53519

DELETIONS

Avandia Tabs. 4 mg. 56 (A)	53547
Avandia Tabs. 8 mg. 28 (A)	53554
Avandia (Athlone Labs.) Tabs. 4 mg. 28 (A)	54510
Avandia (Athlone Labs.) Tabs. 8 mg. 28 (A)	54530
Avandia (B & S Healthcare) Tabs. 4 mg. 28 (A)	53802
Avandia (B & S Healthcare) Tabs. 4 mg. 56 (A)	53831
Avandia (B & S Healthcare) Tabs. 8 mg. 28 (A)	53892
Avandia (BR Lewis Pharmaceuticals) Tabs. 4 mg. 28 (A)	53821
Avandia (BR Lewis Pharmaceuticals) Tabs. 8 mg. 28 (A)	53857
Avandia (Doncaster Ltd.) Tabs. 4 mg. 28 (A)	53913
Avandia (Doncaster Ltd.) Tabs. 8 mg. 28 (A)	53917
Avandia (P.C.O. Mfg.) Tabs. 4 mg. 28 (A)	54014
Avandia (P.C.O. Mfg.) Tabs. 8 mg. 28 (A)	54091
Avandia (Pharmaram Ltd.) Tabs. 4 mg. 28 (A)	54508
Avandia (Pharmaram Ltd.) Tabs. 8 mg. 28 (A)	54512
Avandia (Polyfarma) Film Coated Tabs. 4 mg. 28 (A)	53761
Avandia (Polyfarma) Film Coated Tabs. 8 mg. 28 (A)	53818
Avandia (Waymade Healthcare Plc) Tabs. 4 Mg. 28 (A)	54505
Avandia (Waymade Healthcare Plc) Tabs. 8 Mg. 28 (A)	54506
Azromax Tabs. 250 mg. 4 (A)	13807
Diamicron MR (McDowell Pharmaceuticals) Tabs. 30 mg. 56 (A)	69517
Dovenex Cream 60 G. (B)	68936
Emital Tabs. 4 mg. 30 (A)	22453
Gopton Caps. 2 mg. 28 (A)	26735
Paralief Tabs. 500 mg. 28 (A)	55572
Paralief Tabs. 500 mg. 250 (A)	40920

CHANGES TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE G.M.S. SCHEME EFFECTIVE 1ST NOVEMBER 2010
CHANGES UNDERLINED

Change	Nutrilon Pepti 450 G. Pack 1 (A)	9.09	84034
To Read	Aptamil Pepti 1 450 G. Pack 1 (A)	9.09	84034
	Code the number of packs dispensed		
Change	Nutrilon Pepti Plus 450 G. Pack 1 (A)	7.83	85006
To Read	Aptamil Pepti 2 450 G. Pack 1 (A)	7.83	85006
	Code the number of packs dispensed		

CHANGES TO THE LIST OF FLAT RATED NON DRUG ITEMS REIMBURSABLE UNDER THE GMS SCHEME EFFECTIVE 1ST NOVEMBER 2010.

CODE	NAME	CHANGE	TO READ
83784	Non-Milk Tasting Sip 200 ml. Pack 1	Ensure Plus Juce/Abbott Fortijuce/Nutricia Provide Xtra/Fresenius	Ensure Plus Juce/Abbott Fortijuce/Nutricia Fresubin Jucy/Fresenius

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST NOVEMBER 2010

ADDITIONS

PROPRIETARY NAME INDEX	CODE	GENERIC NAME	TRADE PRICE €	MANUFACTURER	AGENTS
Votrient Film Coated Tabs. 200 mg. 30 (A)	88558	Pazopanib	940.24	GlaxoSmithKline	GlaxoSmithKline
Votrient Film Coated Tabs. 400 mg. 30 (A)	88559	Pazopanib	1880.49	GlaxoSmithKline	GlaxoSmithKline

CHANGE TO OCTOBER 2010 UPDATE CHANGES UNDERLINED EFFECTIVE 1ST OCTOBER 2010						
Change	Tevagrastim Soln. for Inj. or Infusion 30 MIU/0.5 ml. 0.5 ml. Pre-filled Syr. 5 (A)	88543	Filgrastim	404.46	Teva Pharmaceuticals Ireland	United Drug
To Read	Tevagrastim Soln. for Inj. or Infusion 30 MIU/0.5 ml. 0.5 ml. Pre-filled Syr. 5 (A)	88543	Filgrastim	406.46	Teva Pharmaceuticals Ireland	United Drug

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st October 2010

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST OCTOBER 2010

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Avodart (McDowell Pharmaceuticals) Softcaps. 0.5 mg. 30 (A) *(Non-Proprietary Name Index: Dutasteride)*	S1A	31.68	53680
Arcoxia (G & A Licensing Ltd.) Tabs. 60 mg. 20 (A)	S1B	24.00	14226
Arcoxia (G & A Licensing Ltd.) Tabs. 90 mg. 20 (A) *(Non-Proprietary Name Index: Etoricoxib)*	S1B	24.00	14227
Arizime Film Coated Tabs. 5 mg. 28 (A)	S1A	40.10	14285
Arizime Film Coated Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Donepezil)*	S1A	56.21	14286
Bonviva (iMED Healthcare) Tabs. 150 mg. 1 (A) *(Non-Proprietary Name Index: Ibandronic Acid)*	S1B	29.56	14033
Champix (Pharmaram Ltd.) Tabs. 0.5 mg. 56 (A) *(Non-Proprietary Name Index: Varenicline)*	S1A	78.10	34643
Creon (iMED Healthcare)10,000 Caps. 50 (A) *(Non-Proprietary Name Index: Multienzymes (Lipase, Protease Etc.))*	S1B	10.30	19255
Cymbalta (Pharmaram Ltd.) Caps. 30 mg. 28 (A)	S1A	21.81	21003
Cymbalta (Pharmaram Ltd.) Caps. 60 mg. 28 (A) *(Non-Proprietary Name Index: Duloxetine)*	S1A	36.38	21004
Effentora Buccal Tabs. 100 mcg. 28 (A)	CD2	196.68	22987
Effentora Buccal Tabs. 200 mcg. 28 (A)	CD2	196.68	22988
Effentora Buccal Tabs. 400 mcg. 28 (A)	CD2	196.68	22989
Effentora Buccal Tabs. 600 mcg. 28 (A)	CD2	196.68	22990
Effentora Buccal Tabs. 800 mcg. 28 (A) *(Non-Proprietary Name Index: Fentanyl)*	CD2	196.68	22991
Humulin M3 Kwikpen 100 IU/ML. 3 ml. Pre-filled Pen 5 (A) *Code the number of pre-filled pens dispensed* *(Non-Proprietary Name Index:Insulin Intermediate-Acting, Rapid Onset of Effect)*	S1B	35.37	69312
Implanon NXT Implant 68 mg. Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Etonogestrel)*	S1A	132.51	28853
Keppra (Pharmaram Ltd.) Tabs. 250 mg. 30 (A)	S1B	20.98	51405
Keppra (Pharmaram Ltd.) Tabs. 250 mg. 60 (A)	S1B	42.02	51406
Keppra (Pharmaram Ltd.) Tabs. 500 mg. 30 (A) *(Non-Proprietary Name Index: Levetiracetam)*	S1B	36.84	51407
Lercanidipine TEVA Film Coated Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Lercanidipine)*	S1B	14.61	51415

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Lyrica (Pharmaram Ltd.) Caps. 25 mg. 56 (A)	S1B	87.11	53114
Lyrica (Pharmaram Ltd.) Caps. 25 mg. 84 (A)	S1B	130.69	53115
Lyrica (Pharmaram Ltd.) Caps. 25 mg. 100 (A)	S1B	155.58	53116
Lyrica (Pharmaram Ltd.) Caps. 50 mg. 84 (A)	S1B	130.69	53117
Lyrica (Pharmaram Ltd.) Caps. 100 mg. 84 (A)	S1B	130.69	53118
(Non-Proprietary Name Index: Pregabalin)			
Minodene Film Coated Tabs. 50 mg. 100 (A)	S1A	26.03	53602
(Non-Proprietary Name Index: Minocycline)			
Mirapexin (Pharmaram Ltd.) Tabs. 0.18 mg. 100 (A)	S1B	64.87	36678
Mirapexin (Pharmaram Ltd.) Tabs. 0.7 mg. 100 (A)	S1B	260.25	36679
(Non-Proprietary Name Index: Pramipexole)			
Nebol Tabs. 5 mg. 28 (A)	S1B	10.68	53634
(Non-Proprietary Name Index: Nebivolol)			
Nicorette Microtab Sublingual 2 mg. 100 (A) *		15.63	33916
(Non-Proprietary Name Index: Nicotine Replacement Therapy)			
** Reimbursable on the GMS Only – May not be prescribed on Repeat Prescription Forms*			
Omesar Plus Tabs. 40 mg./12.5 mg. 28 (A)	S1B	22.19	37682
Omesar Plus Tabs. 40 mg./25 mg. 28 (A)	S1B	24.31	37683
(Non-Proprietary Name Index: Olmesartan Medoxomil and Diuretics)			
Pendrex Plus Tabs. 4 mg./1.25 mg. 30 (A)	S1B	16.87	76804
(Non-Proprietary Name Index: Perindopril and Diuretics)			
Prolia Soln. for Inj. in a Pre-filled Syr. 60 mg./ml. 1 ml. Pack 1 (A)	S1A	252.97	76815
Code the number of packs dispensed			
(Non-Proprietary Name Index: Denosumab)			
Protelos (iMED Healthcare) Grans. Sachets 2 G. 28 (A)	S1A	41.82	43293
Code the number of sachets dispensed			
(Non-Proprietary Name Index: Strontium Ranelate)			
Ramipril TEVA Tabs. 1.25 mg. 28 (A)	S1B	2.67	50010
Ramipril TEVA Tabs. 2.5 mg. 28 (A)	S1B	3.77	50011
Ramipril TEVA Tabs. 5 mg. 28 (A)	S1B	5.25	50012
Ramipril TEVA Tabs. 10 mg. 28 (A)	S1B	7.16	50013
(Non-Proprietary Name Index: Ramipril)			
Rosuva Film Coated Tabs. 5 mg. 28 (A)	S1B	14.04	62822
Rosuva Film Coated Tabs. 10 mg. 28 (A)	S1B	17.27	62823
Rosuva Film Coated Tabs. 20 mg. 28 (A)	S1B	28.16	62824
Rosuva Film Coated Tabs. 40 mg. 28 (A)	S1B	28.92	62825
(Non-Proprietary Name Index: Rosuvastatin)			
Targin Prolonged Release Tabs. 10 mg./5 mg. 56 (A)	CD2	39.53	62849
Targin Prolonged Release Tabs. 20 mg./10 mg. 56 (A)	CD2	79.07	62850
(Non-Proprietary Name Index: Oxycodone, Combinations)			
Zyprexa (Pharmaram Ltd.) Tabs. 10 mg. 28 (A)	S1A	125.43	71882
Zyprexa (Pharmaram Ltd.) Tabs. 10 mg. 56 (A)	S1A	250.92	71883
(Non-Proprietary Name Index: Olanzapine)			

ADDENDUM
ADDENDUM TO SEPTEMBER 2010 UPDATE

Azopt (Doncaster Ltd.) Eye Drops 10 mg./ml. 5 ml. (B) *(Non-Proprietary Name Index: Brinzolamide)*	S1B	10.73	50789
Keppra (Doncaster Ltd.) Tabs. 1000 mg. 60 (A) *(Non-Proprietary Name Index: Levetiracetam)*	S1B	143.95	51465
Lyrica (Doncaster Ltd.) Caps. 100 mg. 84 (A) *(Non-Proprietary Name Index: Pregabalin)*	S1B	130.75	53128
Viagra (Doncaster Ltd.) Tabs. 50 mg. 4 (A) *(Non-Proprietary Name Index: Sildenafil)* ***Please note:- Reimbursement Restrictions as per Circular PB383 Apply***	S1A	26.03	57439

DELETIONS

Augmentin-Duo Tabs. 500/125 mg. 50 (A)	13570
Clonocid Susp. 250 mg./5 ml. 70 ml. (B)	90236
Cytamen Inj. 1000 mcg. 1 ml. 5 (A)	19496
Risperidone (Accord Healthcare Ltd.) Film Coated Tabs. 6 mg. 60 (A)	45657
Voltarol Tabs. 25 mg. 84 (A)	55204

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST OCTOBER 2010

ADDITIONS

PROPRIETARY NAME INDEX	CODE	GENERIC NAME	TRADE PRICE €	MANUFACTURER	AGENTS
Temozolomide TEVA Caps. 5 mg. 5 (A)	88586	Temozolomide	16.48	Teva Pharmaceuticals Ireland	United Drug
Temozolomide TEVA Caps. 20 mg. 5 (A)	88587	Temozolomide	65.95	Teva Pharmaceuticals Ireland	United Drug
Temozolomide TEVA Caps. 100 mg. 5 (A)	88588	Temozolomide	329.77	Teva Pharmaceuticals Ireland	United Drug
Temozolomide TEVA Caps. 140 mg. I 5 (A)	88589	Temozolomide	498.47	Teva Pharmaceuticals Ireland	United Drug
Temozolomide TEVA Caps. 180 mg. 5 (A)	88590	Temozolomide	640.79	Teva Pharmaceuticals Ireland	United Drug
Temozolomide TEVA Caps. 250 mg. 5 (A)	88591	Temozolomide	824.43	Teva Pharmaceuticals Ireland	United Drug
Tevagrastim Soln. for Inj. or Infusion 30 MIU/0.5 ml. 0.5 ml. Pre-filled Syr. 5 (A) *Code the number of Pre-filled Syringes dispensed*	88543	Filgrastim	404.46	Teva Pharmaceuticals Ireland	United Drug
Tevagrastim Soln. for Inj. or Infusion 48 MIU/0.8 ml. 0.8 ml. Pre-filled Syr. 5 (A) *Code the number of Pre-filled Syringes dispensed*	88544	Filgrastim	648.19	Teva Pharmaceuticals Ireland	United Drug

CHANGE TO SEPTEMBER 2010 UPDATE
CHANGES UNDERLINED
EFFECTIVE 1ST SEPTEMBER 2010

Change	Zomacton Pdr. for Soln. for Inj. Pre-Filled Syr. 10 mg./ml. 1 ml. 4	88526
To Read	Zomacton Pdr. for Soln. for Inj. Pre-Filled Syr. 10 mg./ml. 1 ml. 1	88526

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st September 2010

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST SEPTEMBER 2010

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Actonel Once A Week (Primecrown 2010 Ltd.) Tabs. 35 mg. 4 (A) *(Non-Proprietary Name Index: Risedronic Acid)*	S1B	32.86	10924
Aldara (Pharmaram Ltd.) Cream 5% 12.5 mg. Sachets 12 (A) *Code the number of sachets dispensed* *(Non-Proprietary Name Index: Imiquimod)*	S1B	75.68	11638
Arava (Pharmaram Ltd.) Tabs. 20 mg. 30 (A) *(Non-Proprietary Name Index: Leflunomide)*	S1A	67.65	12883
Avandamet (Doncaster Ltd.) Tabs. 2 mg./500 mg. 112 (A) *(Non-Proprietary Name Index: Metformin and Rosiglitazone)*	S1B	70.37	53862
Avandamet (Pharmaram Ltd.) Tabs. 2 mg./500 mg. 112 (A) *(Non-Proprietary Name Index: Metformin and Rosiglitazone)*	S1B	70.31	53865
Avandia (Pharmaram Ltd.) Tabs. 4 mg. 28 (A)	S1B	37.68	54508
Avandia (Pharmaram Ltd.) Tabs. 8 mg. 28 (A) *(Non-Proprietary Name Index: Rosiglitazone)*	S1B	67.98	54512
Avodart (iMED Healthcare) Softcaps. 0.5 mg. 30 (A) *(Non-Proprietary Name Index: Dutasteride)*	S1A	31.67	53675
Azopt (Pharmaram Ltd.) Eye Drops 10 mg./ml. 5 ml. (B) *(Non-Proprietary Name Index: Brinzolamide)*	S1B	10.67	50810
Becotide (Amimed) Evohaler 250 mcg. 200 Dose Aerosol 1 (A) *Code the number of aerosols dispensed* *(Non-Proprietary Name Index: Beclometasone)*	S1B	28.56	58303
Bonviva (Pharmaram Ltd.) Tabs. 150 mg. 1 (A) *(Non-Proprietary Name Index: Ibandronic Acid)*	S1B	29.51	14008
Canesten HC (P.C.O. Mfg.) Cream 30 G. (B) *(Non-Proprietary Name Index: Clotrimazole and Hydrocortisone)*	S1B	3.93	70205
Cardicor (B & S Healthcare) Tabs. 3.75 mg. 28 (A) *(Non-Proprietary Name Index: Bisoprolol)*	S1B	4.26	17452
Cefuroxime TEVA Tabs. 250 mg. 14 (A)	S1A	5.87	17460
Cefuroxime TEVA Tabs. 500 mg. 14 (A) *(Non-Proprietary Name Index: Cefuroxime)*	S1A	11.18	17461
Celebrex (Amimed) Caps. 200 mg. 30 (A) *(Non-Proprietary Name Index: Celecoxib)*	S1B	28.56	17304
Champix (Pharmaram Ltd.) Tabs. Two Week Starter Pack 1 (A) *Code the number of packs dispensed*	S1B	35.89	34640
Champix (Pharmaram Ltd.) Tabs. 1 mg. 28 (A)	S1B	39.28	34641
Champix (Pharmaram Ltd.) Tabs. 1 mg. 56 (A) *(Non-Proprietary Name Index: Varenicline)*	S1B	77.61	34642

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Cialis (Pharmaram Ltd.) Tabs. 10 mg. 4 (A)	S1A	27.46	17568
Cialis (Pharmaram Ltd.) Tabs. 20 mg. 4 (A)	S1A	27.46	17569
(Non-Proprietary Name Index: Tadalafil)			
Please note:- Reimbursement Restrictions as per Circular PB383 Apply			
Citalopram TEVA Tabs. 10 mg. 28 (A)	S1A	5.97	17909
Citalopram TEVA Tabs. 20 mg. 28 (A)	S1A	9.34	17910
(Non-Proprietary Name Index: Citalopram)			
Cosartal Plus Tabs. 50 mg./12.5 mg. 28 (A)	S1B	15.15	65042
Cosartal Plus Tabs. 100 mg./25 mg. 28 (A)	S1B	26.29	65043
(Non-Proprietary Name Index:Losartan and Diuretics)			
Cozaar (Primecrown 2010 Ltd.) Tabs. 50 mg. 28 (A)	S1B	15.64	76584
Cozaar (Primecrown 2010 Ltd.) Tabs. 100 mg. 28 (A)	S1B	26.29	76585
(Non-Proprietary Name Index: Losartan)			
Desmotabs Melt Tabs. 240 mcg. 30 (A)	S1B	86.06	22001
(Non-Proprietary Name Index: Desmopressin)			
Dovobet (P.C.O. Mfg.) Oint. 50 mcg./G. + 0.5 mg./G. 120 G. (B)	S1A	103.35	44595
(Non-Proprietary Name Index: Calcipotriol, Combinations)			
Dovobet (Primecrown 2010 Ltd.) Oint. 50 mcg./G. + 0.5 mg./G. 60 G. (B)	S1A	51.63	44602
Dovobet (Primecrown 2010 Ltd.) Oint. 50 mcg./G. + 0.5 mg./G. 120 G. (B)	S1A	103.25	44603
(Non-Proprietary Name Index: Calcipotriol, Combinations)			
DuoTrav (P.C.O. Mfg.) Eye Drops Soln. 2.5 ml. 1 (A)	S1A	17.83	22539
Code the number of packs dispensed			
(Non-Proprietary Name Index: Timolol, Combinations)			
Emcor (B & S Healthcare) Tabs. 5 mg. 30 (A)	S1B	3.97	22553
Emcor (B & S Healthcare) Tabs. 10 mg. 30 (A)	S1B	4.47	22554
(Non-Proprietary Name Index: Bisoprolol)			
Fosamax (iMED Healthcare) Once Weekly Tabs. 70 mg. 4 (A)	S1B	31.97	75249
(Non-Proprietary Name Index: Alendronic Acid)			
Fosavance (Pharmaram Ltd.) Tabs. 70 mg./2800 iu 4 (A)	S1B	31.35	75392
(Non-Proprietary Name Index: Alendronic Acid and Colecalciferol)			
Ganfort (Pharmaram Ltd.) Eye Drops Soln. 3 ml. (B)	S1A	22.66	27531
(Non-Proprietary Name Index: Timolol Combinations)			
Half-Inderal LA (P.C.O. Mfg.) Caps. 80 mg. 28 (A)	S1B	6.55	28980
(Non-Proprietary Name Index: Propranolol)			
Humalog Mix 50 Cartridge 100 IU/ml. 3 ml. Cartridge 5 (A)	S1B	38.46	69057
Code the number of cartridges dispensed			
(Non-Proprietary Name Index: Insulin Combinations, Intermediate-Acting Combined with Fast-Acting)			
Januvia (Pharmaram Ltd.) Tabs. 100 mg. 28 (A)	S1B	42.75	29725
(Non-Proprietary Name Index: Sitagliptin)			
Keppra (Pharmaram Ltd.) Oral Soln. 100 mg./ml. 300 ml. (B)	S1B	102.73	30440
Keppra (Pharmaram Ltd.) Tabs. 500 mg. 60 (A)	S1B	73.74	30441
(Non-Proprietary Name Index: Levetiracetam)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Levitra (Pharmaram Ltd.) Tabs. 10 mg. 4 (A)	S1A	25.96	77045
Levitra (Pharmaram Ltd.) Tabs. 20 mg. 4 (A)	S1A	31.56	77046
(Non-Proprietary Name Index: Vardenafil)			
Please note:- Reimbursement Restrictions as per Circular PB383 Apply			
Lipitor (G & A Licensing) Tabs. 40 mg. 30 (A)	S1B	64.50	41848
(Non-Proprietary Name Index: Atorvastatin)			
Lyrica (Pharmaram Ltd.) Caps. 25 mg. 14 (A)	S1B	21.74	41950
Lyrica (Pharmaram Ltd.) Caps. 75 mg. 14 (A)	S1B	21.74	41951
Lyrica (Pharmaram Ltd.) Caps. 75 mg. 56 (A)	S1B	87.11	41952
Lyrica (Pharmaram Ltd.) Caps. 150 mg. 14 (A)	S1B	21.74	41953
Lyrica (Pharmaram Ltd.) Caps. 150 mg. 56 (A)	S1B	87.11	41954
Lyrica (Pharmaram Ltd.) Caps. 200 mg. 84 (A)	S1B	130.69	41955
Lyrica (Pharmaram Ltd.) Caps. 300 mg. 56 (A)	S1B	87.11	41956
(Non-Proprietary Name Index: Pregabalin)			
Metformin Mylan (Gerard Labs.) Tabs. 500 mg. 84 (A)	S1B	1.94	36806
Metformin Mylan (Gerard Labs.) Tabs. 850 mg. 56 (A)	S1B	2.15	36804
Metformin Mylan (Gerard Labs.) Tabs. 1000 mg. 60 (A)	S1B	4.58	36805
(Non-Proprietary Name Index: Metformin)			
Micardis (Pharmaram Ltd.) Tabs. 40 mg. 28 (A)	S1B	20.38	64470
Micardis (Pharmaram Ltd.) Tabs. 80 mg. 28 (A)	S1B	24.62	64471
(Non-Proprietary Name Index: Telmisartan)			
Mirapexin (Pharmaram Ltd.) Tabs. 0.18 mg. 30 (A)	S1B	19.42	33672
Mirapexin (Pharmaram Ltd.) Tabs. 0.7 mg. 30 (A)	S1B	78.03	36673
(Non-Proprietary Name Index: Pramipexole)			
Omacor (Amimed) Caps. 1000 mg. 28 (A)	S1B	18.72	37586
(Non-Proprietary Name Index: Omega-3-Triglycerides incl. Other Esters and Acids)			
Omeprazole (Actavis) Gastro-Resistant Caps. 10 mg. 28 (A)	S1B	9.03	37650
Omeprazole (Actavis) Gastro-Resistant Caps. 20 mg. 28 (A)	S1B	17.01	37651
Omeprazole (Actavis) Gastro-Resistant Caps. 40 mg. 14 (A)	S1B	16.98	37652
(Non-Proprietary Name Index: Omeprazole)			
Pentasa PR (Amimed) Tabs. 500 mg. 100 (A)	S1B	43.85	59700
(Non-Proprietary Name Index: Mesalazine)			
Plavix (Doncaster Ltd.) Tabs. 75 mg. 30 (A)	S1B	52.06	41086
(Non-Proprietary Name Index: Clopidogrel)			
Plavix (Pharmaram Ltd.) Tabs. 75 mg. 28 (A)	S1B	48.53	41090
(Non-Proprietary Name Index: Clopidogrel)			
Pulmicort Turbohaler (Amimed) 200 mcg. 100 Dose Inhaler 1 (A)	S1B	21.77	43578
Code the number of inhalers dispensed			
(Non-Proprietary Name Index: Budesonide)			
Scheriproct (Imbat Ltd.) Suppos. 12 (A)	S1B	2.59	45440
(Non-Proprietary Name Index: Prednisolone)			
Seretide Diskus (Amimed) 250 mcg. 60 Blisters Complete Pack 1 (A)	S1B	47.63	72882
Code the number of packs dispensed			
(Non-Proprietary Name Index: Salmeterol and Fluticasone)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Spiriva (Amimed) Combopack 18 mcg. i.e. 1 Handihaler/30 Caps. 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Tiotropium Bromide)*	S1B	45.38	61500
Suplasyn 1-Shot Sterile Pre-Filled Syr. 60 mg./6 ml. 6 ml. 1(A) *Code the number of syringes dispensed* *(Non-Proprietary Name Index: Hyaluronic Acid)*		166.43	47528
Urorec (Recordati Ireland Ltd.) Hard Caps. 4 mg. 30 (A)	S1B	21.78	47540
Urorec (Recordati Ireland Ltd.) Hard Caps. 8 mg. 30 (A) *(Non-Proprietary Name Index: Silodosin)*	S1B	21.78	47541
Valtrex Tabs. 250 mg. 60 (A) *(Non-Proprietary Name Index: Valaciclovir)*	S1A	67.34	58818
Xyzal (Amimed) Tabs. 5 mg. 30 (A) *(Non-Proprietary Name Index: Levocetirizine)*	S1B	10.69	74770
Zanidip (Imbat Ltd.) Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Lercanidipine)*	S1B	15.24	63892
Zolpidem Tartrate TEVA Film Coated Tabs. 5 mg. 28 (A)	S1A	1.45	74800
Zolpidem Tartrate TEVA Film Coated Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Zolpidem Tartrate)*	S1A	2.90	74801
Zonegran (Pharmaram Ltd.) Caps. 25 mg. 14 (A)	S1A	11.63	74850
Zonegran (Pharmaram Ltd.) Caps. 50 mg. 28 (A)	S1A	30.92	74851
Zonegran (Pharmaram Ltd.) Caps. 100 mg. 56 (A) *(Non-Proprietary Name Index: Zonisamide)*	S1A	82.72	74852
Zyprexa (Pharmaram Ltd.) Tabs. 5 mg. 28 (A)	S1A	62.68	71870
Zyprexa (Pharmaram Ltd.) Tabs. 7.5 mg. 28 (A) *(Non-Proprietary Name Index: Olanzapine)*	S1A	188.17	71871
Zyprexa Velotabs (Pharmaram Ltd.) Tabs. 10 mg. 28 (A)	S1A	150.54	71878
Zyprexa Velotabs (Pharmaram Ltd.) Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Olanzapine)*	S1A	242.67	71879

DELETIONS

Buccastem Tabs. 3 mg. 50 (A)	15885

DELETIONS TO THE LIST OF FLAT RATED NON DRUG ITEMS REIMBURSABLE UNDER THE GMS SCHEME EFFECTIVE 1ST SEPTEMBER 2010	
CODE	**NAME**
33032	G2 Test Strips 50 (A)
84522	Peptamen Unflavoured 375 ml. Pack 1 (A)

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST SEPTEMBER 2010

ADDITIONS

PROPRIETARY NAME INDEX	CODE	GENERIC NAME	TRADE PRICE €	MANUFACTURER	AGENTS
Faslodex Soln. for Inj. Pre-Filled Syr. 250 mg./5 ml. 5 ml. 2 (A) *Code the number of syringes dispensed*	88501	Fulvestrant	761.91	AstraZeneca Pharmaceuticals (Irl.) Ltd.	United Drug
Simponi Soln. for Inj. Pre-Filled Pen 50 mg./0.5 ml. 0.5 ml. 1 (A) *Code the number of pre-filled pens dispensed*	88512	Golimumab	1182.48	MSD Ireland (Human Health) Ltd.	United Drug
Simponi Soln. for Inj. Pre-Filled Syr. 50 mg./0.5 ml. 0.5 ml. 1 (A) *Code the number of pre-filled syringes dispensed*	88513	Golimumab	1182.48	MSD Ireland (Human Health) Ltd.	United Drug
Stelara Soln. for Inj. Pre-Filled Syr. 45 mg./0.5 ml. 0.5 ml. pack (A) *Code the number of syringes dispensed*	88521	Ustekinumab	3647.46	Janssen-Cilag Ltd.	Movianto Ireland
Stelara Soln. for Inj. Pre-Filled 90 mg./1 ml. 1 ml. (A) *Code the number of syringes dispensed*	88522	Ustekinumab	3647.46	Janssen-Cilag Ltd.	Movianto Ireland
Zomacton Pdr. for Soln. for Inj. Pre-Filled Syr. 10 mg./ml. 4 ml. 1 (A) *Code the number of syringes dispensed*	88526	Somatropin	256.45	Ferring Ireland Ltd.	United Drug

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st August 2010

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST AUGUST 2010

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Abilify (Doncaster Ltd.) Tabs. 5 mg. 28 (A)	S1A	132.07	17258
Abilify (Doncaster Ltd.) Tabs. 30 mg. 28 (A)	S1A	273.99	17263
(Non-Proprietary Name Index: Aripiprazole)			
Abilify (iMED Healthcare) Tabs. 10 mg. 28 (A)	S1A	137.01	12550
Abilify (iMED Healthcare) Tabs. 15 mg. 28 (A)	S1A	137.01	12551
(Non-Proprietary Name Index: Aripiprazole)			
Adalat LA (Imbat Ltd.) Tabs. 30 mg. 28 (A)	S1B	12.64	56395
(Non-Proprietary Name Index: Nifedipine)			
Aldara (iMED Healthcare) Cream 5% Sachet 12 (A)	S1B	75.74	11635
Code the number of sachets dispensed			
(Non-Proprietary Name Index: Imiquimod)			
Atacand Plus (G & A Licensing Ltd.) Tabs. 16 mg./12.5 mg. 28 (A)	S1B	26.39	15402
(Non-Proprietary Name Index: Candesartan and Diuretics)			
Azarga (Doncaster Ltd.) Eye Drop Susp. 10 mg./ml. + 5 mg./ml. 5 ml. Pack 1 (A)	S1B	16.14	53565
Code the number of packs dispensed			
(Non-Proprietary Name Index: Timolol Combinations)			
Biofloxcin Tabs. 750 mg. 10 (A)	S1A	10.95	15100
(Non-Proprietary Name Index: Ciprofloxacin)			
Bricanyl (iMED Healthcare) Turbohaler 500 mcg. 100 Dose Inhaler 1(A)	S1B	11.32	65040
Code the number of inhalers dispensed			
(Non-Proprietary Name Index: Terbutaline)			
Cardura XL (Primecrown 2010 Ltd.) Tabs. 8 mg. 28 (A)	S1B	32.04	16399
(Non-Proprietary Name Index: Doxazosin)			
Celebrex (Imbat Ltd.) Caps. 200 mg. 30 (A)	S1B	28.64	17390
(Non-Proprietary Name Index: Celecoxib)			
Competact (Doncaster Ltd.) Tabs. 15 mg./850 mg. 56 (A)	S1B	43.62	18306
(Non-Proprietary Name Index: Metformin and Pioglitazone)			
Comtess (B & S Healthcare) Tabs. 200 mg. 100 (A)	S1A	79.09	18240
(Non-Proprietary Name Index: Entacapone)			
Coversyl Arginine Plus (Imbat Ltd.) Tabs. 5 mg./1.25 mg. 30 (A)	S1B	20.99	19512
(Non-Proprietary Name Index: Perindopril and Diuretics)			
Efexor XL (Profind Wholesale Ltd.) Tabs. 75 mg. 28 (A)	S1A	14.60	64380
Efexor XL (Profind Wholesale Ltd.) Tabs. 150 mg. 28 (A)	S1A	24.62	64381
(Non-Proprietary Name Index: Venlafaxine)			
Elantan LA (Imbat Ltd.) Caps. 25 mg. 28 (A)	S1B	8.14	28260
(Non-Proprietary Name Index: Isosorbide Mononitrate)			
Evista (iMED Healthcare) Tabs. 60 mg. 28 (A)	S1B	27.08	24592
(Non-Proprietary Name Index: Raloxifene)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Evista (Waymade Healthcare PLC) Tabs. 60 mg. 28 (A) *(Non-Proprietary Name Index: Raloxifene)*	S1B	27.10	24605
Finasteride (Accord Wholesale Ltd.) Tabs. 5 mg. 28 (A) *(Non-Proprietary Name Index: Finasteride)*	S1A	14.58	25785
Glucophage Powder Sachets 500 mg. 30 (A) *Code the number of sachets dispensed* *(Non-Proprietary Name Index: Metformin)*	S1B	2.23	30396
Keppra (Waymade Healthcare PLC) Tabs. 250 mg. 60 (A)	S1B	42.08	30435
Keppra (Waymade Healthcare PLC) Tabs. 500 mg. 60 (A)	S1B	73.81	30436
Keppra (Waymade Healthcare PLC) Tabs. 1000 mg. 30 (A)	S1B	71.97	30437
Keppra (Waymade Healthcare PLC) Tabs. 1000 mg. 60 (A) *(Non-Proprietary Name Index: Levetiracetam)*	S1B	143.95	30438
Lexapro (Imbat Ltd.) Tabs. 5 mg. 28 (A)	S1A	14.94	45922
Lexapro (Imbat Ltd.) Tabs. 10 mg. 28 (A)	S1A	23.89	45923
Lexapro (Imbat Ltd.) Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Escitalopram)*	S1A	47.80	45924
Lipitor (Primecrown 2010 Ltd.) Tabs. 10 mg. 28 (A)	S1B	22.83	41835
Lipitor (Primecrown 2010 Ltd.) Tabs. 20 mg. 28 (A)	S1B	35.99	41836
Lipitor (Primecrown 2010 Ltd.) Tabs. 40 mg. 28 (A)	S1B	60.20	41837
Lipitor (Primecrown 2010 Ltd.) Tabs. 80 mg. 28 (A) *(Non-Proprietary Name Index: Atorvastatin)*	S1B	69.44	41838
Lipostat (B & S Healthcare) Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Pravastatin)*	S1B	14.99	31815
Livial (Imbat Ltd.) Tabs. 2.5 mg. 28 (A) *(Non-Proprietary Name Index: Tibolone)*	S1A	16.15	41826
Lumigan (Doncaster Ltd.) Eye Drops Soln. 0.3 mg./ml. 3 ml. (B) *(Non-Proprietary Name Index: Bimatoprost)*	S1A	17.33	41901
Lyrica (iMED Healthcare) Caps. 25 mg. 56 (A)	S1A	87.16	41925
Lyrica (iMED Healthcare) Caps. 75 mg. 56 (A)	S1A	87.16	41926
Lyrica (iMED Healthcare) Caps. 100 mg. 84 (A)	S1A	130.75	41928
Lyrica (iMED Healthcare) Caps. 150 mg. 56 (A) *(Non-Proprietary Name Index: Pregabalin)*	S1A	87.16	41927
Myval Tabs. 500 mg. 10 (A)	S1A	22.45	36860
Myval Tabs. 500 mg. 42 (A) *(Non-Proprietary Name Index: Valaciclovir)*	S1A	94.27	36861
Nexium (G & A Licensing Ltd.) Gastro-resistant Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Esomeprazole)*	S1B	28.50	37021
Nexium (Primecrown 2010 Ltd.) Gastro-resistant Tabs. 20 mg. 28 (A)	S1B	28.50	61470
Nexium (Primecrown 2010 Ltd.) Gastro-resistant Tabs. 40 mg. 28 (A) *(Non-Proprietary Name Index: Esomeprazole)*	S1B	43.98	61471
Omesar (Profind Wholesale Ltd.) Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Olmesartan Medoxomil)*	S1B	18.85	37667
Omnexel PR (McDowell Pharmaceuticals) Tabs. 400 mcg. 30 (A) *(Non-Proprietary Name Index: Tamsulosin)*	S1B	27.16	37685

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Protium (G & A Licensing Ltd.) Gastro-resistant Tabs. 20 mg. 28 (A)	S1B	19.24	35926
Protium (G & A Licensing Ltd.) Gastro-resistant Tabs. 40 mg. 28 (A)	S1B	35.64	36598
(Non-Proprietary Name Index: Pantoprazole)			
Rasilez (Doncaster Ltd.) Tabs. 150 mg. 28 (A)	S1B	25.14	68280
Rasilez (Doncaster Ltd.) Tabs. 300 mg. 28 (A)	S1B	33.40	68281
(Non-Proprietary Name Index: Aliskiren)			
Rosuvastatin TEVA Tabs. 5 mg. 28 (A)	S1B	14.42	62810
Rosuvastatin TEVA Tabs. 10 mg. 28 (A)	S1B	17.74	62811
Rosuvastatin TEVA Tabs. 20 mg. 28 (A)	S1B	28.95	62812
Rosuvastatin TEVA Tabs. 40 mg. 28 (A)	S1B	29.74	62813
(Non-Proprietary Name Index: Rosuvastatin)			
Scheriproct (Imbat Ltd.) Oint. 30 G. (B)	S1B	5.46	45406
(Non-Proprietary Name Index: Prednisolone)			
Seretide (Profind Wholesale Ltd.) Evohaler 25 mcg./250 mcg. 120 Dose Aerosol 1(A)	S1B	71.15	60057
Code the number of aerosols dispensed			
(Non-Proprietary Name Index: Salmeterol/Fluticasone)			
Xyzal (Primecrown 2010 Ltd.) Tabs. 5 mg. 30 (A)	S1B	10.71	74766
(Non-Proprietary Name Index: Levocetirizine)			
Zonegran (Doncaster Ltd.) Caps. 100 mg. 56 (A)	S1A	79.48	74832
(Non-Proprietary Name Index: Zonisamide)			
Zoton (Primecrown 2010 Ltd.) FasTab Tabs. 15 mg. 28 (A)	S1B	19.48	71105
Zoton (Primecrown 2010 Ltd.) FasTab Tabs. 30 mg. 28 (A)	S1B	38.71	71106
(Non-Proprietary Name Index: Lansoprazole)			
Zyprexa (iMED Healthcare Ltd.) Tabs. 7.5 mg. 56 (A)	S1A	188.23	71820
(Non-Proprietary Name Index: Olanzapine)			
Zyprexa (Doncaster Ltd.) Velotabs Tabs. 20 mg. 28 (A)	S1A	242.73	71852
(Non-Proprietary Name Index: Olanzapine)			
Zyprexa (iMED Healthcare Ltd.) Velotabs Tabs. 5 mg. 28 (A)	S1A	75.28	71865
Zyprexa (iMED Healthcare Ltd.) Velotabs Tabs. 10 mg. 28 (A)	S1A	150.59	71866
(Non-Proprietary Name Index: Olanzapine)			

DELETIONS

Cholstat Tabs. 20 mg. 28 (A)	17392
DuoPlavin Tabs. 75 mg./100 mg. 28 (A)	34634

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st July 2010

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST JULY 2010

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Abilify (P.C.O. Mfg.) Tabs. 5 mg. 28 (A) *(Non-Proprietary Name Index: Aripiprazole)*	S1A	123.46	11952
Arcoxia (Eurodrug Ltd. D.P.R.) Film Coated Tabs. 60 mg. 28 (A)	S1B	33.61	11963
Arcoxia (Eurodrug Ltd. D.P.R.) Film Coated Tabs. 90 mg. 28 (A)	S1B	33.61	11965
Arcoxia (Eurodrug Ltd. D.P.R.) Film Coated Tabs. 120 mg. 28 (A) *(Non-Proprietary Name Index: Etoricoxib)*	S1B	33.61	11981
Betoptic (Eurodrug Ltd. D.P.R.) Eye Drops 0.5% 5 ml. (B) *(Non-Proprietary Name Index: Betaxolol)*	S1B	6.66	13674
Bisoprolol Fumarate (Niche Generics) Tabs. 2.5 mg. 28 (A) *(Non-Proprietary Name Index: Bisoprolol)*	S1B	3.29	13801
Calcichew D3 Forte (Eurodrug Ltd. D.P.R.) Tabs. 100 (A) *(Non-Proprietary Name Index: Calcium, Combinations with other Drugs)*		13.13	13923
Combodart Caps. 0.5 mg./0.4 mg. 30 (A) *(Non-Proprietary Name Index: Tamsulosin and Dutasteride)*	S1A	25.20	13987
Cozatan Comp Tabs. 50 mg./12.5 mg. 28 (A)	S1B	10.48	15465
Cozatan Comp Tabs. 100 mg./25 mg. 28 (A) *(Non-Proprietary Name Index: Losartan and Diuretics)*	S1B	18.17	15789
Dilzem SR (Eurodrug Ltd. D.P.R.) Caps. 60 mg. 56 (A)	S1B	8.66	16023
Dilzem SR (Eurodrug Ltd. D.P.R.) Caps. 90 mg. 56 (A)	S1B	12.97	16256
Dilzem SR (Eurodrug Ltd. D.P.R.) Caps. 120 mg. 56 (A) *(Non-Proprietary Name Index: Diltiazem)*	S1B	14.83	16387
Ezetrol (Eurodrug Ltd. D.P.R.) Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Ezetimibe)*	S1B	35.85	17025
Feldene Caps. 10 mg. 30 (A)	S1B	4.29	17954
Feldene Caps. 20 mg. 30 (A) *(Non-Proprietary Name Index: Piroxicam)*	S1B	8.58	17932
Inegy (Eurodrug Ltd. D.P.R.) Tabs. 10 mg./20 mg. 28 (A)	S1B	44.80	19562
Inegy (Eurodrug Ltd. D.P.R.) Tabs. 10 mg./40 mg. 28 (A) *(Non-Proprietary Name Index: Simvastatin and Acetysalicylic Acid)*	S1B	52.27	19635
Januvia (Doncaster Ltd.) Tabs. 100 mg. 28 (A) *(Non-Proprietary Name Index: Sitagliptin)*	S1B	42.80	19675
Kapake (Imbat Ltd.) Tabs. 30 mg./500 mg. 100 (A) *(Non-Proprietary Name Index: Codeine, Combinations excl. Psycholeptics)*	S1A	8.65	19832
Lamictal (Profind Wholesale Ltd.) Disp/Chewable Tabs. 25 mg. 56 (A)	S1B	26.88	38845
Lamictal (Profind Wholesale Ltd.) Disp/Chewable Tabs. 50 mg. 56 (A)	S1B	42.13	38964
Lamictal (Profind Wholesale Ltd.) Disp/Chewable Tabs. 100 mg. 56 (A)	S1B	72.80	39154
Lamictal (Profind Wholesale Ltd.) Disp/Chewable Tabs. 200 mg. 56 (A) *(Non-Proprietary Name Index: Lamotrigine)*	S1B	132.20	39265

D.P.R. = Dual Pack Registration

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Lercan Tabs. 10 mg. 28 (A)	S1B	5.43	41032
Lercan Tabs. 20 mg. 28 (A)	S1B	8.89	41665
(Non-Proprietary Name Index: Lercanidipine)			
Lexapro (iMED Healthcare Ltd.) Tabs. 5 mg. 28 (A)	S1A	14.94	41798
(Non-Proprietary Name Index: Escitalopram)			
Lipitor (McDowell Pharmaceuticals) Tabs. 10 mg. 28 (A)	S1B	22.83	41803
(Non-Proprietary Name Index: Atorvastatin)			
Livial (Profind Wholesale Ltd.) Tabs. 2.5 mg. 28 (A)	S1A	16.15	41861
(Non-Proprietary Name Index: Tibolone)			
Lyrica (Waymade Healthcare Plc) Caps. 50 mg. 84 (A)	S1A	130.75	41900
Lyrica (Waymade Healthcare Plc) Caps. 100 mg. 84 (A)	S1A	130.75	41935
(Non-Proprietary Name Index: Pregabalin)			
Movicol Paed. (Eurodrug Ltd. D.P.R.) 6.9 G. Powder Sachets 30 (A)	S1B	7.61	42172
Code the number of sachets dispensed			
(Non-Proprietary Name Index: Macrogol, Combinations)			
Movicol (iMED Healthcare Ltd.) 13 G. Powder Sachets 30 (A)	S1B	11.34	42261
Code the number of sachets dispensed			
(Non-Proprietary Name Index: Macrogol, Combinations)			
Nitrolingual (Eurodrug Ltd. D.P.R.) Pump Spray 200 Dose Pack 1 (A)	S1B	5.41	42433
Code the number of packs dispensed			
(Non-Proprietary Name Index: Glyceryl Trinitrate)			
Prozac (Eurodrug Ltd. D.P.R.) Caps. 20 mg. 30 (A)	S1A	9.16	42522
(Non-Proprietary Name Index: Fluoxetine)			
Relifex (Imbat Ltd.) Tabs. 500 mg. 56 (A)	S1B	19.86	42548
(Non-Proprietary Name Index: Nabumetone)			
Rozex (P.C.O. Mfg.) Gel 0.75% 30 G. (B)	S1B	5.83	52357
(Non-Proprietary Name Index: Metronidazole)			
Valaciclovir TEVA Tabs. 500 mg. 30 (A)	S1A	60.62	60563
(Non-Proprietary Name Index: Valaciclovir)			
Zispin (iMED Healthcare Ltd.) SolTabs. Orodispersible Tabs. 15 mg. 30 (A)	S1A	7.40	61904
Zispin (iMED Healthcare Ltd.) SolTabs. Orodispersible Tabs. 30 mg. 30 (A)	S1A	14.81	61932
Zispin (iMED Healthcare Ltd.) SolTabs. Orodispersible Tabs. 45 mg. 30 (A)	S1A	22.22	61987
(Non-Proprietary Name Index: Mirtazipine)			

ADDENDUM

ADDENDUM TO JUNE 2010 UPDATE

Primolut N Tabs. 5 mg. 20 (A)	S1A	2.35	42693
(Non-Proprietary Name Index: Norethisterone)			

DELETIONS

Augmentin Tabs. Disp. 250/125 mg. 21 (A)	11770
Augmentin Susp. Junior 125/62 mg./5 ml. 100 ml. (B)	91146

D.P.R. = Dual Pack Registration

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST JULY 2010

ADDITIONS

PROPRIETARY NAME INDEX	CODE	GENERIC NAME	TRADE PRICE €	MANUFACTURER	AGENTS
Suprefact Soln. for Inj. 1 mg./ml. 5.5 ml. Vial. 2 Vial Pack. 1(A) *Code the number of packs dispensed*	88510	Buserelin	41.99	Sanofi-Aventis	Sanofi-Aventis

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st June 2010

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST JUNE 2010

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Aldara (Waymade Healthcare Plc) 5% Cream 12.5 mg. Sachets 12 (A) *Code the number of sachets dispensed* *(Non-Proprietary Name Index: Imiquimod)*	S1B	75.74	11625
Amitriptyline (Clonmel) Tabs. 25 mg. 500 (A) *(Non-Proprietary Name Index: Amitriptyline)*	S1A	15.07	77895
Aprovel (Waymade Healthcare Plc) Tabs. 75 mg. 28 (A)	S1B	17.60	12271
Aprovel (Waymade Healthcare Plc) Tabs. 150 mg. 28 (A)	S1B	19.55	12272
Aprovel (Waymade Healthcare Plc) Tabs. 300 mg. 28 (A) *(Non-Proprietary Name Index: Irbesartan)*	S1B	26.39	12273
Atacand (iMED Healthcare) Tabs. 8 mg. 28 (A)	S1B	19.55	13442
Atacand (iMED Healthcare) Tabs. 16 mg. 28 (A) *(Non-Proprietary Name Index: Candesartan)*	S1B	26.39	13443
Avandamet (Waymade Healthcare Plc) Tabs. 1/500 mg. 112 (A)	S1B	34.24	53843
Avandamet (Waymade Healthcare Plc) Tabs. 2/500 mg. 112 (A)	S1B	70.37	53844
Avandamet (Waymade Healthcare Plc) Tabs. 2/1000 mg. 56 (A)	S1B	38.09	53845
Avandamet (Waymade Healthcare Plc) Tabs. 4/1000 mg. 56 (A) *(Non-Proprietary Name Index: Metformin and Rosiglitazone)*	S1B	69.82	53846
Avandia (Waymade Healthcare Plc) Tabs. 4 mg. 28 (A)	S1B	37.73	54505
Avandia (Waymade Healthcare Plc) Tabs. 8 mg. 28 (A) *(Non-Proprietary Name Index: Rosiglitazone)*	S1B	68.05	54506
Avodart (Profind Wholesale Ltd.) Caps. 0.5 mg. 30 (A) *(Non-Proprietary Name Index: Dutasteride)*	S1A	31.66	53610
Azarga (Waymade Healthcare Plc) Eye Drop Susp. 10 mg./ml. + 5 mg./ml. 5 ml. Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Timolol Combinations)*	S1B	16.15	53559
Bonviva (Waymade Healthcare Plc) Tabs. 150 mg. 1 (A) *(Non-Proprietary Name Index: Ibandronic Acid)*	S1B	29.58	14030
Budenofalk Rectal Foam 2 mg. Dose Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Budesonide)*	S1B	72.60	16080
Champix (Waymade Healthcare Plc) Tabs. Two Week Starter Pack (A) *Code the number of packs dispensed*	S1A	35.95	34616
Champix (Waymade Healthcare Plc) Tabs. 1 mg. 28 (A)	S1A	39.34	34617
Champix (Waymade Healthcare Plc) Tabs. 1 mg. 56 (A) *(Non-Proprietary Name Index: Varenicline)*	S1A	77.67	34618

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Cozaar (iMED Healthcare) Tabs. 50 mg. 28 (A)	S1B	15.64	76510
Cozaar (iMED Healthcare) Tabs. 100 mg. 28 (A)	S1B	26.29	76511
(Non-Proprietary Name Index: Losartan)			
Creon 10,000 (iMED Healthcare) Caps. 100 (A)	S1B	20.63	19204
(Non-Proprietary Name Index: Multienzymes (Lipase, Protease etc.))			
Crestor (iMED Healthcare) Tabs. 20 mg. 28 (A)	S1B	39.01	19254
(Non-Proprietary Name Index: Rosuvastatin)			
Dalacin Cream 2% c. Applicator 40 G. Pack 1 (A)	S1A	14.47	19685
Code the number of packs dispensed			
(Non-Proprietary Name Index: Clindamycin)			
DuoPlavin Tabs. 75 mg./75 mg. 28 (A)	S1B	40.08	34633
DuoPlavin Tabs. 75 mg./100 mg. 28 (A)	S1B	40.08	34634
(Non-Proprietary Name Index: Clopidogrel/Acetylsalicylic Acid)			
DuoTrav (Waymade Healthcare Plc) Eye Drops Soln. 2.5 ml. Pack 1 (A)	S1A	17.82	22580
Code the number of packs dispensed			
(Non-Proprietary Name Index: Timolol Combinations)			
Emend (P.C.O. Mfg.) Hard Caps. 3 Day Treatment Pack (1 x 125 mg. Caps. and 2 x 80 mg. Caps.) (A)	S1A	64.99	22517
Code the number of packs dispensed			
(Non-Proprietary Name Index: Aprepitant)			
Evra Transdermal (P.C.O. Mfg.) Patches 3 (A)	S1A	11.63	24443
Code the number of patches dispensed			
(Non-Proprietary Name Index: Norelgestromin/Estrogen Transdermal)			
Exelon (Waymade Healthcare Plc) Caps. 1.5 mg. 28 (A)	S1A	38.75	23207
Exelon (Waymade Healthcare Plc) Caps. 1.5 mg. 56 (A)	S1A	77.51	23240
Exelon (Waymade Healthcare Plc) Caps. 3 mg. 28 (A)	S1A	39.83	23208
Exelon (Waymade Healthcare Plc) Caps. 3 mg. 56 (A)	S1A	79.66	23241
Exelon (Waymade Healthcare Plc) Caps. 4.5 mg. 28 (A)	S1A	39.83	23209
Exelon (Waymade Healthcare Plc) Caps. 4.5 mg. 56 (A)	S1A	79.66	23242
Exelon (Waymade Healthcare Plc) Caps. 6 mg. 28 (A)	S1A	39.83	23210
Exelon (Waymade Healthcare Plc) Caps. 6 mg. 56 (A)	S1A	79.66	23243
(Non-Proprietary Name Index: Rivastigmine)			
Exelon Transdermal (Waymade Healthcare Plc) Patch 4.6 mg./24 hour 30 (A)	S1A	109.48	24456
Exelon Transdermal (Waymade Healthcare Plc) Patch 9.5 mg./24 hour 30 (A)	S1A	109.48	24457
Code the number of patches dispensed			
(Non-Proprietary Name Index: Rivastigmine)			
Glimepiride (Accord Healthcare Ltd.) Tabs. 1 mg. 30 (A)	S1B	1.74	23432
Glimepiride (Accord Healthcare Ltd.) Tabs. 2 mg. 30 (A)	S1B	3.04	23433
Glimepiride (Accord Healthcare Ltd.) Tabs. 3 mg. 30 (A)	S1B	12.63	23434
(Non-Proprietary Name Index: Glimepiride)			
Keppra (Waymade Healthcare Plc) Oral Soln. 100 mg./ml. 300 ml. (B)	S1B	102.80	30395
(Non-Proprietary Name Index: Levetiracetam)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Lipitor (Profind Wholesale Ltd.) Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Atorvastatin)*	S1B	22.79	32609
Losec MUPS (iMED Healthcare) Tabs. 40 mg. 14 (A) *(Non-Proprietary Name Index: Omeprazole)*	S1B	17.53	65505
Lozitar Comp Film Coated Tabs. 50 mg./12.5 mg. 28 (A)	S1B	15.11	23880
Lozitar Comp Film Coated Tabs. 100 mg./25 mg. 28 (A) *(Non-Proprietary Name Index: Losartan and Diuretics)*	S1B	26.21	23881
Lumigan Eye Drops Soln. 0.1 mg./ml. 3 ml. (B) *(Non-Proprietary Name Index: Bimatoprost)*	S1A	17.01	77432
Lyrica (Waymade Healthcare Plc) Caps. 25 mg. 56 (A)	S1B	87.18	32640
Lyrica (Waymade Healthcare Plc) Caps. 25 mg. 84 (A)	S1B	130.75	32641
Lyrica (Waymade Healthcare Plc) Caps. 50 mg. 21 (A)	S1B	32.69	32642
Lyrica (Waymade Healthcare Plc) Caps. 75 mg. 14 (A)	S1B	21.79	32643
Lyrica (Waymade Healthcare Plc) Caps. 75 mg. 56 (A)	S1B	87.16	32644
Lyrica (Waymade Healthcare Plc) Caps. 150 mg. 14 (A)	S1B	21.79	32645
Lyrica (Waymade Healthcare Plc) Caps. 150 mg. 56 (A) *(Non-Proprietary Name Index: Pregabalin)*	S1B	87.16	32646
Micardis (iMED Healthcare) Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Telmisartan)*	S1A	20.45	64404
Micardis (Waymade Healthcare Plc) Tabs. 20 mg. 28 (A)	S1B	20.45	64418
Micardis (Waymade Healthcare Plc) Tabs. 40 mg. 28 (A)	S1B	20.45	64419
Micardis (Waymade Healthcare Plc) Tabs. 80 mg. 28 (A) *(Non-Proprietary Name Index: Telmisartan)*	S1B	24.67	64420
Micardis Plus (Waymade Healthcare Plc) Tabs. 80 mg./12.5 mg. 28 (A) *(Non-Proprietary Name Index: Telmisartan and Diuretics)*	S1B	24.67	64421
Neupro Transdermal (Waymade Healthcare Plc) Patches 2 mg./24 hour 28 (A)	S1A	126.33	44555
Neupro Transdermal (Waymade Healthcare Plc) Patches 4 mg./24 hour 28 (A)	S1A	146.96	44556
Neupro Transdermal (Waymade Healthcare Plc) Patches 8 mg./24 hour 28 (A) *Code the number of patches dispensed* *(Non-Proprietary Name Index: Rotigotine)*	S1A	192.07	44557
Plavix (Waymade Healthcare Plc) Tabs. 75 mg. 28 (A) *(Non-Proprietary Name Index: Clopidogrel)*	S1B	48.59	41012
Rasilez (Waymade Healthcare Plc) Tabs. 150 mg. 28 (A)	S1B	25.14	68260
Rasilez (Waymade Healthcare Plc) Tabs. 300 mg. 28 (A) *(Non-Proprietary Name Index: Aliskiren)*	S1B	33.40	68261
Simcovas Tabs. 10 mg. 28 (A)	S1B	8.55	32657
Simcovas Tabs. 20 mg. 28 (A)	S1B	14.54	32658
Simcovas Tabs. 40 mg. 28 (A) *(Non-Proprietary Name Index: Simvastatin)*	S1B	14.54	32659

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Tenoret (P.C.O. Mfg.) Tabs. 50 mg./12.5 mg. 28 (A) *(Non-Proprietary Name Index: Atenolol and Other Diuretics)*	S1B	2.96	75305
Tenormin (P.C.O. Mfg.) Tabs. 25 mg. 28 (A) *(Non-Proprietary Name Index: Atenolol)*	S1B	2.10	69350
Travatan (Waymade Healthcare Plc) Eye Drops 40 mcg./ml. 2.5 ml. Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Travoprost)*	S1A	17.37	78615
Zanidip (iMED Healthcare) Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Lercanidipine)*	S1B	15.24	63830
Zyprexa (iMED Healthcare) Tabs. 2.5 mg. 28 (A)	S1A	44.48	71805
Zyprexa (iMED Healthcare) Tabs. 5 mg. 28 (A) *(Non-Proprietary Name Index: Olanzapine)*	S1A	62.73	71806
Zyprexa (Waymade Healthcare Plc) Tabs. 2.5 mg. 28 (A)	S1A	44.48	71810
Zyprexa (Waymade Healthcare Plc) Tabs. 5 mg. 28 (A)	S1A	62.74	71811
Zyprexa (Waymade Healthcare Plc) Tabs. 7.5 mg. 56(A)	S1A	188.22	71812
Zyprexa (Waymade Healthcare Plc) Tabs. 10 mg. 28 (A)	S1A	125.49	71813
Zyprexa (Waymade Healthcare Plc) Tabs. 15 mg. 28 (A) *(Non-Proprietary Name Index: Olanzapine)*	S1A	197.37	71814

DELETIONS

Capoten Tabs. 25 mg. 56 (A)	16748
Cholstat Tabs. 40 mg. 28 (A)	17408
DHC Continus Tabs. 60 mg. 56 (A)	21210
Gopten Caps. 0.5 mg. 14 (A)	26719
Pulmicort Inhaler 200 Dose Aerosol Complete Pack 1 (A)	43575
Pulmicort LS Inhaler 200 Dose Aerosol Complete Pack 1 (A)	43362
Relifex (Imbat Ltd.) Susp. 500 mg./5 ml. 300 ml. (B)	43968
Xylocaine Inj. 1% Plain 20 ml. 5 (A)	68500

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST JUNE 2010

ADDITIONS

PROPRIETARY NAME INDEX	CODE	GENERIC NAME	TRADE PRICE €	MANUFACTURER	AGENTS
Vantas Implant 50 mg. Pack 1 (A) *Code the number of packs dispensed*	88406	Histrelin	1,876.68	Orion Pharma	Allphar Services

DELETIONS

PROPRIETARY NAME	CODE	GENERIC NAME
Androstat Tabs. 250 mg. 84 (A)	88280	Flutamide
Dynepo Soln. for Inj. Pre-Filled Syringe 1,000 iu/0.5 ml. 0.5 ml. 6 (A)	88630	Epoetin Delta
Dynepo Soln. for Inj. Pre-Filled Syringe 2,000 iu/0.5 ml. 0.5 ml. 6 (A)	88636	Epoetin Delta
Dynepo Soln. for Inj. Pre-Filled Syringe 3,000 iu/0.3 ml. 0.3 ml. 6 (A)	88642	Epoetin Delta
Dynepo Soln. for Inj. Pre-Filled Syringe 4,000 iu/0.4 ml. 0.4 ml. 6 (A)	88647	Epoetin Delta
Dynepo Soln. for Inj. Pre-Filled Syringe 5,000 iu/0.5 ml. 0.5 ml. 6 (A)	88660	Epoetin Delta
Dynepo Soln. for Inj. Pre-Filled Syringe 6,000 iu/0.3 ml. 0.3 ml. 6 (A)	88683	Epoetin Delta
Dynepo Soln. for Inj. Pre-Filled Syringe 8,000 iu/0.4 ml. 0.4 ml. 6 (A)	88691	Epoetin Delta
Dynepo Soln. for Inj. Pre-Filled Syringe 10,000 iu/0.5 ml. 0.5 ml. 6 (A)	88697	Epoetin Delta
Gonal F Pdr. and Solv. for Soln. for Inj. 450 iu 1 (A)	88467	Follitropin Alfa
Intron A Inj. 3 MU 1 (A)	88080	Interferon ALFA – 2B
Intron A Inj. 5 MU 1 (A)	88081	Interferon ALFA – 2B
Intron A Inj. 10 MU 1 (A)	88082	Interferon ALFA – 2B
Loron Caps. 400 mg. 120 (A)	88255	Clodronic Acid
Loron Caps. 520 mg. 60 (A)	88256	Clodronic Acid
Neo Recormon Inj. 500 IU 10 (A)	88271	Erythropoietin
Neo Recormon Inj. 1000 IU 10 (A)	88141	Erythropoietin
Neo Recormon Inj. 2000 IU 10 (A)	88142	Erythropoietin
Neo Recormon Inj. 5000 IU 5 (A)	88143	Erythropoietin
Neo Recormon Multidose Pack Amp 50000 IU 1 (A)	88269	Erythropoietin
Neo Recormon Multidose Pack Amp 100000 IU 1 (A)	88270	Erythropoietin
Neo Recormon Reco-Pen 3 Inj. 10000 IU 3 (A)	88266	Erythropoietin

DELETIONS

PROPRIETARY NAME	CODE	GENERIC NAME
Neo Recormon Reco-Pen 3 Inj. 20000 IU 3 (A)	88268	Erythropoietin
Neo Recormon S Inj. 1000 IU 10 (A)	88144	Erythropoietin
Neo Recormon S Inj. 2000 IU 10 (A)	88145	Erythropoietin
Neo Recormon S Inj. 5000 IU 5(A)	88146	Erythropoietin
Neo Recormon S Inj. 10000 IU 5 (A)	88147	Erythropoietin
Neo Recormon Syringe 500 IU 10 (A)	88272	Erythropoietin
Neulasta Soln. for Inj. Pre-filled Pen SureClick 6 mg./0.6 ml. 1 (A) *Code the number of pre-filled pens dispensed*	88750	Pegfilgrastim
Neupogen 1ml. Syringe 30 MU 5 (A)	88122	Filgrastim
Neupogen 1.6 ml. Syringe 48 MU 5 (A)	88123	Filgrastim
Neupogen 1.6 ml. Vial 48 MU 5 (A)	88121	Filgrastim
Neupogen Syringe 30 MU/ml. 1 (A)	88118	Filgrastim
Neupogen Syringe 48 MU/ml. 1 (A)	88119	Filgrastim
Raptiva Pdr. & Solv. for Soln. for Inj. 100 mg./ml. 4 (A) *Code the number of injections dispensed*	88645	Efalizumab
Rebif Pre-Filled 05 ml. Syringe 22 mcg. 3 (A)	88290	Interferon BETA – 1A
Roferon-A Inj. 3 MU 1 (A)	88155	Interferon ALFA – 2A
Roferon-A Inj. 9 MU 1 (A)	88157	Interferon ALFA – 2A
Roferon-A Inj. 18 MU 1 (A)	88158	Interferon ALFA – 2A
Roferon-A Soln. for Inj. Inj. 18 MIU/3 ml. 3 (A)	88163	Interferon ALFA – 2A
Saizen Inj. 4 IU 1 (A)	88185	Somatropin
Saizen Multidose Easyject Pack 24 IU 1 (A)	88187	Somatropin
Saizen Multidose Inj. 10 IU 1 (A)	88186	Somatropin
Sebivo Tabs. 600 mg. 28 (A)	88722	Telbivudine
Sprycel Tabs. 20 mg. 56 (A)	88511	Dasatinib
Sprycel Tabs. 50 mg. 56 (A)	88523	Dasatinib
Sprycel Tabs. 70 mg. 56 (A)	88548	Dasatinib
Suprefact Depot 3 Month Pack Syringe 1 (A) *Code the number of packs dispensed*	88197	Buserlin Acetate
Wellferon Inj. 3 MU 1 (A) *Code the number of injections dispensed*	88210	Interferon ALFA-N1
Wellferon Inj. 10 MU 1 (A) *Code the number of injections dispensed*	88211	Interferon ALFA-N1

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st May 2010

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST MAY 2010

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Adalat LA (Profind Wholesale Ltd.) Prolonged Release Tabs. 20 mg. 28 (A)	S1B	9.82	56350
Adalat LA (Profind Wholesale Ltd.) Prolonged Release Tabs. 30 mg. 28 (A)	S1B	12.62	56351
Adalat LA (Profind Wholesale Ltd.) Prolonged Release Tabs. 60 mg. 28 (A)	S1B	18.78	56352
(Non-Proprietary Name Index: Nifedipine)			
Amaryl (B & S Healthcare) Tabs. 3 mg. 30 (A)	S1B	12.34	12922
(Non-Proprietary Name Index: Glimepiride)			
Arava (P.C.O. Mfg.) Film Coated Tabs. 10 mg. 30 (A)	S1A	67.72	12880
(Non-Proprietary Name Index: Leflunomide)			
Augmentin-Duo (B & S Healthcare) Susp. 400 mg./57 mg./5 ml. 70 ml. (B)	S1A	8.59	91127
(Non-Proprietary Name Index: Amoxicillin and Enzyme Inhibitor)			
Avodart (B & S Healthcare) Softcaps. 0.5 mg. 30 (A)	S1A	30.91	53654
(Non-Proprietary Name Index: Dutasteride)			
Capoten Tabs. 25 mg. 28 (A)	S1B	3.00	56750
(Non-Proprietary Name Index: Captopril)			
Cipramil (Profind Wholesale Ltd.) Film Coated Tabs. 20 mg. 28 (A)	S1A	9.64	18398
(Non-Proprietary Name Index: Citalopram)			
Dalacin C (B & S Healthcare) Hard Caps. 150 mg. 12 (A)	S1A	6.64	73075
(Non-Proprietary Name Index: Clindamycin)			
Detrusitol SR (B & S Healthcare) Caps. 4 mg. 28 (A)	S1B	36.38	53673
(Non-Proprietary Name Index: Tolterodine)			
Elocon (B & S Healthcare) Cream 0.1% 30 G. (B)	S1B	6.02	23464
Elocon (B & S Healthcare) Oint. 0.1% 30 G. (B)	S1B	6.02	23465
(Non-Proprietary Name Index: Mometasone)			
Flixotide (B & S Healthcare) Evohaler 125 mcg. 120 Dose Aerosol 1 (A)	S1B	25.88	26160
Flixotide (B & S Healthcare) Evohaler 250 mcg. 120 Dose Aerosol 1 (A)	S1B	44.00	26161
Code the number of aerosols dispensed			
(Non-Proprietary Name Index: Fluticasone)			
Glimepiride (Accord Healthcare Ltd.) Tabs. 4 mg. 30 (A)	S1B	4.93	23435
(Non-Proprietary Name Index: Glimepiride)			
Hay-Crom (Imbat Ltd.) Aqueous Eye Drops 13.5 ml. Pack 1 (A)		5.07	27590
Code the number of packs dispensed			
(Non-Proprietary Name Index: Cromoglioic Acid)			
Klacid LA (iMED Healthcare) Tabs. 500 mg. 7 (A)	S1A	15.10	32045
(Non-Proprietary Name Index: Clarithromycin)			
Klacid LA (McDowell Pharmaceuticals) Tabs. 500 mg. 7 (A)	S1A	15.10	32071
(Non-Proprietary Name Index: Clarithromycin)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Lamictal (B & S Healthcare) Disp. Tabs. 100 mg. 56 (A) *(Non-Proprietary Name Index: Lamotrigine)*	S1B	71.07	32170
Lamisil (B & S Healthcare) Cream 1% 15 G. (B) *(Non-Proprietary Name Index: Terbinafine)*	S1B	5.51	31085
Lipitor (B & S Healthcare) Film Coated Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Atorvastatin)*	S1B	22.28	32584
Losartan Potassium (Accord Healthcare Ltd.) Tabs. 50 mg. 28 (A)	S1B	12.89	32624
Losartan Potassium (Accord Healthcare Ltd.) Tabs. 100 mg. 28 (A) *(Non-Proprietary Name Index: Losartan)*	S1B	21.67	32625
Nu-Seals (Imbat Ltd.) Aspirin Tabs. 75 mg. 28 (A) *(Non-Proprietary Name Index: Acetylsalicyclic Acid-Aspirin (Antithrombotic))*		2.02	37350
Onsenal Caps. 400 mg. 60 (A) *(Non-Proprietary Name Index: Celecoxib)*	S1B	127.52	37375
Pariet (McDowell Pharmaceuticals) Gastro-resistant Tabs. 10 mg. 28 (A)	S1B	18.74	73185
Pariet (McDowell Pharmaceuticals) Gastro-resistant Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Rabeprazole)*	S1B	29.40	73186
Pentasa PR (McDowell Pharmaceuticals) Tabs. 500 mg. 100 (A) *(Non-Proprietary Name Index: Mesalazine)*	S1B	43.88	59603
Plavix (iMED Healthcare) Film Coated Tabs. 75 mg. 30 (A) *(Non-Proprietary Name Index: Clopidogrel)*	S1B	48.59	41080
Pravastatin Sodium (Accord Healthcare Ltd.) Tabs. 10 mg. 28 (A)	S1B	7.98	60545
Pravastatin Sodium (Accord Healthcare Ltd.) Tabs. 20 mg. 28 (A)	S1B	15.36	60546
Pravastatin Sodium (Accord Healthcare Ltd.) Tabs. 40 mg. 28 (A) *(Non-Proprietary Name Index: Pravastatin Sodium)*	S1B	19.18	60547
Ranitidine (Accord Healthcare Ltd.) Eff. Tabs. 150 mg. 30 (A) *(Non-Proprietary Name Index: Ranitidine)*	S1B	20.02	43157
Relifex (B & S Healthcare) Film Coated Tabs. 500 mg. 56 (A) *(Non-Proprietary Name Index: Nabumetone)*	S1B	19.37	67803
Risperidone (Accord Healthcare Ltd.) Film Coated Tabs. 0.5 mg. 20 (A)	S1A	6.09	45652
Risperidone (Accord Healthcare Ltd.) Film Coated Tabs. 1 mg. 60 (A)	S1A	23.76	45653
Risperidone (Accord Healthcare Ltd.) Film Coated Tabs. 2 mg. 60 (A)	S1A	46.89	45654
Risperidone (Accord Healthcare Ltd.) Film Coated Tabs. 3 mg. 60 (A)	S1A	68.96	45655
Risperidone (Accord Healthcare Ltd.) Film Coated Tabs. 4 mg. 60 (A)	S1A	91.01	45656
Risperidone (Accord Healthcare Ltd.) Film Coated Tabs. 6 mg. 60 (A) *(Non-Proprietary Name Index: Risperidone)*	S1A	122.78	45657
Salazopyrin EN (B & S Healthcare) Gastro-Resistant Tabs. 500 mg. 100 (A) *(Non-Proprietary Name Index: Sulfasalazine)*	S1B	9.61	79114
Seretide (McDowell Pharmaceuticals) Diskus 50 mcg./500 mcg. 60 Blisters Complete Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Salmeterol and Other Drugs for Obstructive Airway Diseases)*	S1B	71.17	72854

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Seroquel XR (Imbat Ltd.) Prolonged Release Tabs. 50 mg. 60 (A)	S1A	67.30	46025
Seroquel XR (Imbat Ltd.) Prolonged Release Tabs. 200 mg. 60 (A)	S1A	150.23	46026
Seroquel XR (Imbat Ltd.) Prolonged Release Tabs. 300 mg. 60 (A)	S1A	228.22	46027
Seroquel XR (Imbat Ltd.) Prolonged Release Tabs. 400 mg. 60 (A)	S1A	301.03	46028
(Non-Proprietary Name Index: Quetiapine)			
Stilnoct (Imbat Ltd.) Tabs. 5 mg. 28 (A)	S1A	1.50	62755
Stilnoct (Imbat Ltd.) Tabs. 10 mg. 28 (A)	S1A	3.00	62756
(Non-Proprietary Name Index: Zolpidem)			
Topamax (Profind Wholesale Ltd.) Film Coated Tabs. 25 mg. 60 (A)	S1B	28.33	69990
Topamax (Profind Wholesale Ltd.) Film Coated Tabs. 100 mg. 60 (A)	S1B	83.05	69991
(Non-Proprietary Name Index: Topiramate)			
Voltarol Retard (G & A Licensing Ltd.) Film Coated Tabs. 75 mg. 20 (A)	S1B	3.85	77480
Voltarol Retard (G & A Licensing Ltd.) Film Coated Tabs. 100 mg. 10 (A)	S1B	1.49	77481
(Non-Proprietary Name Index: Diclofenac Sodium)			
Viagra (BR Lewis Pharmaceuticals) Tabs. 25 mg. 4 (A)	S1A	22.31	51785
Viagra (BR Lewis Pharmaceuticals) Tabs. 100 mg. 4 (A)	S1A	31.63	51787
(Non-Proprietary Name Index: Sildenafil)			
Zonegran (B & S Healthcare) Hard Caps. 25 mg. 14 (A)	S1A	11.41	53484
Zonegran (B & S Healthcare) Hard Caps. 50 mg. 28 (A)	S1A	30.23	53485
(Non-Proprietary Name Index: Zonisamide)			

CHANGE TO MARCH 2010 UPDATE
CHANGES UNDERLINED
EFFECTIVE 1ST MARCH 2010

ADD	Cytamen Inj. 1000 mcg. 1 ml. 5 (A) *(Non-Proprietary Name Index: Cyanocobalamin)* *Code the number of Injections dispensed*	S1A	2.15	19496

DELETIONS

Amitriptyline (Clonmel) Tabs. 25 mg. 500 (A)	77895
Heminevrin Caps. 60 (A)	27456
Heminevrin Syrup 250 mg./5 ml. 300 ml. (B)	57320
Konakion Tabs. 10 mg. 10 (A)	30270
Tetrabid Caps. 250 mg. 100 (A)	46884

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST MAY 2010

ADDITIONS

PROPRIETARY NAME INDEX	CODE	GENERIC NAME	TRADE PRICE €	MANUFACTURER	AGENTS
Eporatio Soln. for Inj. in Pre-filled Syringe 1,000 IU/0.5 ml. 6 (A) *Code the number of syringes dispensed*	88474	Epoetin Theta	61.30	Ratiopharm UK Ltd.	Cahill May Roberts
Eporatio Soln. for Inj. in Pre-filled Syringe 2,000 IU/0.5 ml. 6 (A) *Code the number of syringes dispensed*	88475	Epoetin Theta	117.10	Ratiopharm UK Ltd.	Cahill May Roberts
Eporatio Soln. for Inj. in Pre-filled Syringe 3,000 IU/0.5 ml. 6 (A) *Code the number of syringes dispensed*	88476	Epoetin Theta	172.94	Ratiopharm UK Ltd.	Cahill May Roberts
Eporatio Soln. for Inj. in Pre-filled Syringe 4,000 IU/0.5 ml. 6 (A) *Code the number of syringes dispensed*	88477	Epoetin Theta	228.77	Ratiopharm UK Ltd.	Cahill May Roberts
Eporatio Soln. for Inj. in Pre-filled Syringe 5,000 IU/0.5 ml. 6 (A) *Code the number of syringes dispensed*	88478	Epoetin Theta	284.57	Ratiopharm UK Ltd.	Cahill May Roberts
Eporatio Soln. for Inj. in Pre-filled Syringe 10,000 IU/1 ml. 6 (A) *Code the number of syringes dispensed*	88479	Epoetin Theta	595.12	Ratiopharm UK Ltd.	Cahill May Roberts
Eporatio Soln. for Inj. in Pre-filled Syringe 20,000 IU/1 ml. 6 (A) *Code the number of syringes dispensed*	88480	Epoetin Theta	1,221.76	Ratiopharm UK Ltd.	Cahill May Roberts
Eporatio Soln. for Inj. in Pre-filled Syringe 30,000 IU/1 ml. 4 (A) *Code the number of syringes dispensed*	88482	Epoetin Theta	1,211.36	Ratiopharm UK Ltd.	Cahill May Roberts

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st April 2010

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST APRIL 2010

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Alzmeran XL Tabs. 10 mg. 30 (A)	S1B	23.93	11132
(Non-Proprietary Name Index: Alfuzosin)			
Clopidogrel (Actavis) Tabs. 75 mg. 28 (A)	S1B	40.07	12546
(Non-Proprietary Name Index: Clopidogrel)			
Dovobet Gel 50 mcg./G. + 0.5 mg./G. 60 ml. (B)	S1A	50.82	13689
(Non-Proprietary Name Index: Calcipotriol, combinations)			
Efient Film Coated Tabs. 5 mg. 28 (A)	S1B	61.46	13741
Efient Film Coated Tabs. 10 mg. 28 (A)	S1B	61.46	13856
(Non-Proprietary Name Index: Prasugrel)			
ExforgeHCT Film Coated Tabs. 5 mg./160 mg./12.5 mg. 28 (A)	S1B	32.96	14359
ExforgeHCT Film Coated Tabs. 5 mg./160 mg./25 mg. 28 (A)	S1B	32.96	14463
ExforgeHCT Film Coated Tabs. 10 mg./160 mg./12.5 mg. 28 (A)	S1B	32.96	14572
(Non-Proprietary Name Index: Valsartan, Amlodipine and Hydrochlorothiazide)			
Keppra Oral Soln. c 1 ml. Syringe 100 mg./ml. 150 ml. (B)	S1B	52.99	16320
Keppra Oral Soln. c 3 ml. Syringe 100 mg./ml. 150 ml. (B)	S1B	52.99	16589
(Non-Proprietary Name Index: Levetiracetam)			
Losartan (Ranbaxy) Tabs. 50 mg. 28 (A)	S1B	15.22	17325
Losartan (Ranbaxy) Tabs. 100 mg. 28 (A)	S1B	25.59	17463
(Non-Proprietary Name Index: Losartan)			
Lozitar Tabs. 50 mg. 28 (A)	S1B	15.18	23548
Lozitar Tabs. 100 mg. 28 (A)	S1B	25.52	23871
(Non-Proprietary Name Index: Losartan)			
Mirtall Film Coated Tabs. 15 mg. 30 (A)	S1A	7.57	23940
Mirtall Film Coated Tabs. 30 mg. 30 (A)	S1A	12.83	24182
Mirtall Film Coated Tabs. 45 mg. 30 (A)	S1A	22.86	24496
(Non-Proprietary Name Index: Mirtazapine)			
Myzaar Comp Tabs. 50 mg./12.5 mg. 28 (A)	S1B	12.05	31025
Myzaar Comp Tabs. 100 mg./25 mg. 28 (A)	S1B	20.93	32589
(Non-Proprietary Name Index: Losartan and Diuretics)			
Nexazole Gastro-Resistant Hard Caps. 20 mg. 28 (A)	S1B	22.03	42578
Nexazole Gastro-Resistant Hard Caps. 40 mg. 28 (A)	S1B	34.01	46950
(Non-Proprietary Name Index: Esomeprazole)			
Relifex Film Coated Tabs. 1 G. 30 (A)	S1B	15.06	67890
(Non-Proprietary Name Index: Nabumetone)			

DELETIONS

Aldomet (P.C.O. Mfg.) Tabs. 250 mg. 100 (A)	56677
Aldomet Tabs. 250 mg. 60 (A)	52817
Aldomet (P.C.O. Mfg.) Tabs. 500 mg. 100 (A)	56685
Aldomet Tabs. 500 mg. 30 (A)	52019
Floxapen Caps. 500 mg. 100 (A)	24015
Oramorph Unit Dose Vial 10 mg./5 ml. 5 ml. 20 (A)	66731
Oramorph Unit Dose Vial 30 mg./5 ml. 5 ml. 20 (A)	66764
Oramorph Unit Dose Vial 100 mg./5 ml. 5 ml. 10 (A)	66777
Tobralex Ophth. Soln. 0.3% 5 ml. (B)	50008

CHANGES TO THE LIST OF REIMBURSABLE ITEMS IN THE G.M.S. SCHEME
EFFECTIVE 1ST APRIL 2010
CHANGES UNDERLINED

Change	SensoCard Test Strips 50 (A)	22.92	85102
To Read	Clever Chek Blood Glucose Test Strips 50 (A)	22.92	86390

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st March 2010

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST MARCH 2010
ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Adenuric Film Coated Tabs. 80 mg. 28 (A)	S1B	28.37	65600
Adenuric Film Coated Tabs. 120 mg. 28 (A)	S1B	28.37	65601
(Non-Proprietary Name Index: Febuxostat)			
Asasantin Retard (Imbat Ltd.) Caps. 200 mg./25 mg. 60 (A)	S1B	13.18	13351
(Non-Proprietary Name Index: Dipyridamole and Aspirin)			
Celebrex (B & S Healthcare) Caps. 200 mg. 20 (A)	S1B	18.65	17377
(Non-Proprietary Name Index: Celecoxib)			
Clopidogrel TAD Tabs. 75 mg. 28 (A)	S1B	36.94	65032
(Non-Proprietary Name Index: Clopidogrel)			
Cosartal Tabs. 50 mg. 28 (A)	S1B	15.16	65008
Cosartal Tabs. 100 mg. 28 (A)	S1B	25.48	65009
(Non-Proprietary Name Index: Losartan Potassium)			
Cozatan Tabs. 50 mg. 28 (A)	S1B	10.48	65035
Cozatan Tabs. 100 mg. 28 (A)	S1B	17.62	65036
(Non-Proprietary Name Index: Losartan Potassium)			
Folic Acid (Clonmel) Tabs. 5 mg. 250 (A)	S1B	7.18	25830
(Non-Proprietary Name Index: Folic Acid)			
Inspra (Imbat Ltd.) Tabs. 25 mg. 28 (A)	S1B	59.74	30557
(Non-Proprietary Name Index: Eplerenone)			
Lipitor (Imbat Ltd.) Tabs. 10 mg. 28 (A)	S1B	22.83	32551
(Non-Proprietary Name Index: Atorvastatin)			
Losartan TEVA Film Coated Tabs. 50 mg. 28 (A)	S1B	13.70	32509
Losartan TEVA Film Coated Tabs. 100 mg. 28 (A)	S1B	23.03	32510
(Non-Proprietary Name Index: Losartan Potassium)			
Losartan and Hydrochlorthiazide TEVA Film Coated Tabs. 50 mg./12.5 mg. 28 (A)	S1B	12.89	32580
Losartan and Hydrochlorthiazide TEVA Film Coated Tabs. 100 mg./25 mg. 28 (A)	S1B	22.36	32581
(Non-Proprietary Name Index: Losartan and Diuretics)			
Lotanos Film Coated Tabs. 50 mg. 28 (A)	S1B	12.90	31912
Lotanos Film Coated Tabs. 100 mg. 28 (A)	S1B	21.68	31913
(Non-Proprietary Name Index: Losartan)			
Lotanos Comp Tabs. 50 mg./12.5 mg. 28 (A)	S1B	13.71	31920
Lotanos Comp Tabs. 100 mg./25 mg. 28 (A)	S1B	26.21	31921
(Non-Proprietary Name Index: Losartan and Diuretics)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Molaxole Sachets Pdr. for Oral Soln. 20 (A)	S1B	7.15	32605
Molaxole Sachets Pdr. for Oral Soln. 30 (A)	S1B	9.08	32606
Code the number of Sachets dispensed			
(Non-Proprietary Name Index: Macrogol, combinations)			
Multaq Twice Daily Film Coated Tabs. 400 mg. 60 (A)	S1B	80.52	32621
(Non-Proprietary Name Index: Dronedarone)			
Myzaar Film Coated Tabs. 50 mg. 28 (A)	S1B	14.85	32630
Myzaar Film Coated Tabs. 100 mg. 28 (A)	S1B	25.41	32631
(Non-Proprietary Name Index: Losartan)			
Omnexel (iMED Healthcare) Tabs. 400 mcg. 30 (A)	S1B	27.16	37608
(Non-Proprietary Name Index: Tamsulosin)			
Onbrez Breezhaler Inhalation Pdr 150 mcg. Hard Caps. 30 Complete Pack 1 (A)	S1B	38.02	37635
Onbrez Breezhaler Inhalation Pdr 300 mcg. Hard Caps. 30 Complete Pack 1 (A)	S1B	38.02	37636
Code the number of packs dispensed			
(Non-Proprietary Name Index: Indacaterol)			
Oxis Turbohaler (B & S Healthcare) 12 mcg. 60 Dose Inhaler 1 (A)	S1B	26.27	39006
Code the number of Inhalers dispensed			
(Non-Proprietary Name Index: Formoterol)			
OxyNorm Liq. Oral Soln. 1 mg./1 ml. 250 ml. (B)	CD2	13.10	59024
(Non-Proprietary Name Index: Oxycodone)			
Pariet (iMED Healthcare) Tabs. 10 mg. 28 (A)	S1B	18.74	73158
Pariet (iMED Healthcare) Tabs. 20 mg. 28 (A)	S1B	29.39	73159
(Non-Proprietary Name Index: Rabeprazole)			
Prednisolone (Clonmel) Tabs. 1 mg. 250 (A)	S1A	6.33	78304
(Non-Proprietary Name Index: Prednisolone)			
Relifex (Imbat Ltd.) Susp. 500 mg./5 ml. 300 ml. (B)	S1B	23.40	43968
(Non-Proprietary Name Index: Nabumetone)			
Renvela Sachets 2400 mg. 60 Pack (A)	S1B	202.98	43910
Code the number of sachets dispensed			
(Non-Proprietary Name Index: Sevelamer)			
Salbuvent (Breathe Pharmaceuticals) Neb. Soln. 2.5 mg./2.5 ml. 20 (A)	S1B	2.70	44905
Salbuvent (Breathe Pharmaceuticals) Neb. Soln. 5 mg./2.5 ml. 20 (A)	S1B	6.68	44906
Code the number of nebules dispensed			
(Non-Proprietary Name Index: Salbutamol)			
Solian (Imbat Ltd.) Tabs. 200 mg. 60 (A)	S1B	78.22	46870
(Non-Proprietary Name Index: Amisulpride)			
Solvatan Film Coated Tabs. 50 mg. 28 (A)	S1B	14.61	46509
Solvatan Film Coated Tabs. 100 mg. 28 (A)	S1B	24.56	46510
(Non-Proprietary Name Index: Losartan)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Zocor (B & S Healthcare) Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Simvastatin)*	S1B	15.31	52290

DELETIONS

Cytamen Inj. 1000 mcg. 1 ml. 5 (A)	19496
Neo Cytamen Inj. 1000 mcg. 1 ml. 5 (A)	35882
Pulmoclase 500 Syr. 500 mg./5 ml. 125 ml. (B)	42749
Pulmoclase Paed. Syr. 100 mg./5 ml. 250 ml. (B)	43354

CHANGES TO THE LIST OF REIMBURSABLE ITEMS IN THE G.M.S. SCHEME EFFECTIVE 1ST MARCH 2010 CHANGES UNDERLINED

		€	
Change	Fresubin Creme 150 G. Pack 1	2.81	81145
To Read	Fresubin Creme <u>125 G.</u> Pack 1	<u>2.34</u>	<u>81146</u>
	Code the number of packs dispensed		
Change	Mapleflex 29 G. Sachet 30	213.53	81044
To Read	<u>MSUD Anamix Junior</u> Sachet 30	213.53	81044
	Code the number of sachets dispensed		
Change	Minaphlex Sachet 29 G. 30	133.16	81039
To Read	<u>PKU Anamix Junior</u> Sachet 29 G. 30	133.16	81039
	Code the number of sachets dispensed		

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST MARCH 2010

ADDITIONS

PROPRIETARY NAME INDEX	CODE	GENERIC NAME	TRADE PRICE €	MANUFACTURER	AGENTS
Stelara Soln. for Inj. 45 mg./0.5 ml. 0.5 ml. (A) *Code the number of Injection dispensed*	88525	Ustekinumab	3647.46	Janssen-Cilag Ltd.	Cahill May Roberts

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st February 2010

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST FEBRUARY 2010

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Arcoxia (P.C.O. Mfg.) Tabs. 90 mg. 28 (A)	S1B	33.61	14210
Arcoxia (P.C.O. Mfg.) Tabs. 120 mg. 28 (A)	S1B	33.61	14211
(Non-Proprietary Name Index: Etoricoxib)			
Aricept (Profind Wholesale Ltd.) Tabs. 10 mg. 28 (A)	S1A	57.95	13212
(Non-Proprietary Name Index: Donepezil)			
Asasantin Retard (Profind Wholesale Ltd.) Caps. 200 mg./25 mg. 60 (A)	S1B	12.69	13348
(Non-Proprietary Name Index: Dipyridamole & Aspirin)			
Calcichew-D3 Forte (P.C.O. Mfg.) Tabs. 100 (A)		13.13	15870
(Non-Proprietary Name Index: Calcium Carbonate & Cholecalciferol)			
Cardura (B & S Healthcare) Tabs. 2 mg. 30 (A)	S1B	6.84	16395
(Non-Proprietary Name Index: Doxazosin)			
Coversyl Arginine Plus (B & S Healthcare) Tabs. 5 mg./1.25 mg. 30 (A)	S1B	20.48	19509
(Non-Proprietary Name Index: Perindopril & Diuretics)			
Crestor (B & S Healthcare) Tabs. 10 mg. 28 (A)	S1B	23.33	19243
(Non-Proprietary Name Index: Rosuvastatin)			
Exforge (B & S Healthcare) Tabs. 10 mg./160 mg. 30 (A)	S1B	27.98	32462
(Non-Proprietary Name Index: Valsartan & Amlodipine)			
Ezetrol (P.C.O. Mfg.) Tabs. 10 mg. 28 (A)	S1B	35.85	23275
(Non-Proprietary Name Index: Ezetimibe)			
Inegy (P.C.O. Mfg.) Tabs. 10/20 mg. 28 (A)	S1B	44.80	29885
Inegy (P.C.O. Mfg.) Tabs. 10/40 mg. 28 (A)	S1B	52.28	29886
Inegy (P.C.O. Mfg.) Tabs. 10/80 mg. 28 (A)	S1B	55.26	29887
(Non-Proprietary Name Index: Ezetimibe & Simvastatin)			
Istin (Profind Wholesale Ltd.) Tabs. 5 mg. 28 (A)	S1B	5.87	29152
Istin (Profind Wholesale Ltd.) Tabs. 10 mg. 28 (A)	S1B	8.78	29153
(Non-Proprietary Name Index: Amlodipine)			
Lecalpin Tabs. 10 mg. 28 (A)	S1B	9.04	26004
Lecalpin Tabs. 20 mg. 28 (A)	S1B	14.76	26005
(Non-Proprietary Name Index: Lercanidipine)			
Lipostat (B & S Healthcare) Tabs. 40 mg. 28 (A)	S1B	18.73	31847
(Non-Proprietary Name Index: Pravastatin)			
Lustral (iMED Healthcare) Tabs. 50 mg. 28 (A)	S1A	13.48	32576
Lustral (iMED Healthcare) Tabs. 100 mg. 28 (A)	S1A	20.22	32577
(Non-Proprietary Name Index: Sertraline)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Nexium (B & S Healthcare) Tabs. 20 mg. 7 (A)	S1B	6.95	61450
Nexium (B & S Healthcare) Tabs. 40 mg. 14 (A)	S1B	21.46	61451
(Non-Proprietary Name Index: Esomeprazole)			
Premarin (B & S Healthcare) Tabs. 0.625 mg. 84 (A)	S1A	7.78	74103
Premarin (B & S Healthcare) Tabs. 1.25 mg. 84 (A)	S1A	10.51	74104
(Non-Proprietary Name Index: Conjugated Estrogens)			
Risperdal (B & S Healthcare) Tabs. 1 mg. 60 (A)	S1A	23.19	45512
Risperdal (B & S Healthcare) Tabs. 2 mg. 60 (A)	S1A	45.77	45513
Risperdal (B & S Healthcare) Tabs. 3 mg. 60 (A)	S1A	67.31	45514
(Non-Proprietary Name Index: Risperidone)			
Singulair Paed. (P.C.O. Mfg.) Chewable Tabs. 5 mg. 28 (A)	S1B	35.13	73011
(Non-Proprietary Name Index: Montelukast)			
Stalevo (B & S Healthcare) Tabs. 50/12.5/200 mg. 100 (A)	S1B	107.23	62667
Stalevo (B & S Healthcare) Tabs. 100/25/200 mg. 100 (A)	S1B	107.23	62668
Stalevo (B & S Healthcare) Tabs. 150/37.5/200 mg. 100 (A)	S1B	107.23	62669
(Non-Proprietary Name Index: Levodopa & Carbidopa & Entacapone)			
Yentreve (B & S Healthcare) Caps. 20 mg. 28 (A)	S1B	20.37	53093
Yentreve (B & S Healthcare) Caps. 40 mg. 56 (A)	S1B	41.60	53094
(Non-Proprietary Name Index: Duloxetine)			

CHANGES UNDERLINED

Change	Ranexa PR Tabs. 375 mg. 60 (A)	S1B	62.80	43250
To Read	Ranexa PR Tabs. 375 mg. 60 (A)	S1B	58.71	43250
Change	Ranexa PR Tabs. 500 mg. 60 (A)	S1B	62.80	43252
To Read	Ranexa PR Tabs. 500 mg. 60 (A)	S1B	58.71	43252
Change	Ranexa PR Tabs. 750 mg. 60 (A)	S1B	62.80	43254
To Read	Ranexa PR Tabs. 750 mg. 60 (A)	S1B	58.71	43254

DELETIONS

Artexal Tabs. 5 mg. 30 (A)	12866
Cholstat Tabs. 10 mg. 28 (A)	17365
Clonfolic Tabs. 0.4 mg. 28 (A)	18181
Cozaar 28 Day Initiation Pack 1 (A)	19054
Emital Tabs. 8 mg. 10 (A)	22411
Emital Tabs. 8 mg. 30 (A)	22510
Floxapen Caps. 250 mg. 100 (A)	78476
Hydrocortone Tabs. 20 mg. 30 (A)	28073
Leo K Tabs. 600 mg. 100 (A)	31372
MST Continus Tabs. 200 mg. 60 (A)	35246
Premique Cycle 10 New Single Tablet Presentation Pack 1 (A)	53773
Reductil Caps. 10 mg. 28 (A)	79081
Reductil Caps. 15 mg. 28 (A)	79097
Reductil (B & S Healthcare) Caps. 10 mg. 28 (A)	44545
Reductil (B & S Healthcare) Caps. 15 mg. 28 (A)	44546
Reductil (Imbat Ltd.) Caps. 10 mg. 28 (A)	44510
Reductil (Imbat Ltd.) Caps. 15 mg. 28 (A)	44593
Reductil (P.C.O. Mfg.) Caps. 10 mg. 28 (A)	44523
Reductil (P.C.O. Mfg.) Caps. 15 mg. 28 (A)	44551
Visclair Tabs. 100 mg. 100 (A)	73636

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE 1ST FEBRUARY 2010

DELETIONS

PROPRIETARY NAME		CODE	GENERIC NAME	MANUFACTURER
Nov '96	Proleukin Vial 18 miu/mg. 1 (A)	88125	Aldesleukin	Novartis Ireland Ltd.
Dec '06	Sutent Caps. 25 mg. 30 (A)	88681	Sunitinib	Pfizer Healthcare Ireland

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st January 2010

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST JANUARY 2010

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Amaryl (B & S Healthcare) Tabs. 2 mg. 60 (A)	S1B	9.93	12918
Amaryl (B & S Healthcare) Tabs. 4 mg. 60 (A)	S1B	16.03	12919
(Non-Proprietary Name Index: Glimepiride)			
Amisulpride Mylan Tabs. 50 mg. 60 (A)	S1B	17.59	11323
Amisulpride Mylan Tabs. 100 mg. 60 (A)	S1B	35.19	11324
Amisulpride Mylan Tabs. 200 mg. 60 (A)	S1B	64.50	11325
Amisulpride Mylan Tabs. 400 mg. 60 (A)	S1B	141.20	11326
(Non-Proprietary Name Index: Amisulpride)			
Atacand (B & S Healthcare) Tabs. 4 mg. 28 (A)	S1B	14.99	13070
Atacand (B & S Healthcare) Tabs. 16 mg. 28 (A)	S1B	25.76	13071
(Non-Proprietary Name Index: Candesartan)			
Atacand (Profind Wholesale Ltd.) Tabs. 4 mg. 28 (A)	S1B	15.36	13088
Atacand (Profind Wholesale Ltd.) Tabs. 8 mg. 28 (A)	S1B	19.53	13090
Atacand (Profind Wholesale Ltd.) Tabs. 16 mg. 28 (A)	S1B	26.35	13092
(Non-Proprietary Name Index: Candesartan)			
Beneprav Tabs. 10 mg. 28 (A)	S1B	13.24	14414
Beneprav Tabs. 20 mg. 28 (A)	S1B	25.45	14415
Beneprav Tabs. 40 mg. 28 (A)	S1B	31.81	14416
(Non-Proprietary Name Index: Pravastatin Sodium)			
Caltrate Film Coated Tabs. 600 mg./400 IU 90 (A)		8.62	16228
(Non-Proprietary Name Index: Calcium Carbonate and Cholecalciferol)			
Cardura XL (McDowell Pharmaceuticals) Tabs. 4 mg. 28 (A)	S1B	16.10	16125
Cardura XL (McDowell Pharmaceuticals) Tabs. 8 mg. 28 (A)	S1B	40.04	16126
(Non-Proprietary Name Index: Doxazosin)			
Celluvisc (Imbat Ltd.) Eye Drop Soln. 1% 0.4 ml. Unit Dose 60 (A)	S1B	14.52	17062
Code the number unit dose vials dispensed			
(Non-Proprietary Name Index: Carmellose Sodium)			
Cilest (Imbat Ltd.) Tabs. 250 mcg./35 mcg. 21 (A)	S1B	2.32	17619
(Non-Proprietary Name Index: Norgestimate/Estrogen)			
Cipralam Tabs. 10 mg. 28 (A)	S1A	9.94	18322
Cipralam Tabs. 20 mg. 28 (A)	S1A	15.58	18323
(Non-Proprietary Name Index: Citalopram)			
Coversyl Arginine Plus Film Coated Tabs. 10 mg./2.5 mg. 30 (A)	S1B	34.62	19505
(Non-Proprietary Name Index: Perindopril)			
Creon 10,000 (McDowell Pharmaceuticals) Caps. 100 (A)	S1B	20.63	19191
(Non-Proprietary Name Index: Pancreatic Enzymes)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Creon 25,000 (G & A Licensing Ltd.) Caps. 100 (A) *(Non-Proprietary Name Index: Pancreatic Enzymes)*	S1B	49.26	19180
Cozaar (B & S Healthcare) Tabs. 50 mg. 28 (A)	S1B	19.06	76580
Cozaar (B & S Healthcare) Tabs. 100 mg. 28 (A) *(Non-Proprietary Name Index: Losartan)*	S1B	32.07	76581
Detrusitol SR (McDowell Pharmaceuticals) Caps. 4 mg. 28 (A) *(Non-Proprietary Name Index: Tolterodine)*	S1B	42.64	53663
Diamicron MR (McDowell Pharmaceuticals) Tabs. 30 mg. 56 (A) *(Non-Proprietary Name Index: Gliclazide)*	S1B	7.06	69517
Efexor (B & S Healthcare) Tabs. 37.5 mg. 28 (A) *(Non-Proprietary Name Index: Venlafaxine)*	S1A	12.29	22822
Efexor XL (B & S Healthcare) Caps. 75 mg. 14 (A)	S1A	11.88	23787
Efexor XL (B & S Healthcare) Caps. 150 mg. 10 (A) *(Non-Proprietary Name Index: Venlafaxine)*	S1A	14.30	23788
Efexor XL (Imbat Ltd.) Caps. 75 mg. 28 (A)	S1A	24.35	22898
Efexor XL (Imbat Ltd.) Caps. 150 mg. 28 (A) *(Non-Proprietary Name Index: Venlafaxine)*	S1A	41.07	22899
Epilim Enteric (Imbat Ltd.) Tabs. 200 mg. 100 (A)	S1B	8.16	23665
Epilim Enteric (Imbat Ltd.) Tabs. 500 mg. 100 (A) *(Non-Proprietary Name Index: Valproic Acid)*	S1B	20.35	23666
Exelon Transdermal (B & S Healthcare) Patch 4.6 mg./24 hour 30 (A) *Code the number of patches dispensed* *(Non-Proprietary Name Index: Rivastigmine)*	S1A	106.83	24445
Flixotide Evohaler (G & A Licensing Ltd.) 125 mcg. 120 Dose Aerosol 1 (A) *Code the number of aerosols dispensed* *(Non-Proprietary Name Index: Fluticasone)*	S1B	26.52	26156
Lamictal (G & A Licensing Ltd.) Disp. Tabs. 100 mg. 56 (A) *(Non-Proprietary Name Index: Lamotrigine)*	S1B	72.83	30955
Lamictal (Imbat Ltd.) Disp. Tabs. 25 mg. 56 (A) *(Non-Proprietary Name Index: Lamotrigine)*	S1B	26.90	30992
Lexapro (McDowell Pharmaceuticals) Tabs. 10 mg. 28 (A)	S1A	23.88	45945
Lexapro (McDowell Pharmaceuticals) Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Escitalopram)*	S1A	47.80	45947
Lipitor (G & A Licensing Ltd.) Tabs. 40 mg. 28 (A)	S1B	60.21	32544
Lipitor (G & A Licensing Ltd.) Tabs. 80 mg. 28 (A) *(Non-Proprietary Name Index: Atorvastatin)*	S1B	69.44	32545

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Livial (McDowell Pharmaceuticals) Tabs. 2.5 mg. 28 (A) *(Non-Proprietary Name Index: Tibolone)*	S1A	16.16	31965
Lustral (B & S Healthcare) Tabs. 100 mg. 15 (A) *(Non-Proprietary Name Index: Sertraline)*	S1A	16.43	31522
Lyrica (B & S Healthcare) Caps. 25 mg. 56 (A) *(Non-Proprietary Name Index: Pregabalin)*	S1B	85.05	32314
Minocin SA (Imbat Ltd.) Caps. 100 mg. 56 (A) *(Non-Proprietary Name Index: Minocycline)*	S1A	35.21	34511
Mirapexin PR Tabs. 0.26 mg. 30 (A)	S1B	31.11	33661
Mirapexin PR Tabs. 0.52 mg. 30 (A)	S1B	62.23	33662
Mirapexin PR Tabs. 1.05 mg. 30 (A)	S1B	124.45	33663
Mirapexin PR Tabs. 2.1 mg. 30 (A)	S1B	248.91	33664
Mirapexin PR Tabs. 3.15 mg. 30 (A) *(Non-Proprietary Name Index: Pramipexole)*	S1B	373.35	33665
Nebilet (Profind Wholesale Ltd.) Tabs. 5 mg. 28 (A) *(Non-Proprietary Name Index: Nebivolol)*	S1B	13.78	35655
Neoclarityn (B & S Healthcare) Tabs. 5 mg. 30 (A) *(Non-Proprietary Name Index: Desloratadine)*	S1B	10.78	35823
Nexium (B & S Healthcare) Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Esomeprazole)*	S1B	27.81	32265
One Alpha (G & A Licensing Ltd.) Caps. 0.25 mcg. 30 (A) *(Non-Proprietary Name Index: Alfacalcidol)*	S1B	4.51	72524
Onglyza Tabs. 5 mg. 28 (A) *(Non-Proprietary Name Index: Saxagliptin)*	S1B	42.32	37526
Pariet (B & S Healthcare) Tabs. 10 mg. 14 (A) *(Non-Proprietary Name Index: Rabeprazole)*	S1B	9.15	38877
Pulmicort Turbohaler (B & S Healthcare) 100 mcg. 200 Dose Inhaler 1 (A)	S1B	21.24	42203
Pulmicort Turbohaler (B & S Healthcare) 200 mcg. 100 Dose Inhaler 1 (A) *Code the number of inhalers dispensed* *(Non-Proprietary Name Index: Budesonide)*	S1B	21.24	42205
Ranexa PR Tabs. 375 mg. 60 (A)	S1B	62.80	43250
Ranexa PR Tabs. 500 mg. 60 (A)	S1B	62.80	43252
Ranexa PR Tabs. 750 mg. 60 (A) *(Non-Proprietary Name Index: Ranolazine)*	S1B	62.80	43254
Renvela Tabs. 800 mg. 180 (A) *(Non-Proprietary Name Index: Sevelamer Carbonate)*	S1B	202.98	43900
Salamol (Imbat Ltd.) Easi-Breathe CFC-Free Inhaler 100 mcg. 200 Dose Aerosol 1 (A) *Code the number of aerosols dispensed* *(Non-Proprietary Name Index: Salbutamol)*	S1B	8.06	44898

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Seroquel (G & A Licensing Ltd.) Tabs. 25 mg. 30 (A) *(Non-Proprietary Name Index: Quetiapine)*	S1A	20.15	45805
Seroxat (Imbat Ltd.) Tabs. 30 mg. 30 (A) *(Non-Proprietary Name Index: Paroxetine)*	S1A	24.04	45609
Sinemet CR (G & A Licensing Ltd.) Tabs. 50 mg./200 mg. 30 (A) *(Non-Proprietary Name Index: Levodopa/Carbidopa)*	S1B	14.11	61605
Statease Caps. 20 mg. 28 (A)	S1B	11.94	82314
Statease Caps. 40 mg. 28 (A) *(Non-Proprietary Name Index: Fluvastatin)*	S1B	14.07	82315
Symbicort Turbohaler (McDowell Pharmaceuticals) 100/6 mcg. 120 Dose Inhaler 1 (A)	S1B	48.13	47905
Symbicort Turbohaler (McDowell Pharmaceuticals) 200/6 mcg. 120 Dose Inhaler 1 (A)	S1B	49.50	47906
Symbicort Turbohaler (McDowell Pharmaceuticals) 400/12 mcg. 120 Dose Inhaler 1 (A) *Code the number of inhalers dispensed* *(Non-Proprietary Name Index: Budesonide/Formoterol)*	S1B	49.50	47907
Teveten (Imbat Ltd.) Tabs. 600 mg. 28 (A) *(Non-Proprietary Name Index: Eprosartan)*	S1B	19.21	49422
Topamax (B & S Healthcare) Tabs. 100 mg. 60 (A) *(Non-Proprietary Name Index: Topiramate)*	S1B	81.04	69932
Ursofalk (Imbat Ltd.) Caps. 250 mg. 100 (A) *(Non-Proprietary Name Index: Ursodeoxycholic Acid)*	S1B	56.56	48531
Valdoxan Tabs. 25 mg. 28 (A) *(Non-Proprietary Name Index: Agomelatine)*	S1B	41.58	51210
Valherp Tabs. 500 mg. 10 (A)	S1A	20.35	51220
Valherp Tabs. 500 mg. 30 (A)	S1A	61.04	51221
Valherp Tabs. 500 mg. 42 (A) *(Non-Proprietary Name Index: Valaciclovir)*	S1A	85.43	51222
Vertigon Tabs. 8 mg. 84 (A) *(Non-Proprietary Name Index: Betahistine)*	S1B	7.47	52327
Xyzal (B & S Healthcare) Tabs. 5 mg. 30 (A) *(Non-Proprietary Name Index: Levocetirizine)*	S1B	10.45	74710
Zispin (B & S Healthcare) SolTab Orodispersible Tabs. 30 mg. 30 (A) *(Non-Proprietary Name Index: Mirtazapine)*	S1A	24.10	62797
Zoton (B & S Healthcare) FasTab Tabs. 15 mg. 14 (A)	S1B	9.50	71087
Zoton (B & S Healthcare) FasTab Tabs. 30 mg. 14 (A) *(Non-Proprietary Name Index: Lansoprazole)*	S1B	20.59	71088
Zyprexa (B & S Healthcare) Tabs. 15 mg. 28 (A) *(Non-Proprietary Name Index: Olanzapine)*	S1A	192.61	71760

DELETIONS

Mixtard 10 Penfill Cartridge 100 IU/ml. 3 ml. 5 (A)	71607
Ortho Diaphragm Coil Spring Sizes 55 mm. - 100 mm. 1	78869
Ortho-White Flat Spring Diaphragm Sizes 55 mm. - 95 mm. 1	78873
Phenytoin (David Bull Labs.) Inj. 50 mg./ml. 5 ml. 5	63330
Rythmodan Retard Tabs. 250 mg. 56	44709
Solpadeine Caps. 24	46736

CHANGES TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST JANUARY 2010

Change	Ensure Plus 500 ml. Pack 1 (A)	83976
To Read	Osmolite 1.5 kcal 500 ml. Pack 1 (A)	83976
Code the number of packs dispensed		
Change	Ensure Plus 1 L. Pack 1 (A)	84239
To Read	Osmolite 1.5 kcal 1 L. Pack 1 (A)	84239
Code the number of packs dispensed		
Change	Ensure Plus 1.5 L. Pack 1 (A)	81502
To Read	Osmolite 1.5 kcal 1.5 L Pack 1 (A)	81502
Code the number of packs dispensed		

DELETIONS TO THE LIST OF FLAT RATED NON DRUG ITEMS REIMBURSABLE UNDER THE GMS SCHEME EFFECTIVE 1ST JANUARY 2010

CODE	NAME
81894	Isosource Energy 500 ml. Pack 1 (A)
81654	Isosource Energy 1 L. Pack 1 (A)
83209	Isosource Fibre 500 ml. Pack 1 (A)
81488	Isosource Fibre 1L. Pack 1 (A)
81487	Isosource Junior 500 ml. Pack 1 (A)
81100	Isosource Standard 500 ml. Pack 1 (A)
81669	Isosource Standard 1 L. Pack 1 (A)

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST JANUARY 2010

ADDITIONS

PROPRIETARY NAME INDEX	CODE	GENERIC NAME	TRADE PRICE €	MANUFACTURER	AGENTS
Cellcept (Doncaster Ltd.) Caps. 250 mg. 100 (A)	88323	Mycophenolic Acid	146.52	Doncaster Ltd.	Eurodrug
Cellcept (Doncaster Ltd.) Caps. 500 mg. 50 (A)	88324	Mycophenolic Acid	146.52	Doncaster Ltd.	Eurodrug
Forsteo Soln. for Inj. Pre-filled Pen 20 mcg./80 mcl. 1 (A) *Code the number of Pre-filled pens dispensed*	88494	Teriparatide	454.64	Eli Lilly	United Drug Ltd.
Ventavis Nebuliser Soln. 10 mcg./ml. 1 ml. 30 (A) *Code the number of Amps dispensed*	88520	Iloprost	601.38	Bayer Ltd.	H.E. Clissmann

DELETIONS

PROPRIETARY NAME	CODE	GENERIC NAME	MANUFACTURER
Enbrel Inj. 50 mg. 4 (A)	88022	Etanercept	Wyeth Consumer Healthcare
Neo Recormon 60000 iu 1 (A)	88283	Erythropoietin	Roche Products (Ireland) Ltd.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st December 2009

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST DECEMBER 2009

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Actonel Once A Week (iMED Healthcare) Tabs. 35 mg. 4 (A) *(Non-Proprietary Name Index: Risedronic Acid)*	S1B	32.90	10894
Aromasin (P.C.O. Mfg.) Tabs. 25 mg. 30 (A) *(Non-Proprietary Name Index: Exemestane)*	S1A	144.02	13710
Avodart (Imbat Ltd.) Softcaps. 0.5 mg. 30 (A) *(Non-Proprietary Name Index: Dutasteride)*	S1A	31.68	53470
Bricanyl (McDowell Pharmaceuticals) Turbohaler 500 mcg. 100 Dose Inhaler 1 (A) *Code the number of aerosols dispensed* *(Non-Proprietary Name Index: Terbutaline)*	S1B	11.32	65026
Cardicor (P.C.O. Mfg.) Tabs. 5 mg. 28 (A) *(Non-Proprietary Name Index: Bisoprolol)*	S1B	7.62	17415
Clopidogrel HCS TEVA Tabs. 75 mg. 28 (A) *(Non-Proprietary Name Index: Clopidogrel)*	S1B	38.27	65030
Clopidogrel Mylan Tabs. 75 mg. 28 (A) *(Non-Proprietary Name Index: Clopidogrel)*	S1B	32.03	65105
Clorom (Imbat Ltd.) Tabs. 500 mg. 14 (A) *(Non-Proprietary Name Index: Clarithromycin)*	S1A	19.40	17989
Colofac (Imbat Ltd.) Tabs. 135 mg. 100 (A) *(Non-Proprietary Name Index: Mebeverine)*	S1B	10.33	17795
Coversyl Arginine (iMED Healthcare) Tabs. 5 mg. 30 (A)	S1B	15.06	19500
Coversyl Arginine (iMED Healthcare) Tabs. 10 mg. 30 (A) *(Non-Proprietary Name Index: Perindopril)*	S1B	24.10	19501
Cozaar (McDowell Pharmaceuticals) Tabs. 50 mg 28 (A)	S1B	19.55	76577
Cozaar (McDowell Pharmaceuticals) Tabs. 100 mg 28 (A) *(Non-Proprietary Name Index: Losartan)*	S1B	32.87	76578
Diaclide MR Tabs. 30 mg. 60 (A) *(Non-Proprietary Name Index: Gliclazide)*	S1B	6.63	14096
Donelinn Tabs. 5 mg 28 (A)	S1A	50.25	22130
Donelinn Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Donepezil)*	S1A	70.42	22131
Elantan LA 25 (P.C.O. Mfg.) Caps. 25 mg. 28 (A)	S1B	8.14	28220
Elantan LA 50 (P.C.O. Mfg.) Caps. 50 mg. 28 (A) *(Non-Proprietary Name Index: Isosorbide Mononitrate)*	S1B	13.99	28221

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Fucibet (P.C.O. Mfg.) Cream 30 G. (B) *(Non-Proprietary Name Index: Betamethasone/Fusidic Acid)*	S1A	8.06	25262
Kyflam Tabs. 50 mg. 56 (A) *(Non-Proprietary Name Index: Diclofenac Potassium)*	S1B	6.95	65115
Lipantil Micro 200 (P.C.O. Mfg.) Caps. 200 mg. 30 (A) *(Non-Proprietary Name Index: Fenoribrate)*	S1B	19.55	31683
Lipostat (Profind Wholesale Ltd.) Tabs. 10 mg. 28 (A)	S1B	13.26	31805
Lipostat (Profind Wholesale Ltd.) Tabs. 20 mg. 28 (A)	S1B	25.58	31806
Lipostat (Profind Wholesale Ltd.) Tabs. 40 mg. 28 (A) *(Non-Proprietary Name Index: Pravastatin)*	S1B	31.98	31807
Losec MUPS (McDowell Pharmaceuticals) Gastro-Resistant Tabs. 40 mg. 7 (A) *(Non-Proprietary Name Index: Omeprazole)*	S1B	14.61	65570
Lustral (Profind Wholesale Ltd.) Tabs. 50 mg. 28 (A)	S1A	22.44	32535
Lustral (Profind Wholesale Ltd.) Tabs. 100 mg. 28 (A) *(Non-Proprietary Name Index: Sertraline)*	S1A	33.66	32536
Macrodantin (P.C.O. Mfg.) Caps. 100 mg. 30 (A) *(Non-Proprietary Name Index: Nitrofurantoin)*	S1B	6.64	59680
Natrilix SR (P.C.O. Mfg.) Tabs. 1.5 mg. 30 (A) *(Non-Proprietary Name Index: Indapamide)*	S1B	5.78	67375
Nebilet (P.C.O. Mfg.) Tabs. 5 mg. 28 (A) *(Non-Proprietary Name Index: Nebivolol)*	S1B	13.81	35620
Neurontin (P.C.O. Mfg.) Tabs. 600 mg. 100 (A) *(Non-Proprietary Name Index: Gabapentin)*	S1B	111.54	62167
*Nicorette Invisi Extra Strength Transdermal Patch 25 mg./16 Hours 14 (A) *Code the number of patches dispensed* *(Non-Proprietary Name Index: Nicotine Replacement Therapy)*		23.69	36672

*Reimbursable on the GMS Scheme Only – May not be prescribed on Repeat Presciption Forms

Ondansetron TEVA Tabs. 4 mg. 30 (A)	S1B	138.78	55360
Ondansetron TEVA Tabs. 8 mg. 10 (A) *(Non-Proprietary Name Index: Ondansetron)*	S1B	61.16	55361
Pentasa PR (P.C.O. Mfg.) Tabs. 500 mg. 100 (A) *(Non-Proprietary Name Index: Mesalazine)*	S1B	43.89	59695
Provigil (P.C.O. Mfg.) Tabs. 100 mg. 30 (A)	S1A	80.60	44534
Provigil (P.C.O. Mfg.) Tabs. 200 mg. 30 (A) *(Non-Proprietary Name Index: Modafinil)*	S1A	158.08	44535
Reminyl XL (P.C.O. Mfg.) Caps. 8 mg. 28 (A) *(Non-Proprietary Name Index: Galantamine)*	S1A	69.32	44266

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Scheriproct (P.C.O. Mfg.) Oint. 30 G. (B) *(Non-Proprietary Name Index: Prednisolone/Cinchocaine)*	S1B	5.47	45395
Seroxat (P.C.O. Mfg.) Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Paroxetine)*	S1A	18.52	45662
Sibelium Tabs. 5 mg. 20 (A) *(Non-Proprietary Name Index: Flunarizine)*	S1B	11.45	45988
Spiriva (McDowell Pharmaceuticals) Caps. Refill 18 mcg. 30 (A) *(Non-Proprietary Name Index: Tiotropium Bromide)*	S1B	43.05	61459
Tambocor (P.C.O. Mfg.) Tabs. 50 mg. 60 (A) *(Non-Proprietary Name Index: Flecainide)*	S1B	18.11	49089
Tavanic (P.C.O. Mfg.) Tabs. 500 mg. 10 (A) *(Non-Proprietary Name Index: Levofloxacin)*	S1A	33.83	56965
Tizaflex Tabs. 2 mg. 120 (A)	S1A	73.36	31570
Tizaflex Tabs. 4 mg. 120 (A) *(Non-Proprietary Name Index: Tizanidine)*	S1A	91.71	31571
Triapin (P.C.O. Mfg.) Tabs. 5/5 mg. 28 (A) *(Non-Proprietary Name Index: Felodipine/Ramipril)*	S1B	30.12	50190
Valotix Film Coated Tabs. 500 mg. 10 (A) *(Non-Proprietary Name Index: Valaciclovir)*	S1A	21.05	51410
Vascace Tabs. 0.5mg 30 (A)	S1B	5.92	51150
Vascace Tabs. 1 mg. 30 (A) *(Non-Proprietary Name Index: Cilazapril)*	S1B	9.56	51151
Viagra (P.C.O. Mfg.) Tabs. 50 mg. 4 (A) *(Non-Proprietary Name Index: Sildenafil)* ***Please Note:- Reimbursement Restrictions as per Circular PB285 Apply***	S1B	26.03	51760
Zantac (Profind Wholesale Ltd.) Tabs. 150 mg. 60 (A)	S1B	23.90	55760
Zantac (Profind Wholesale Ltd.) Tabs. 300 mg. 30 (A) *(Non-Proprietary Name Index: Ranitidine)*	S1B	22.04	55761

CHANGES TO NOVEMBER 2009 UPDATE

CHANGES UNDERLINED

Change	Evista (B & S Healthcare) 60 mg. 28 (A)	S1B	24580
To Read	Evista (B & S Healthcare) Tabs. 60 mg. 28 (A)	S1B	24580
Change	Victoza Soln. for Inj., Pre-filled Pen 6 mg./ml. 3 ml. 2 (A)	S1A	47980
To Read	Victoza Soln. for Inj., Pre-filled Pen 6 mg./ml. 3 ml. 2 (A) *Code the number of pre-filled pens dispensed*	S1B	47980
Change	Victoza Soln.for Inj., Pre-filled Pen 6 mg./ml. 3 ml. 3 (A)	S1A	47981
To Read	Victoza Soln.for Inj., Pre-filled Pen 6 mg./ml. 3 ml. 3 (A) *Code the number of pre-filled pens dispensed*	S1B	47981

DELETIONS

Cabaser Tabs. 4 mg. 16 (A)	15977
Clavamel Susp. Junior 125/62 mg./5 ml. 100 ml. (B)	91041
Diclomel Tabs. 50 mg. 84 (A)	21490
Paralief Tabs. 500 mg. 1000 (A)	40886
Vibramycin Caps. 100 mg. 8 (A)	51780

CHANGES TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST DECEMBER 2009

Change	Lophlex Junior 19 G. Sachet 30 *Code the number of sachets dispensed*	81017
To Read	PKU Lophlex Junior 19 G. Sachet 30 *Code the number of sachets dispensed*	81017

CHANGES TO THE LIST OF FLAT RATED NON DRUG ITEMS REIMBURSABLE UNDER THE GMS SCHEME EFFECTIVE 1ST DECEMBER 2009

CODE	NAME	CHANGE	TO READ
85405	Lancet Type A (cylindrical mount fluted longitudinally) 200 (A)	FreeStyle/Abbott GlucoMen/A Menarini Omega A/Omega Diag. Unilet ComforTouch/Owen Mumf. Unilet GP Superlite/Owen Mumf.	FreeStyle/Abbott Omega A/Omega Diag. Unilet ComforTouch/Owen Mumf. Unilet GP Superlite/Owen Mumf.
85055	Lancet Type C (cylindrical mount fluted longitudinally Fine Gauge Minimum 28 G.) 200 (A)	Abbott Thin/Abbott Ascensia Microlet/Bayer Micro-Fine+/BD OneTouch UltraSoft/LifeScan	Abbott Thin/Abbott Ascensia Microlet/Bayer Glucojet No-Dol Lancets Micro-Fine+/BD OneTouch UltraSoft/LifeScan

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST DECEMBER 2009

ADDITIONS

PROPRIETARY NAME INDEX	CODE	GENERIC NAME	TRADE PRICE €	MANUFACTURER	AGENTS
Afinitor Tabs. 5 mg. 30 (A)	88304	Everolimus	2829.13	Novartis Ireland Ltd.	Cahill May Roberts
Afinitor Tabs. 10 mg. 30 (A)	88305	Everolimus	4041.62	Novartis Ireland Ltd.	Cahill May Roberts
Cellcept (iMED Healthcare) Caps. 250 mg. 100 (A)	88345	Mycophenolic Acid	146.52	iMED Healthcare Ltd.	iMED Healthcare Ltd.
Copegus (P.C.O. Mfg.) Tabs. 200 mg. 168 (A)	88372	Ribavirin	722.00	PCO Manufacturing Ltd.	PCO Manufacturing Ltd.
Firmagon Pdr. & Solv. for Soln. for Inj. 80 mg. 1 (A) *Code the number of packs dispensed*	88363	Degarelix	176.49	Ferring Ireland Ltd.	United Drug
Firmagon Pdr. & Solv. for Soln. for Inj. 120 mg. 2 (A) *Code the number of packs dispensed*	88364	Degarelix	323.57	Ferring Ireland Ltd.	United Drug
Valcyte (P.C.O. Mfg.) Tabs. 450 mg. 60 (A)	88382	Valganciclovir	1895.33	PCO Manufacturing Ltd.	PCO Manufacturing Ltd.
Xeloda (P.C.O. Mfg.) Tabs. 500 mg. 120 (A)	88387	Capecitabine	439.30	PCO Manufacturing Ltd.	PCO Manufacturing Ltd.

DELETIONS

PROPRIETARY NAME		CODE	GENERIC NAME	MANUFACTURER
Dec ’06 Update	Sutent Caps. 12.5 mg. 30 (A)	88680	Sunitinib	Pfizer Healthcare Ireland
Dec ’06 Update	Sutent Caps. 50 mg. 30 (A)	88682	Sunitinib	Pfizer Healthcare Ireland

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st November 2009

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST NOVEMBER 2009

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Actonel Once A Week (McDowell Pharmaceuticals) Tabs. 35 mg. 4 (A) *(Non-Proprietary Name Index: Risedronic Acid)*	S1B	32.90	10793
Actonel Once A Week (Profind Wholesale Ltd.) Tabs. 35 mg. 4 (A) *(Non-Proprietary Name Index: Risedronic Acid)*	S1B	32.87	10796
Adalat LA (McDowell Pharmaceuticals) Tabs. 30 mg. 28 (A)	S1B	12.64	56040
Adalat LA (McDowell Pharmaceuticals) Tabs. 60 mg. 28 (A) *(Non-Proprietary Name Index: Nifedipine)*	S1B	18.78	56041
Arava (P.C.O. Mfg.) Tabs. 20 mg. 30 (A) *(Non-Proprietary Name Index: Leflunomide)*	S1A	67.72	12840
Arcoxia (P.C.O. Mfg.) Tabs. 60 mg. 28 (A) *(Non-Proprietary Name Index: Etoricoxib)*	S1B	33.61	14160
Asasantin Retard (P.C.O. Mfg.) Caps. 200 mg./25 mg. 60 (A) *(Non-Proprietary Name Index: Dipyridamole and Aspirin)*	S1B	13.18	13345
Avelox (P.C.O. Mfg.) Tabs. 400 mg. 5 (A) *(Non-Proprietary Name Index: Moxifloxacin)*	S1A	17.15	53507
Azilect (P.C.O. Mfg.) Tabs. 1 mg. 28 (A) *(Non-Proprietary Name Index: Rasagiline)*	S1A	99.18	13166
Bettamousse (P.C.O. Mfg.) Scalp Applic. 100 G. Pack 1 (A) *Code the number of packs dispensed)* *(Non-Proprietary Name Index: Betamethasone)*	S1B	9.99	15356
Blopress Tabs. 2 mg. 7 (A)	S1B	1.99	63900
Blopress Tabs. 2 mg. 28 (A)	S1B	7.99	63901
Blopress Tabs. 4 mg. 7 (A)	S1B	3.63	63902
Blopress Tabs. 4 mg. 28 (A)	S1B	14.52	63903
Blopress Tabs. 8 mg. 28 (A)	S1B	17.39	63904
Blopress Tabs. 16 mg. 28 (A)	S1B	21.14	63905
Blopress Tabs. 32 mg. 28 (A)	S1B	27.09	63906
Blopress Plus Tabs. 8 mg./12.5 mg. 28 (A)	S1B	17.39	63907
Blopress Plus Tabs. 16 mg./12.5 mg 28 (A)	S1B	21.14	63908
Blopress Plus Tabs. 32 mg./12.5 mg. 28 (A)	S1B	27.09	63909
Blopress Plus Tabs. 32 mg./25 mg. 28 (A) *(Non-Proprietary Name Index: Candesartan Cilexetil)*	S1B	27.09	63910
Cardicor (Profind Wholesale Ltd.) Tabs. 1.25 mg. 28 (A) *(Non-Proprietary Name Index: Bisoprolol)*	S1B	6.34	17413
Champix (P.C.O. Mfg.) Tabs. 1 mg. 56 (A) *(Non-Proprietary Name Index: Varenicline)*	S1A	77.67	34605

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
CoAprovel (B & S Healthcare) Tabs. 300/12.5 mg. 28 (A) *(Non-Proprietary Name Index: Irbesartan & Diuretics)*	S1B	25.61	54380
Co-Diovan (P.C.O. Mfg.) Tabs. 80/12.5 mg. 28 (A)	S1B	19.00	18708
Co-Diovan (P.C.O. Mfg.) Tabs. 160/12.5 mg. 28 (A)	S1B	25.47	18709
Co-Diovan (P.C.O. Mfg.) Tabs. 160/25 mg. 28 (A) *(Non-Proprietary Name Index: Valsartan/Hydrochlorothiazide)*	S1B	25.95	18710
Combineb (Breathe Pharmaceuticals) Nebuliser Soln. Amp. 0.5 mg./2.5 mg 2 ml. 60 (A) *Code the number of amps dispensed* *(Non-Proprietary Name Index: Ipratropium Bromide and Salbutamol)*	S1B	29.04	18745
Coversyl Arginine (Profind Wholesale Ltd.) Tabs. 5 mg. 30 (A)	S1B	15.06	19420
Coversyl Arginine (Profind Wholesale Ltd.) Tabs. 10 mg. 30 (A) *(Non-Proprietary Name Index: Perindopril)*	S1B	24.09	19421
Cozaar Pdr. & Solv. for Oral Susp. 2.5 mg./ml Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Losartan)*	S1B	55.00	91090
Cozaar (Profind Wholesale Ltd.) Tabs. 50 mg. 28 (A)	S1B	19.54	76566
Cozaar (Profind Wholesale Ltd.) Tabs. 100 mg. 28 (A) *(Non-Proprietary Name Index: Losartan)*	S1B	32.86	76567
Creon 25,000 (McDowell Pharmaceuticals) Caps. 100 (A) *(Non-Proprietary Name Index: Pancreatic Enzymes)*	S1B	49.26	19190
Cymbalta (P.C.O. Mfg.) Caps. 30 mg. 28 (A) *(Non-Proprietary Name Index: Duloxetine)*	S1A	21.88	19995
Diflucan (P.C.O. Mfg.) Caps. 50 mg. 7 (A) *(Non-Proprietary Name Index: Fluconazole)*	S1B	13.77	19956
DuoTrav (B & S Healthcare) Eye Drops Soln. 2.5 ml. 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Travoprost)*	S1A	17.83	22570
Efracea MR Hard Caps. 40 mg. 56 (A) *(Non-Proprietary Name Index: Doxycycline)*	S1A	33.11	42040
Evista (B & S Healthcare) 60 mg. 28 (A) *(Non-Proprietary Name Index: Raloxifene Hydrochloride)*	S1B	27.10	24580
Flotros Film Coated Tabs. 20 mg. 60 (A) *(Non-Proprietary Name Index: Trospium Chloride)*	S1B	21.69	43738
Ganfort (B & S Healthcare) Eye Drops Soln. 3 ml. (B) *(Non-Proprietary Name Index: Bimatoprost/Timolol)*	S1A	22.72	27515
Grepid Tabs. 75 mg. 28 (A) *(Non-Proprietary Name Index: Clopidogrel)*	S1B	38.27	27540

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Ikorel (McDowell Pharmaceuticals) Tabs. 10 mg. 60 (A)	S1B	13.68	28730
Ikorel (McDowell Pharmaceuticals) Tabs. 20 mg. 60 (A)	S1B	24.24	28731
(Non-Proprietary Name Index: Nicorandil)			
Imdur PR (Profind Wholesale Ltd.) Tabs. 60 mg. 28 (A)	S1B	11.29	31539
(Non-Proprietary Name Index: Isosorbide Mononitrate)			
Imuran (McDowell Pharmaceuticals) Film Coated Tabs. 25mg. 100 (A)	S1A	31.17	84618
Imuran (McDowell Pharmaceuticals) Film Coated Tabs. 50mg. 100 (A)	S1A	47.92	84619
(Non-Proprietary Name Index: Azathioprine)			
Inderal LA (P.C.O. Mfg.) Caps. 160 mg. 28 (A)	S1B	8.98	73620
(Non-Proprietary Name Index: Propranolol)			
Instanyl Nasal Spray 50 mcg. 10 Dose Pack 1 (A)	CD2	107.89	73685
Instanyl Nasal Spray 50 mcg. 20 Dose Pack 1 (A)	CD2	215.79	73686
Instanyl Nasal Spray 100 mcg. 10 Dose Pack 1 (A)	CD2	107.89	73687
Instanyl Nasal Spray 100 mcg. 20 Dose Pack 1 (A)	CD2	215.79	73688
Instanyl Nasal Spray 200 mcg. 10 Dose Pack 1 (A)	CD2	107.89	73689
Instanyl Nasal Spray 200 mcg. 20 Dose Pack 1 (A)	CD2	215.79	73690
Code the number of packs dispensed			
(Non-Proprietary Name Index: Fentanyl)			
Ipravent Nebuliser Soln. 250 mcg./1 ml. 1 ml. 20 (A)	S1B	4.49	77507
Ipravent Nebuliser Soln. 250 mcg./1 ml. 1 ml. 60 (A)	S1B	13.23	77508
Ipravent Nebuliser Soln. 500 mcg./2 ml. 2 ml. 20 (A)	S1B	5.34	77509
Ipravent Nebuliser Soln. 500 mcg./2 ml. 2 ml. 60 (A)	S1B	15.72	77510
Code the number of amps dispensed			
(Non-Proprietary Name Index: Ipratropium Bromide)			
Istin (iMED Healthcare) Tabs. 5 mg. 28 (A)	S1B	9.82	29140
Istin (iMED Healthcare) Tabs. 10 mg. 28 (A)	S1B	14.67	29141
(Non-Proprietary Name Index: Amlodipine)			
Klacid LA (Profind Wholesale Ltd.) Tabs. 500 mg. 7 (A)	S1A	15.09	32007
(Non-Proprietary Name Index: Clarithromycin)			
Lexapro (Profind Wholesale Ltd.) Tabs. 5 mg. 28 (A)	S1A	14.93	45918
Lexapro (Profind Wholesale Ltd.) Tabs. 10 mg. 28 (A)	S1A	23.88	45919
Lexapro (Profind Wholesale Ltd.) Tabs. 20 mg. 28 (A)	S1A	47.78	45920
(Non-Proprietary Name Index: Escitalopram)			
Lipitor (McDowell Pharmaceuticals) Tabs. 20 mg. 28 (A)	S1B	35.99	32540
Lipitor (McDowell Pharmaceuticals) Tabs. 40 mg. 28 (A)	S1B	60.20	32541
Lipitor (McDowell Pharmaceuticals) Tabs. 80 mg. 28 (A)	S1B	69.44	32542
(Non-Proprietary Name Index: Atorvastatin)			
Loceryl (P.C.O. Mfg.) Nail Lacquer 5 ml. (B)	S1B	25.77	31457
(Non-Proprietary Name Index: Amorolfine)			
Lochol Caps. 20 mg. 28 (A)	S1B	8.32	42110
Lochol Caps. 40 mg. 28 (A)	S1B	9.81	42111
(Non-Proprietary Name Index: Fluvastatin)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Losec MUPS (iMED Healthcare) Tabs. 10 mg. 28 (A)	S1B	15.53	65510
Losec MUPS (iMED Healthcare) Tabs. 20 mg. 28 (A)	S1B	29.25	65511
(Non-Proprietary Name Index: Omeprazole)			
Losec MUPS (Profind Wholesale Ltd.) Tabs. 10 mg. 28 (A)	S1B	15.53	65560
Losec MUPS (Profind Wholesale Ltd.) Tabs. 20 mg. 28 (A)	S1B	29.24	65561
Losec MUPS (Profind Wholesale Ltd.) Tabs. 40 mg. 7 (A)	S1B	14.55	65562
(Non-Proprietary Name Index: Omeprazole)			
Movicol (Profind Wholesale Ltd.) 13 G. Powder Sachets 30 (A)		11.34	53860
Code the number of sachets dispensed			
(Non-Proprietary Name Index: Polyethlene Glycol)			
Myclovear Film Coated Tabs. 750 mg. 7 (A)	S1A	97.46	64705
(Non-Proprietary Name Index: Famciclovir)			
Neupro Transdermal Patches 1 mg./24 hour 28 (A)	S1A	119.20	44528
Neupro Transdermal Patches 3 mg./24 hour 28 (A)	S1A	162.38	44529
Code the number of patches dispensed			
(Non-Proprietary Name Index: Rotigotine)			
Nexium (McDowell Pharmaceuticals) Tabs. 20 mg. 28 (A)	S1B	28.50	61438
Nexium (McDowell Pharmaceuticals) Tabs. 40 mg. 28 (A)	S1B	43.99	61439
(Non-Proprietary Name Index: Esomeprazole)			
Nizoral (McDowell Pharmaceuticals) Shampoo 20 mg./G. 120 ml. (B)	S1B	7.05	76373
(Non-Proprietary Name Index: Ketoconazole)			
Plavix (B & S Healthcare) Tabs. 75 mg. 30 (A)	S1B	52.05	41072
(Non-Proprietary Name Index: Clopidogrel)			
Proscar (McDowell Pharmaceuticals) Tabs. 5 mg. 28 (A)	S1A	24.30	42660
(Non-Proprietary Name Index: Finasteride)			
Protium (McDowell Pharmaceuticals) Tabs. 20 mg. 28 (A)	S1B	15.40	43553
Protium (McDowell Pharmaceuticals) Tabs. 40 mg. 28 (A)	S1B	28.51	43554
(Non-Proprietary Name Index: Pantoprazole)			
Protium (Profind Wholesale Ltd.) Tabs. 20 mg. 28 (A)	S1B	15.39	43563
Protium (Profind Wholesale Ltd.) Tabs. 40 mg. 28 (A)	S1B	28.50	43564
(Non-Proprietary Name Index: Pantoprazole)			
Salofalk 1g/actuation Rectal Foam Pack 1 (A)	S1B	40.96	44072
Code the number of packs dispensed			
(Non-Proprietary Name Index: Mesalazine)			
Spiriva (McDowell Pharmaceuticals) Combopack 18 mcg. i.e. 1 Handihaler/30 Caps. Pack 1 (A)	S1B	45.40	58427
Code the number of packs dispensed			
(Non-Proprietary Name Index: Tiotropium Bromide)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Symbicort Turbohaler (P.C.O. Mfg.) 200/6 mcg. 120 Dose Inhaler 1 (A)	S1B	49.51	47915
Symbicort Turbohaler (P.C.O. Mfg.) 400/12 mcg. 60 Dose Inhaler 1 (A)	S1B	49.51	47916
Code the number of inhalers dispensed			
(Non-Proprietary Name Index: Budesonide/Formoterol)			
Tizanidine (Niche Generics Ltd.) Tabs. 2 mg. 120 (A)	S1A	69.66	47965
Tizanidine (Niche Generics Ltd.) Tabs. 4 mg. 120 (A)	S1A	81.35	47966
(Non-Proprietary Name Index: Tizanidine)			
Tritace (P.C.O. Mfg.) Tabs. 10 mg. 28 (A)	S1B	12.34	48146
(Non-Proprietary Name Index: Ramipril)			
Vaniqa (P.C.O. Mfg.) Cream 11.5% 30 G. (B)	S1A	31.78	52306
(Non-Proprietary Name Index: Eflornithine)			
Ventolin (McDowell Pharmaceuticals) Evohaler 100 mcg. 200 Dose Aerosol 1 (A)	S1B	3.22	74522
Code the number of inhalers dispensed			
(Non-Proprietary Name Index: Salbutamol)			
Victoza Soln.for Inj., Pre-filled Pen 6 mg./ml. 3 ml. 2 (A)	S1A	104.79	47980
Victoza Soln.for Inj., Pre-filled Pen 6 mg./ml. 3 ml. 3 (A)	S1A	157.18	47981
Code the number of pre-filled pens dispensed			
(Non-Proprietary Name Index: Liraglutide)			
Xatral (McDowell Pharmaceuticals) Prolonged Release Tabs. 10 mg. 30 (A)	S1B	28.39	53506
(Non-Proprietary Name Index: Alfuzosin)			
Xyzal (iMED Healthcare) Tabs. 5 mg. 30 (A)	S1B	10.71	74708
(Non-Proprietary Name Index: Levocetirizine)			
Zanidip (McDowell Pharmaceuticals) Film Coated Tabs. 10 mg. 28 (A)	S1B	11.66	63848
(Non-Proprietary Name Index: Lercanidipine)			
Zantac (McDowell Pharmaceuticals) Tabs. 150 mg. 60 (A)	S1B	23.93	55722
(Non-Proprietary Name Index: Ranitidine)			
Zimovane (Profind Wholesale Ltd.) Tabs. 7.5 mg. 28 (A)	S1A	6.53	63847
(Non-Proprietary Name Index: Zopiclone)			
Zispin (McDowell Pharmaceuticals) SolTab Orodispersible Tabs. 30 mg. 30 (A)	S1A	24.71	62794
Zispin (McDowell Pharmaceuticals) SolTab Orodispersible Tabs. 45 mg. 30 (A)	S1A	37.05	62795
(Non-Proprietary Name Index: Mirtazapine)			
Zocor (Profind Wholesale Ltd.) Tabs. 10 mg. 28 (A)	S1B	14.70	52251
Zocor (Profind Wholesale Ltd.) Tabs. 20 mg. 28 (A)	S1B	24.99	52252
Zocor (Profind Wholesale Ltd.) Tabs. 40 mg. 28 (A)	S1B	24.99	52253
(Non-Proprietary Name Index: Simvastatin)			
Zoton (McDowell Pharmaceuticals) FasTab Orodispersible Tabs. 15 mg. 28 (A)	S1B	19.48	71075
Zoton (McDowell Pharmaceuticals) FasTab Orodispersible Tabs. 30 mg. 28 (A)	S1B	38.71	71076
(Non-Proprietary Name Index: Lansoprazole)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Zomig (Profind Wholesale Ltd.) Film Coated Tabs. 2.5 mg. 6 (A)	S1B	31.20	58003
Zomig Rapimelt (Profind Wholesale Ltd.) Tabs. Orodispersible 2.5 mg. 6 (A)	S1B	31.20	58004

(Non-Proprietary Name Index: Zolmitriptan)

ADDENDUM TO OCTOBER 2009 UPDATE

PRICE CHANGE

Xenical (BR Lewis Pharmaceuticals) Caps. 120 mg. 84 (A)	S1B	59.46	53405

DELETIONS

Calcort Tabs. 30 mg. 30	16293
Cotron Co-Danthramer Susp. 25/200 300 ml.	17173
Erymax Caps. 250 mg. 112	23161
Isoptin SR Tabs. 240 mg. 100	29556
Moducren Tabs. 28	77968
Preterax Tabs. 2 mg. 30	68317
Propine Ophth. Soln. 0.1% 5 ml.	41483
Propine Ophth. Soln. 0.1% 10 ml.	42951
Propine Ophth. Soln. 0.1% (3 x 5 ml.) 15 ml.	43002
Valium Tabs. 2 mg. 100	51322

CHANGES TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST NOVEMBER 2009

Change	Lophlex LQ 125 ml. Foil Pouch 30	81007
To Read	PKU Lophlex LQ 20 125 ml. Foil Pouch 30	81007
Change	XMTVI Analog 400 G. Pack 1	81009
To Read	MMA/PA Anamix Infant 400 G. Pack 1	81009
Change	XLYS, Low TRY Analog 400 G. Pack 1	81012
To Read	GA1 Anamix Infant 400 G. Pack 1	81012
Change	XP Analog LCP 400 G. Pack 1	81104
To Read	PKU Anamix Infant 400 G. Pack 1	81104
Change	MSUD Analog 400 G. Pack 1	82027
To Read	MSUD Anamix Infant 400 G. Pack 1	82027
Change	XMET Analog 400 G. Pack 1	82102
To Read	HCU Anamix Infant 400 G. Pack 1	82102
Change	AA/DHA Supplement 4 G. Sachet 30	83008
To Read	KeyΩmega 4 G. Sachet 30	83008
Change	Lophlex LQ 10 62.5 ml. Foil Pouch 60	83017
To Read	PKU Lophlex LQ 10 62.5 ml. Foil Pouch 60	83017

CHANGES TO THE LIST OF FLAT RATED NON DRUG ITEMS REIMBURSABLE UNDER THE GMS SCHEME EFFECTIVE 1ST NOVEMBER 2009

CODE	DESCRIPTION	CHANGE	TO READ
81165	High Calorie Sip Feed 200 ml.	Clinutren 1.5/Nestle Ensure Plus/Abbott Fortisip/Nutricia Fortisip Yogurt Style/Nutricia Fresubin Energy/Fresenius	 Ensure Plus/Abbott Fortisip/Nutricia Fortisip Yogurt Style/Nutricia Fresubin Energy/Fresenius
81194	Low Carbohydrate/Modified Fat/Fibre Enriched Sip Feed 200 ml.	Clinutren G/Nestle Diben/Fresenius Diasip/Nutricia Glucerna SR/Abbott	 Diben/Fresenius Diasip/Nutricia Glucerna SR/Abbott
81688	Fibre Rich Sip Feed 200 ml.	Ensure Plus Fibre/Abbott Fortisip Multifibre/Nutricia Fresubin Energy Fibre/Fresenius Resource 2.0 Fibre/Nestle	Ensure Plus Fibre/Abbott Fortisip Multifibre/Nutricia Fresubin Energy Fibre/Fresenius
82430	High Protein Sip Feed 200 ml.	Cubitan/Nutricia Ensure Plus HP/Abbott Fortimel/Nutricia Fresubin Protein Energy/Fresenius Resource Protein/Nestle	Cubitan/Nutricia Ensure Plus HP/Abbott Fortimel/Nutricia Fresubin Protein Energy/Fresenius

CHANGES TO THE LIST OF FLAT RATED NON DRUG ITEMS REIMBURSABLE UNDER THE GMS SCHEME EFFECTIVE 1ST NOVEMBER 2009

CODE	DESCRIPTION	CHANGE	TO READ
83784	Non-Milk Tasting Sip 200 ml.	Clinutren Fruit/Nestle Ensure Plus Juce/Abbott Fortijuce/Nutricia Provide Xtra/Fresenius Resource Fruit/Nestle	Ensure Plus Juce/Abbott Fortijuce/Nutricia Provide Xtra/Fresenius
85405	Lancet Type A (cylindrical mount fluted longitudinally)	FreeStyle/Abbott GlucoMen/A Menarini Omega A/Omega Diag. Unilet ComforTouch/Owen Mumf. Unilet GP Superlite/Owen Mumf.	FreeStyle/Abbott Omega A/Omega Diag. Unilet ComforTouch/Owen Mumf. Unilet GP Superlite/Owen Mumf.
85055	Lancet Type C (cylindrical mount fluted longitudinally fine gauge - minimum 28 G.)	Abbott Thin/Abbott Microlet/Bayer Micro-Fine+/BD OneTouch UltraSoft/LifeScan	Abbott Thin/Abbott Microlet/Bayer Micro-Fine+/BD OneTouch UltraSoft/LifeScan Glucojet No-Dol Lancets/Medicon

DELETIONS TO THE LIST OF REIMBURSABLE NON DRUG ITEMS IN THE GMS SCHEME EFFECTIVE 1ST NOVEMBER 2009

Clinutren Dessert 125 G. Pack 1	82902
Resource Dessert Energy 125 G. Pack 1	81440
Resource Dessert Fruit 125 G. Pack 1	83031

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST NOVEMBER 2009

ADDITIONS

PROPRIETARY NAME INDEX	CODE	GENERIC NAME	TRADE PRICE €	MANUFACTURER	AGENTS
Ammonaps Grans. 940 mg./G. 266 G. (B)	88237	Sodium Phenylbutyrate	1611.45	Swedish Orphan International Ltd.	United Drug
Ammonaps Tabs. 500 mg. 250 (A)	88238	Sodium Phenylbutyrate	903.77	Swedish Orphan International Ltd.	United Drug
Enbrel Soln. for Inj. Pre-filled Pen 50 mg. 4 (A) *Code the number of pre-filled pens dispensed*	88245	Etanercept	1103.56	Wyeth Pharmaceuticals Ltd.	Cahill May Roberts
Ferriprox Oral Soln. 100 mg./ml. 500 ml. (B)	88262	Deferiprone	260.99	Swedish Orphan International Ltd.	United Drug
Ferriprox Tabs. 500 mg. 100 (A)	88263	Deferiprone	247.89	Swedish Orphan International Ltd.	United Drug
Orfadin Hard Caps. 2 mg. 60 (A)	88393	Nitisinone	1005.15	Swedish Orphan International Ltd.	United Drug
Orfadin Hard Caps. 5 mg. 60 (A)	88394	Nitisinone	2008.59	Swedish Orphan International Ltd.	United Drug
Orfadin Hard Caps. 10 mg. 60 (A)	88395	Nitisinone	3647.20	Swedish Orphan International Ltd.	United Drug
Sprycel Tabs. 20 mg. 60 (A)	88577	Dasatinib	2337.95	Bristol Myers Squibb	United Drug
Sprycel Tabs. 50 mg. 60 (A)	88578	Dasatinib	4727.45	Bristol Myers Squibb	United Drug
Sprycel Tabs. 70 mg. 60 (A)	88579	Dasatinib	4764.18	Bristol Myers Squibb	United Drug
Valcyte Pdr. for Oral Soln. 50 mg./ml. Pack 1 (A) *Code the number of packs dispensed*	88596	Valganciclovir	354.65	Roche Products Ireland Ltd.	Allphar Services Ltd.
Volibris Tabs. 5 mg. 30 (A)	88517	Ambrisentan	2872.17	GlaxoSmithKline	GlaxoSmithKline
Volibris Tabs. 10 mg. 30 (A)	88518	Ambrisentan	2984.45	GlaxoSmithKline	GlaxoSmithKline

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st October 2009

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST OCTOBER 2009

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Abstral Sublingual Tabs. 100 mcg. 10 (A)	CD2	70.29	10880
Abstral Sublingual Tabs. 100 mcg. 30 (A)	CD2	206.65	10881
Abstral Sublingual Tabs. 200 mcg. 10 (A)	CD2	70.29	10882
Abstral Sublingual Tabs. 200 mcg. 30 (A)	CD2	206.65	10883
Abstral Sublingual Tabs. 300 mcg. 10 (A)	CD2	70.29	10884
Abstral Sublingual Tabs. 300 mcg. 30 (A)	CD2	206.65	10885
Abstral Sublingual Tabs. 400 mcg. 10 (A)	CD2	70.29	10886
Abstral Sublingual Tabs. 400 mcg. 30 (A)	CD2	206.65	10887
Abstral Sublingual Tabs. 600 mcg. 10 (A)	CD2	70.29	10888
Abstral Sublingual Tabs. 600 mcg. 30 (A)	CD2	206.65	10889
Abstral Sublingual Tabs. 800 mcg. 10 (A)	CD2	70.29	10890
Abstral Sublingual Tabs. 800 mcg. 30 (A)	CD2	206.65	10891
(Non-Proprietary Name Index: Fentanyl)			
Arimidex (P.C.O. Mfg.) Tabs. 1 mg. 28 (A)	S1A	95.04	12978
(Non-Proprietary Name Index: Anastrozole)			
Augmentin-Duo (Imbat Ltd.) Susp. 400 mg./57 mg./5 ml. 70 ml. (B)	S1A	8.80	91107
(Non-Proprietary Name Index: Amoxicillin and Enzyme Inhibitor)			
Avandia (Doncaster Ltd.) Tabs. 8 mg. 28 (A)	S1B	68.04	53917
(Non-Proprietary Name Index: Rosiglitazone)			
Budesitan Nebuliser Amp. 0.5 mg./2 ml. 2 ml. 20 (A)	S1B	23.83	76624
Budesitan Nebuliser Amp.1.0 mg./2 ml. 2 ml. 20 (A)	S1B	34.39	76625
Code the number of amps dipsensed			
(Non-Proprietary Name Index: Budesonide)			
Champix (Doncaster Ltd.) Tabs. 2 week Starter Pack 1 (A)	S1A	35.95	34574
Code the number of packs dispensed			
(Non-Proprietary Name Index: Varenicline)			
Champix (P.C.O. Mfg.) Film Coated Tabs. 1 mg. 28 (A)	S1A	39.34	34586
(Non-Proprietary Name Index: Varenicline)			
Cilest (B & S Healthcare) Tabs. 250 mcg./35 mcg. 63 (A)	S1B	6.95	17617
(Non-Proprietary Name Index: Norgestimate & Ethinylestradiol)			
Clodel Film Coated Tabs. 75 mg. 28 (A)	S1B	40.07	59203
(Non-Proprietary Name Index: Clopidogrel)			
Coversyl Arginine Plus (Profind Wholesale Ltd.) Tabs. 5 mg./1.25 mg. 30 (A)	S1B	20.94	18427
(Non-Proprietary Name Index: Perindopril & Diuretics)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Cozaar Comp (B & S Healthcare) Tabs. 50 mg./12.5 mg. 28 (A)	S1B	19.55	19211
Cozaar Comp (B & S Healthcare) Tabs. 100 mg./25 mg. 28 (A)	S1B	28.13	19212
(Non-Proprietary Name Index: Losartan and Diuretics)			
Cozaar Comp (Imbat Ltd.) Tabs. 100 mg./25 mg. 28 (A)	S1B	33.90	19220
(Non-Proprietary Name Index: Losartan and Diuretics)			
Cymbalta (P.C.O. Mfg.) Caps. 60 mg. 28 (A)	S1A	36.44	19990
(Non-Proprietary Name Index: Duloxetine)			
Detrusitol SR (Profind Wholesale Ltd.) Caps. 4 mg. 28 (A)	S1B	42.58	20428
(Non-Proprietary Name Index: Tolterodine)			
Diamicron MR (Imbat Ltd.) Tabs. 30 mg. 60 (A)	S1B	7.56	69540
(Non-Proprietary Name Index: Gliclazide)			
Dianette (P.C.O. Mfg.) Tabs. 21 (A)	S1B	5.95	20718
(Non-Proprietary Name Index: Oestrogen/Progestogen Combinations)			
Ditropan (B & S Healthcare) Tabs. 2.5 mg. 84 (A)	S1B	15.10	21530
Ditropan (B & S Healthcare) Tabs. 5 mg. 84 (A)	S1B	29.60	21531
(Non-Proprietary Name Index: Oxybutynin)			
Dovobet (iMED Healthcare) Oint. 50 mcg./G. + 0.5 mg./G. 120 G. (B)	S1A	103.35	44587
(Non-Proprietary Name Index: Calcipotriol, Combinations)			
Dovonex (iMED Healthcare) Cream 60 G. (B)	S1A	22.62	22497
(Non-Proprietary Name Index: Calcipotriol)			
Dyazide (B & S Healthcare) Tabs. 50 mg./25 mg. 30 (A)	S1B	3.04	22530
(Non-Proprietary Name Index: Triameterene/Hydrochlorothiazide)			
Efexor (Imbat Ltd.) Tabs. 37.5 mg. 56 (A)	S1A	25.19	22820
Efexor (Imbat Ltd.) Tabs. 75 mg. 56 (A)	S1A	42.03	22821
(Non-Proprietary Name Index: Venlafaxine)			
Elantan LA 25 (B & S Healthcare) Caps. 25 mg. 28 (A)	S1B	8.14	28205
Elantan LA 50 (B & S Healthcare) Caps. 50 mg. 28 (A)	S1B	13.99	28206
(Non-Proprietary Name Index: Isosorbide Mononitrate)			
Elantan LA (Profind Wholesale Ltd.) 50 mg. 28 (A)	S1B	13.95	28213
(Non-Proprietary Name Index: Isosorbide Mononitrate)			
Ikorel (B & S Healthcare) Tabs. 20 mg. 60 (A)	S1B	24.23	22755
(Non-Proprietary Name Index: Nicorandil)			
Imdur PR (B & S Healthcare) Tabs. 60 mg. 28 (A)	S1B	11.30	31556
(Non-Proprietary Name Index: Isosorbide Mononitrate)			
Imigran (P.C.O. Mfg.) Ftab. Tabs. 50 mg. 4 (A)	S1B	20.83	32060
Imigran (P.C.O. Mfg.) Ftab. Tabs. 100 mg. 6 (A)	S1B	55.13	32061
(Non-Proprietary Name Index: Sumatriptan)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Istolde Tabs. 5 mg. 28 (A)	S1B	9.39	22760
Istolde Tabs. 10 mg. 28 (A)	S1B	13.98	22761
(Non-Proprietary Name Index: Amlodipine)			
Keppra (P.C.O. Mfg.) Tabs. 250 mg. 60 (A)	S1B	42.08	30381
(Non-Proprietary Name Index: Levetiracetam)			
Klacid (Imbat Ltd.) Tabs. 250 mg. 14 (A)	S1A	10.35	32064
Klacid Forte (Imbat Ltd.) Tabs. 500 mg. 14 (A)	S1A	21.56	32065
(Non-Proprietary Name Index: Clarithromycin)			
Konverge Tabs. 20 mg./5 mg. 28 (A)	S1B	22.22	30486
Konverge Tabs. 40 mg./5 mg. 28 (A)	S1B	26.86	30487
Konverge Tabs. 40 mg./10 mg. 28 (A)	S1B	28.30	30488
(Non-Proprietary Name Index: Olmesartan Medoxomil & Amlodipine)			
Lamotrigine (Ranbaxy) Dispersible Tabs. 25 mg. 56 (A)	S1B	14.78	32463
Lamotrigine (Ranbaxy) Dispersible Tabs. 50 mg. 56 (A)	S1B	23.21	32464
Lamotrigine (Ranbaxy) Dispersible Tabs. 100 mg. 56 (A)	S1B	40.04	32465
Lamotrigine (Ranbaxy) Dispersible Tabs. 200 mg. 56 (A)	S1B	73.16	32466
(Non-Proprietary Name Index: Lamotrigine)			
Lexapro (B & S Healthcare) Film Coated Tabs. 10 mg. 28 (A)	S1A	23.89	31338
Lexapro (B & S Healthcare) Film Coated Tabs. 20 mg. 28 (A)	S1A	47.80	31339
(Non-Proprietary Name Index: Escitalopram)			
Losec MUPS (McDowell Pharmaceuticals) Gastro-Resistant Tabs. 20 mg. 28 (A)	S1B	29.24	32110
(Non-Proprietary Name Index: Omeprazole)			
Lyrica (Doncaster Ltd.) Caps. 50 mg. 84 (A)	S1A	130.75	32453
Lyrica (Doncaster Ltd.) Caps. 75 mg. 56 (A)	S1A	87.16	32454
(Non-Proprietary Name Index: Pregabalin)			
Lyrica (P.C.O. Mfg.) Caps. 50 mg. 84 (A)	S1A	130.75	32497
(Non-Proprietary Name Index: Pregabalin)			
Movicol (Imbat Ltd.) 13 G. Powder Sachets 30 (A)		11.35	34588
Code the number of sachets dispensed			
(Non-Proprietary Name Index: Polyethlene Glycol)			
Mycostatin (Imbat Ltd.) Oral Susp. 30 ml. (B)	S1B	3.11	60017
(Non-Proprietary Name Index: Nystatin)			
Mycostatin (P.C.O. Mfg.) Oral Susp. 30 ml. (B)	S1B	3.11	60030
(Non-Proprietary Name Index: Nystatin)			
Natrilix SR (Imbat Ltd.) Tabs. 1.5 mg. 30 (A)	S1B	5.78	67370
(Non-Proprietary Name Index: Indapamide)			
Nebilet (Imbat Ltd.) Tabs. 5 mg. 28 (A)	S1B	13.81	35608
(Non-Proprietary Name Index: Nebivolol)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Nebilet Plus Film Coated Tabs. 5 mg./12.5 mg. 28 (A)	S1B	14.23	35672
Nebilet Plus Film Coated Tabs. 5 mg./25 mg. 28 (A)	S1B	14.23	35673
(Non-Proprietary Name Index: Nebivolol)			
Neurontin (Profind Wholesale Ltd.) Caps. 100 mg. 100 (A)	S1B	26.48	36213
Neurontin (Profind Wholesale Ltd.) Caps. 300 mg. 100 (A)	S1B	61.47	36214
(Non-Proprietary Name Index: Gabapentin)			
One Alpha (Imbat Ltd.) Caps. 0.25 mcg. 30 (A)	S1B	4.51	72523
(Non-Proprietary Name Index: Alfacalcidol)			
Opatanol (P.C.O. Mfg.) Eye Drops 1 mg./ml. 5 ml. (B)	S1A	12.72	69340
(Non-Proprietary Name Index: Olopatadine)			
Pantoprazole (Ranbaxy) Tabs. 20 mg. 28 (A)	S1B	9.00	77445
Pantoprazole (Ranbaxy) Tabs. 40 mg. 28 (A)	S1B	16.65	77446
(Non-Proprietary Name Index: Pantoprazole)			
Pariet (B & S Healthcare) Gastro-Resistant Tabs. 10 mg. 28 (A)	S1B	18.76	73140
Pariet (B & S Healthcare) Gastro-Resistant Tabs. 20 mg. 28 (A)	S1B	29.39	73141
(Non-Proprietary Name Index: Rabeprazole)			
Pariet (Profind Wholesale Ltd.) Gastro-Resistant Tabs. 10 mg. 28 (A)	S1B	18.71	73143
Pariet (Profind Wholesale Ltd.) Gastro-Resistant Tabs. 20 mg. 28 (A)	S1B	29.35	73144
(Non-Proprietary Name Index: Rabeprazole)			
Pendrex Tabs. 8 mg. 30 (A)	S1B	18.37	76830
(Non-Proprietary Name Index: Perindopril)			
Pentasa (Imbat Ltd.) Prolonged Release Tabs. 500 mg. 100 (A)	S1B	43.88	59690
(Non-Proprietary Name Index: Mesalazine)			
Pepcid (B & S Healthcare) Tabs. 20 mg. 28 (A)	S1B	17.31	39556
(Non-Proprietary Name Index: Famotidine)			
Pravitin (Imbat Ltd.) Tabs. 20 mg. 30 (A)	S1B	27.38	60512
(Non-Proprietary Name Index: Pravastatin)			
Profal Tabs. 5 mg. 28 (A)	S1A	22.73	71009
(Non-Proprietary Name Index: Finasteride)			
Rasilez HCT Tabs. 150 mg./12.5 mg. 28 (A)	S1B	25.67	68273
Rasilez HCT Tabs. 150 mg./25 mg. 28 (A)	S1B	26.09	68274
Rasilez HCT Tabs. 300 mg./12.5 mg. 28 (A)	S1B	33.32	68275
Rasilez HCT Tabs. 300 mg./25 mg. 28 (A)	S1B	33.68	68276
(Non-Proprietary Name Index: Aliskiren and Hydrochlorothiazide)			
Risperdal (Imbat Ltd.) Tabs. 0.5 mg. 20 (A)	S1A	10.18	45492
Risperdal (Imbat Ltd.) Tabs. 1 mg. 20 (A)	S1A	13.22	45493
Risperdal (Imbat Ltd.) Tabs. 1 mg. 60 (A)	S1A	39.62	45494
(Non-Proprietary Name Index: Risperidone)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Risperdal Quicklet (P.C.O. Mfg.) Tabs. 1 mg. 28 (A)	S1A	23.83	44109
Risperdal Quicklet (P.C.O. Mfg.) Tabs. 2 mg. 28 (A)	S1A	44.88	44110
(Non-Proprietary Name Index: Risperidone)			
Seroxat (Profind Wholesale Ltd.) Tabs. 20 mg. 30 (A)	S1A	15.99	45220
Seroxat (Profind Wholesale Ltd.) Tabs. 30 mg. 30 (A)	S1A	23.99	45221
(Non-Proprietary Name Index: Paroxetine)			
Spiriva (P.C.O. Mfg.) Caps. Refill 18 mcg. 30 (A)	S1B	43.05	61496
(Non-Proprietary Name Index: Tiotropium)			
Sporanox (iMED Healthcare) Caps. 100 mg. 15 (A)	S1B	27.78	61447
(Non-Proprietary Name Index: Itraconazole)			
Tenoret 50 (B & S Healthcare) Film Coated Tabs. 50 mg./12.5 mg. 28 (A)	S1B	4.91	75370
(Non-Proprietary Name Index: Atenolol and Chlortalidone)			
Tenoretic (B & S Healthcare) Tabs. 100 mg./25 mg. 28 (A)	S1B	6.95	75390
(Non-Proprietary Name Index: Atenolol and Chlorthalidone)			
Tenoretic (Profind Wholesale Ltd.) Tabs. 100 mg./25 mg. 28 (A)	S1B	6.92	75395
(Non-Proprietary Name Index: Atenolol and Chlorthalidone)			
Tenormin (B & S Healthcare) Film Coated Tabs. 50 mg. 28 (A)	S1B	4.52	69341
(Non-Proprietary Name Index: Atenolol)			
Travatan (Doncaster Ltd.) Eye Drops 40 mcg./1 ml. 2.5 ml. Pack 1 (A)	S1A	17.36	78642
Code the number of packs dispensed			
(Non-Proprietary Name Index: Travoprost)			
Traxam (P.C.O. Mfg.) Gel 3% 100 G. (B)	S1B	10.89	50413
(Non-Proprietary Name Index: Fenbufen)			
Ursofalk (P.C.O. Mfg.) Caps. 250 mg. 100 (A)	S1B	56.57	48530
(Non-Proprietary Name Index: Ursodeoxycholic Acid)			
Venlift XL (Ranbaxy) Prolonged Release Caps. 75 mg. 28 (A)	S1A	21.21	79290
Venlift XL (Ranbaxy) Prolonged Release Caps. 150 mg. 28 (A)	S1A	35.76	79291
(Non-Proprietary Name Index: Venlafaxine)			
Voltarol (Imbat Ltd.) Emulgel 50 G. (B)	S1B	2.97	77443
(Non-Proprietary Name Index: Diclofenac)			
Xatral (B & S Healthcare) Prolonged Release Tabs. 10 mg. 30 (A)	S1B	27.53	53530
(Non-Proprietary Name Index: Alfuzosin)			
Xatral (Profind Wholesale Ltd.) Prolonged Release Tabs. 10 mg. 30 (A)	S1B	28.35	53532
(Non-Proprietary Name Index: Alfuzosin)			
Xenical (BR Lewis Pharmaceuticals) Caps. 120 mg. 84	S1B	63.60	53405
Non-Proprietary Name Index: Orlistat)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Xyzal (McDowell Pharmaceuticals) Tabs. 5 mg. 30 (A) (*Non-Proprietary Name Index: Levocetirizine)*	S1B	10.71	74753
Zanidip (iMED Healthcare) Film Coated Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Lercanidipine)*	S1B	11.66	63821
Zantac (B & S Healthcare) Tabs. 150 mg. 60 (A)	S1B	23.93	55710
Zantac (B & S Healthcare) Tabs. 300 mg. 30 (A) *(Non-Proprietary Name Index: Ranitidine)*	S1B	22.04	55711
Zestril (B & S Healthcare) Tabs. 2.5 mg. 28 (A)	S1B	5.74	58456
Zestril (B & S Healthcare) Tabs. 5 mg. 28 (A)	S1B	8.10	58457
Zestril (B & S Healthcare) Tabs. 10 mg. 28 (A)	S1B	10.00	58458
Zestril (B & S Healthcare) Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Lisinopril)*	S1B	11.47	58459
Zispin (P.C.O. Mfg.) SolTab. Orodispersible Tabs. 45 mg. 30 (A) *(Non-Proprietary Name Index: Mirtazapine)*	S1A	37.05	62791
Zoton (Sam McCauley Chemists Ltd.) FasTab Orodispersible Tabs. 15 mg. 28 (A)	S1B	19.14	71017
Zoton (Sam McCauley Chemists Ltd.) FasTab Orodispersible Tabs. 30 mg. 28 (A) *(Non-Proprietary Name Index: Lansoprazole)*	S1B	38.04	71018
Zyprexa (Doncaster Ltd.) Tabs. 2.5 mg. 28 (A)	S1A	44.47	71716
Zyprexa (Doncaster Ltd.) Tabs. 7.5 mg. 56 (A) *(Non-Proprietary Name Index: Olanzapine)*	S1A	188.22	71717

ADDENDUM TO SEPTEMBER 2009 UPDATE

Rythmodan Retard Tabs. 250 mg. 60 (A) *(Non-Proprietary Name Index: Disopyramide)*	S1B	22.53	44710

DELETIONS

Lanafine AFR Cream 1% 7.5 G. 1 (A)	30534
Oxytetracycline (Clonmel) Tabs. 250 mg. 500 (A)	37860
Salazopyrin Susp. 250 mg./5 ml. 500 ml. (B)	79103

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST OCTOBER 2009

CHANGES UNDERLINED

Change	Temodal Tabs. 5 mg. 5	88192
To Read	Temodal Caps. 5 mg. 5	88192
Change	Temodal Tabs. 20 mg. 5	88198
To Read	Temodal Caps. 20 mg. 5	88198
Change	Temodal Tabs. 100 mg. 5	88203
To Read	Temodal Caps. 100 mg. 5	88203
Change	Temodal Tabs. 250 mg. 5	88204
To Read	Temodal Caps. 250 mg. 5	88204

DELETIONS

PROPRIETARY NAME	CODE	GENERIC NAME	MANUFACTURER
Copaxone Vials 20 mg. C 1 ml. Solvent 28 (A)	88029	Glatiramer Acetate	Sanofi Aventis

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st September 2009

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE 1ST SEPTEMBER 2009

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Carsem XL Prolonged Release 4 mg. 28 (A) *(Non-Proprietary Name Index: Doxazosin)*	S1B	14.99	20040
Cerazette Tabs. 75 mcg. 28 (A) *(Non-Proprietary Name Index: Desogestrel)*	S1B	5.90	65410
Cozaar Tabs. 12.5 mg. 28 (A) *(Non-Proprietary Name Index: Losartan)*	S1B	10.56	19257
Ixprim Effer. Tabs.37.5 mg./325 mg. 60 (A) *(Non-Proprietary Name Index: Tramadol Hydrochloride & Paracetamol)*	S1A	15.97	29037
Lestace Tabs. 2.5 mg. 28 (A)	S1B	5.57	17690
Lestace Tabs. 5 mg. 28 (A)	S1B	7.90	17691
Lestace Tabs. 10 mg. 28 (A)	S1B	9.72	17692
Lestace Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Lisinopril)*	S1B	11.18	17693
Luvinsta Caps. 20 mg. 28 (A)	S1B	12.02	42160
Luvinsta Caps. 40 mg. 28 (A) *(Non-Proprietary Name Index: Fluvastatin)*	S1B	14.18	42161
Naramerg Film Coated Tabs. 2.5 mg. 6 (A)	S1B	29.04	46642
Naramerg Film Coated Tabs. 2.5 mg. 12 (A) *(Non-Proprietary Name Index: Naratriptan)*	S1B	58.08	46643
Qlaira Film Coated Tabs. 28 (A) *(Non-Proprietary Name Index: Contraceptives, Oral)*	S1B	9.34	56907
Ramyte Caps. 2.5 mg. 28 (A)	S1B	6.34	49365
Ramyte Caps. 5 mg. 28 (A)	S1B	8.82	49366
Ramyte Caps. 10 mg. 28 (A) *(Non-Proprietary Name Index: Ramipril)*	S1B	12.01	49367

ADDENDUM TO JULY 2009 UPDATE

Nexium (Profind Wholesale Ltd.) Tabs. 40 mg. 28 (A) *(Non-Proprietary Name Index: Esomeprazole)*	S1B	43.78	61421

DELETIONS

Kenacomb Cream 15 G. (B)	30023
Kenacomb Oint. 15 G. (B)	64629
Kenacomb Otic Oint. 10 G. (B)	74713
Ortho-Creme Contraceptive Cream 70 G. (B)	78891

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st August 2009

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST AUGUST 2009

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Augmentin (B & S Healthcare) Tabs. 250 mg./125 mg. 21 (A) *(Non-Proprietary Name Index: Amoxicillin and Enzyme Inhibitor)*	S1A	6.53	14220
Cardura XL (Profind Wholesale Ltd.) Tabs. 4 mg. 28 (A)	S1B	16.04	16361
Cardura XL (Profind Wholesale Ltd.) Tabs. 8 mg. 28 (A) *(Non-Proprietary Name Index: Doxazosin)*	S1B	39.93	16362
Ciproxin (B & S Healthcare) Tabs. 250 mg. 10 (A) *(Non-Proprietary Name Index: Ciprofloxacin)*	S1A	5.84	18910
Crestor (Profind Wholesale Ltd.) Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Rosuvastatin)*	S1A	38.72	19230
Cymbalta (B & S Healthcare) Caps. 60 mg. 28 (A) *(Non-Proprietary Name Index: Duloxetine)*	S1A	36.42	19980
Exforge (B & S Healthcare) Tabs. 5 mg./160 mg. 28 (A) *(Non-Proprietary Name Index: Amlodipine & Valsartan)*	S1B	27.82	32460
Fosamax (B & S Healthcare) Once Weekly Tabs. 70 mg. 4 (A) *(Non-Proprietary Name Index: Alendronic Acid)*	S1B	31.97	25990
Gabapentin TEVA Film Coated Tabs. 600 mg. 100 (A)	S1B	92.00	58652
Gabapentin TEVA Film Coated Tabs. 800 mg. 100 (A) *(Non-Proprietary Name Index: Gabapentin)*	S1B	111.83	58653
Gopten (B & S Healthcare) Caps. 2 mg. 28 (A) *(Non-Proprietary Name Index: Trandolapril)*	S1B	9.42	26740
Inderal LA (B & S Healthcare) Caps. 160 mg. 28 (A) *(Non-Proprietary Name Index: Propranolol)*	S1B	8.95	73610
Lipitor (B & S Healthcare) Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Atorvastatin)*	S1B	35.98	32378
Lipitor (Profind Wholesale Ltd.) Tabs. 20 mg. 28 (A)	S1B	35.92	23460
Lipitor (Profind Wholesale Ltd.) Tabs. 40 mg. 28 (A)	S1B	60.12	23461
Lipitor (Profind Wholesale Ltd.) Tabs. 80 mg. 28 (A) *(Non-Proprietary Name Index: Atorvastatin)*	S1B	69.34	23462
Lyrica (B & S Healthcare) Caps. 25 mg. 21 (A) *(Non-Proprietary Name Index: Pregabalin)*	S1A	31.66	32472
Mirapexin (B & S Healthcare) Tabs. 0.7 mg. 100 (A) *(Non-Proprietary Name Index: Pramipexole)*	S1B	260.29	33660

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Nexium (Profind Wholesale Ltd.) Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Esomeprazole)*	S1B	28.38	61420
Nizoral (Imbat Ltd.) Shampoo 20 mg./G. 120 ml. (B) *(Non-Proprietary Name Index: Ketoconazole)*	S1B	7.04	76350
Nolvadex D (B & S Healthcare) Tabs. 20 mg. 30 (A) *(Non-Proprietary Name Index: Tamoxifen)*	S1B	7.70	36967
Omnexel (B & S Healthcare) Tabs. 400 mcg. 30 (A) *(Non-Proprietary Name Index: Tamsulosin)*	S1B	27.15	37566
Pravastatin Sodium TEVA Tabs. 10 mg. 28 (A)	S1B	12.36	60525
Pravastatin Sodium TEVA Tabs. 20 mg. 28 (A)	S1B	23.77	60526
Pravastatin Sodium TEVA Tabs. 40 mg. 28 (A) *(Non-Proprietary Name Index: Pravastatin Sodium)*	S1B	29.70	60527
Protelos (B & S Healthcare) Grans. Sachets 2 G. 14 (A) *Code the number of sachets dispensed* *(Non-Proprietary Name Index: Strontium Ranelate)*	S1A	20.24	43290
Protium (B & S Healthcare) Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Pantoprazole)*	S1B	19.23	43540
Reductil (B & S Healthcare) Caps. 10 mg. 28 (A)	S1A	53.65	44545
Reductil (B & S Healthcare) Caps. 15 mg. 28 (A) *(Non-Proprietary Name Index: Sibutramine)*	S1A	59.93	44546
Romep Gastro-resistant Caps. 10 mg. 28 (A)	S1B	13.62	36240
Romep Gastro-resistant Caps. 40 mg. 14 (A) *(Non-Proprietary Name Index: Omeprazole)*	S1B	25.61	36241
Sporanox (B & S Heatlhcare) Caps. 100 mg. 15 (A) *(Non-Proprietary Name Index: Itraconazole)*	S1B	27.76	61485
Tenoret (Profind Wholesale Ltd.) Tabs. 50 mg./12.5 mg. 28 (A) *(Non-Proprietary Name Index: Atenolol & Other Diuretics)*	S1B	4.87	75360
Tenormin (B & S Healthcare) Tabs. 25 mg. 28 (A) *(Non-Proprietary Name Index: Atenolol)*	S1B	3.50	69306
Tildiem LA (B & S Healthcare) Caps. 200 mg. 28 (A)	S1B	12.65	49003
Tildiem LA (B & S Healthcare) Caps. 300 mg. 28 (A) *(Non-Proprietary Name Index: Diltiazem)*	S1B	13.81	49004
Tildiem Retard **(**B & S Healthcare) Tabs. 90 mg. 56 (A)	S1B	14.56	49575
Tildiem Retard (B & S Healthcare) Tabs. 120 mg. 56 (A**)** *(Non-Proprietary Name Index: Diltiazem)*	S1B	16.18	49576
Zanidip (B & S Healthcare) Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Lercanidipine)*	S1B	19.03	63890

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Zestril (Profind Wholesale Ltd.) Tabs. 5 mg. 28 (A)	S1B	8.03	58435
Zestril (Profind Wholesale Ltd.) Tabs. 10 mg. 28 (A)	S1B	9.97	58436
Zestril (Profind Wholesale Ltd.) Tabs. 20 mg. 28 (A)	S1B	11.44	58437
Zinnat (B & S Healthcare) Tabs. 250 mg. 12 (A) *(Non-Proprietary Name Index: Cefuroxime)*	S1A	8.39	59875
Zolepant Tabs. 20 mg. 28 (A)	S1B	11.90	52609
Zolepant Tabs. 40 mg. 28 (A) *(Non-Proprietary Name Index: Pantoprazole)*	S1B	22.04	52610
Zoton (B & S Healthcare) FasTabs. Tabs. 15 mg. 28 (A)	S1B	19.47	71050
Zoton (B & S Healthcare) FasTabs. Tabs. 30 mg. 28 (A) *(Non-Proprietary Name Index: Lansoprazole)*	S1B	38.70	71051

DELETIONS

Coversyl Plus Tabs. 4 mg./1.25 mg. 30 (A)	18417
Zyprexa Tabs. 10 mg. 56 (A)	56036

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST AUGUST 2009

ADDITIONS

PROPRIETARY NAME INDEX	CODE	GENERIC NAME	TRADE PRICE €	MANUFACTURER	AGENTS
Advagraf Prolonged Release Caps. 3 mg. 50 (A)	88444	Tacrolimus	398.87	Astellas Pharma Co Ltd	Temmler Ireland

DELETIONS

PROPRIETARY NAME	CODE	GENERIC NAME	MANUFACTURER
Raptiva Pdr. & Solv. for Soln. for Inj. 100 mg./ml. 1 (A)	88634	Efalizumab	Merck Serono

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st July 2009

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST JULY 2009

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Actonel Plus (B & S Healthcare) Ca & D Treatment Pack 1(A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Risedronate Acid, Calcium & Colecalciferol)*	S1B	36.57	10740
Augmentin (iMED Healthcare) Film Coated Tabs. 250 mg./125 mg. 100 (A) *(Non-Proprietary Name Index: Amoxicillin and Enzyme Inhibitor)*	S1A	33.31	14225
Azopt (BR Lewis Pharmaceuticals) Eye Drops 10 mg./ml. 5 ml. (B) *(Non-Proprietary Name Index: Brinzolamide)*	S1B	11.45	50808
Bonviva (BR Lewis Pharmaceuticals) Tabs.150 mg. 1 (A) *(Non-Proprietary Name Index: Ibandronic Acid)*	S1B	31.63	14021
Capozide (B & S Healthcare) Tabs. 50/25 mg. 28 (A) *(Non-Proprietary Name Index: Captopril)*	S1B	13.86	17287
Cardura XL (B & S Healthcare) Tabs. 4 mg. 28 (A)	S1B	17.23	16385
Cardura XL (B & S Healthcare) Tabs. 8 mg. 28 (A) *(Non-Proprietary Name Index: Doxazosin)*	S1B	42.83	16389
Ciplox Film Coated Tabs. 250 mg. 10 (A)	S1A	6.35	18964
Ciplox Film Coated Tabs. 250 mg. 20 (A)	S1A	12.55	18966
Ciplox Film Coated Tabs. 500 mg. 10 (A)	S1A	12.00	18968
Ciplox Film Coated Tabs. 500 mg. 20 (A)	S1A	24.00	18970
Ciplox Film Coated Tabs. 750 mg. 10 (A) *(Non-Proprietary Name Index: Ciprofloxacin)*	S1A	20.96	18972
Cipramil (Imbat Ltd.) Film Coated Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Citalopram)*	S1A	10.97	18351
Coversyl Arginine (B & S Healthcare) Tabs. 5 mg. 30 (A)	S1B	16.08	19471
Coversyl Arginine (B & S Healthcare) Tabs. 10 mg. 30 (A) *(Non-Proprietary Name Index: Perindopril)*	S1B	25.76	19475
Hytrin (B & S Healthcare) Tabs. 2 mg. 28 (A)	S1B	17.51	27890
Hytrin (B & S Healthcare) Tabs. 5 mg. 28 (A)	S1B	23.65	27894
Hytrin (B & S Healthcare) Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Terazosin)*	S1B	33.27	27897
Innovace (Imbat Ltd.) Tabs. 5 mg. 28 (A) *(Non-Proprietary Name Index: Enalapril)*	S1B	6.77	29827
Istin (B & S Healthcare) Tabs. 5 mg. 28 (A) *(Non-Proprietary Name Index: Amlodipine)*	S1B	10.51	29064
Lipitor (B & S Healthcare) Tabs. 40 mg. 28 (A)	S1B	64.38	31903
Lipitor (B & S Healthcare) Tabs. 80 mg. 28 (A) *(Non-Proprietary Name Index: Atorvastatin)*	S1B	74.27	31905
Lustral (B & S Healthcare) Tabs. 50 mg. 30 (A) *(Non-Proprietary Name Index: Sertraline)*	S1A	25.73	31521

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Naprosyn EC (B & S Healthcare) Tabs. 250 mg. 56 (A)	S1B	5.93	76544
Naprosyn EC (B & S Healthcare) Tabs. 500 mg. 56 (A)	S1B	11.87	76548
(Non-Proprietary Name Index: Naproxen)			
Neoclarityn 0.5 mg./ml. Oral Soln. 100 ml. (B)	S1B	7.04	35841
Neoclarityn 0.5 mg./ml. Oral Soln. 150 ml. (B)	S1B	10.88	35847
(Non-Proprietary Name Index: Desloratadine)			
Prindace Tabs. 4 mg. 30 (A)	S1B	14.20	43716
Prindace Tabs. 8 mg. 30 (A)	S1B	22.67	43719
(Non-Proprietary Name Index: Perindopril)			
Seretide (Profind Wholesale Ltd.) Diskus 50 mcg./500 mcg. 60 Blisters Complete Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Salmeterol & other Drugs for Obstructive Airway Diseases)*	S1B	75.95	45647
Tegretol (P.C.O. Mfg.) Tabs. 200 mg. 50 (A) *(Non-Proprietary Name Index: Carbamzepine)*	S1B	4.38	67404
Terbasil Tabs. 250 mg. 28 (A) *(Non-Proprietary Name Index: Terbinafine)*	S1B	37.40	49322
Ventolin Evohaler (Profind Wholesale Ltd.) 100 mcg. 200 Dose Aerosol 1 (A) *Code the number of aerosols dispensed* *(Non-Proprietary Name Index: Salbutamol)*	S1B	3.40	74556
Zanidip (Profind Wholesale Ltd.) Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Lercanidipine)*	S1B	12.44	63838
Zestril (P.C.O. Mfg.) Tabs. 2.5 mg. 28 (A) *(Non-Proprietary Name Index: Lisinopril)*	S1B	6.15	58496
Zoton (Profind Wholesale Ltd.) FasTab. Orodispersible Tabs. 15 mg. 28 (A)	S1B	20.81	71038
Zoton (Profind Wholesale Ltd.) FasTab. Orodispersible Tabs. 30 mg. 28 (A)	S1B	41.35	71043
(Non-Proprietary Name Index: Lansoprazole)			

DELETIONS

Dovonex Oint. 60 G. (B)	74527
Fortagesic Tabs. 100 (A)	67253
Fortral Caps. 50 mg. 100 (A)	53643
Fortral Inj. 30 mg./ml. 1 ml. 10 (A)	25887
Fortral Inj. 30 mg./ml. 2 ml. 10 (A)	25895
Fortral Tabs. 25 mg. 100 (A)	25917
Franol Expect. 1 Litre (B)	26042
Hismanal Tabs. 10 mg. 30 (A)	30430
Isovorin Soln. for Injection 10 mg./ml. 2.5 ml. Vial 1 (A)	29623
Isovorin Soln. for Injection 10 mg./ml. 5 ml. Vial 1 (A)	29654
Isovorin Soln. for Injection 10 mg./ml. 17.5 ml. Vial 1 (A)	29679
Lasix Tabs. 500 mg. 100 (A)	30823

DELETIONS

Pericam Caps. 10 mg. 56 (A)	38466
Prepulsid Susp. 200 ml. (B)	42986
Prepulsid Tabs. 5 mg. 84 (A)	42994
Prepulsid Tabs. 10 mg. 112 (A)	43028
Prepulsid Tabs. 10 mg. 120 (A)	42625
Pro-Actidil Tabs. 10 mg. 100 (A)	42641
Pro-Vent Caps. 300 mg. 100 (A)	43109
Rheumox Caps. 300 mg. 100 (A)	68225
Rheumox Tabs. 600 mg. 100 (A)	77593
Salagen Tabs. 5 mg. 84 (A)	44750
Seroquel (G & A Licensing Ltd.) Film Coated Tabs. 25 mg. 60 (A)	45997
Tagamet Inj. 100 mg./ml. 2 ml. 20 (A)	48305

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST JULY 2009

ADDITIONS

PROPRIETARY NAME	CODE	GENERIC NAME	TRADE PRICE €	MANUFACTURER	AGENTS
Baraclude Oral Susp. 0.05 mg./ml. 210 ml. (B)	88733	Entecavir	665.89	Bristol Myers Squibb	United Drugs
Rebif Soln. for Inj. 2 Multidose Cartridge Initiation Pack 1 (A) *Code the number of packs dispensed*	88369	Interferon Beta -1A	714.42	Merck Serono	Allphar
Rebif Multidose Soln. for Inj. Cartridge 22 mcg./0.5 ml. 1.5 ml. 4 (A) *Code the number of cartridges dispensed*	88367	Interferon Beta -1A	1042.30	Merck Serono	Allphar
Rebif Multidose Soln. for Inj. Cartridge 44 mcg./0.5 ml. 1.5 ml. 4 (A) *Code the number of cartridges dispensed*	88368	Interferon Beta -1A	1428.84	Merck Serono	Allphar
Sprycel Film Coated Tabs. 100 mg. 30 (A)	88549	Dasatinib	4754.82	Bristol Myers Squibb	United Drug

DELETIONS

PROPRIETARY NAME	CODE	GENERIC NAME	MANUFACTURER
Temodal Tabs. 5 mg. 20 (A)	88194	Temozolomide	Schering Plough
Temodal Tabs. 20 mg. 20 (A)	88199	Temozolomide	Schering Plough
Vancocin (Vancomycin) Caps. 125 mg. 20 (A)	88200	Vancomycin	Flynn Pharma
Vancocin (Vancomycin) Caps. 250 mg. 20 (A)	88201	Vancomycin	Flynn Pharma

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st June 2009

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST JUNE 2009

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Adalat (Imbat Ltd.) Retard Tabs. 20 mg. 56 (A) *(Non-Proprietary Name Index: Nifedipine)*	S1B	13.54	56393
Alopur Tabs. 100 mg. 100 (A) Alopur Tabs. 300 mg. 100 (A) *(Non-Proprietary Name Index: Allopurinol)*	S1B	7.59 21.10	10652 10681
Aricept (B & S Healthcare) Tabs. 5 mg. 28 (A) Aricept (B & S Heatlhcare) Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Donepezil)*	S1A	73.76 103.40	13201 13224
Arythmol (B & S Healthcare) Tabs. 150 mg. 90 (A) *(Non-Proprietary Name Index: Propafenone)*	S1B	25.60	12857
Asasantin (B & S Healthcare) Retard Caps. 200 mg./25 mg. 60 (A) *(Non-Proprietary Name Index: Dipyridamole and Acetysalicylic Acid)*	S1B	13.64	13133
Augmentin (B & S Healthcare) Duo Tabs. 500/125 mg. 12 (A) *(Non-Proprietary Name Index: Amoxicillin and Enzyme Inhibitor)*	S1A	9.20	11814
Avandamet (B & S Healthcare) Tabs. 1/500 mg. 56 (A) Avandamet (B & S Healthcare) Tabs. 2/500 mg. 28 (A) Avandamet (B & S Healthcare) Tabs. 2/500 mg. 112 (A) *(Non-Proprietary Name Index: Rosiglitazone and Metformin)*	S1B	17.72 18.21 72.87	53410 53424 53442
Azopt (B & S Healthcare) Eye Drops 10 mg./ml. 5 ml. (B) *(Non-Proprietary Name Index: Brinzolamide)*	S1B	11.10	50803
Bellramil Caps. 5 mg. 30 (A) *(Non-Proprietary Name Index: Ramipril)*	S1B	8.35	14307
Celebrex (B & S Healthcare) Caps. 100 mg. 30 (A) *(Non-Proprietary Name Index: Celecoxib)*	S1B	14.63	17331
Co-Aprovel (B & S Healthcare) Tabs. 150/12.5 mg. 28 (A) *(Non-Proprietary Name Index: Irbesartan and Diuretics)*	S1B	20.25	17970
Dona (Imbat Ltd.) Pdr. for Oral Soln. 1500 mg. Sachets 30 (A) *Code the number of sachets dispensed* *(Non-Proprietary Name Index: Glucosamine)*		24.98	79364
Dovobet (B & S Healthcare) Oint. 50 mcg./G. + 0.5 mg./G. 120 G. (B) *(Non-Proprietary Name Index: Calcipotriol, Combinations)*	S1A	110.48	22525
Ebixa (B & S Healthcare) Tabs. 10 mg. 56 (A) *(Non-Proprietary Name Index: Memantine)*	S1A	115.02	74531
Flixonase (B & S Healthcare) 50 mcg. Aqueous Nasal Spray 120 Dose Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Fluticasone)*	S1B	9.97	23220
Fucidin (B & S Healthcare) Cream 20 mg./G. 15 G. (B) *(Non-Proprietary Name Index: Fusidic Acid)*	S1A	3.79	59347

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Fucidin (Imbat Ltd.) Cream 20 mg./G. 15 G. (B)	S1A	3.92	59411
Fucidin (Imbat Ltd.) Cream 20 mg./G. 30 G. (B)		6.61	59436
(Non-Proprietary Name Index: Fusidic Acid)			
Lexapro (iMED Healthcare) Tabs. 10 mg. 28 (A)	S1A	25.56	45907
Lexapro (iMED Healthcare) Tabs. 20 mg. 28 (A)		51.12	45938
(Non-Proprietary Name Index: Escitalopram)			
Lipitor (iMED Healthcare) Tabs. 10 mg. 28 (A)	S1B	24.41	31749
(Non-Proprietary Name Index: Atorvastatin)			
Lyrica (B & S Healthcare) Caps. 25 mg. 14 (A)	S1A	22.57	32403
Lyrica (B & S Healthcare) Caps. 25 mg. 100 (A)		161.18	32422
Lyrica (B & S Healthcare) Caps. 50 mg. 21 (A)		33.86	32450
Lyrica (B & S Healthcare) Caps. 100 mg. 21 (A)		33.85	32494
(Non-Proprietary Name Index: Pregabalin)			
Micardis (B & S Healthcare) Tabs. 20 mg. 28 (A)	S1B	21.16	34501
Micardis (B & S Healthcare) Tabs. 40 mg. 28 (A)		21.86	34552
Micardis (B & S Healthcare) Tabs. 80 mg. 28 (A)		26.39	34567
(Non-Proprietary Name Index: Telmisartan)			
Micardis Plus (B & S Healthcare) Tabs. 80/12.5 mg. 28 (A)	S1B	25.52	34631
(Non-Proprietary Name Index: Telmisartan and Diuretics)			
Mirapexin (B & S Healthcare) Tabs. 0.18 mg. 100 (A)	S1B	69.44	33614
(Non-Proprietary Name Index: Pramipexole)			
Pantium Gastro-Resistant Tabs. 20 mg. 28 (A)	S1B	12.27	77001
Pantium Gastro-Resistant Tabs. 40 mg. 28 (A)		22.73	77043
(Non-Proprietary Name Index: Pantoprazole)			
Pantoflux Gastro-Resistant Tabs. 20 mg. 28 (A)	S1B	15.80	77114
Pantoflux Gastro-Resistant Tabs. 40 mg. 28 (A)		29.20	77138
(Non-Proprietary Name Index: Pantoprazole)			
Pantoprazole (Niche) Gastro-Resistant Tabs. 20 mg. 28 (A)	S1B	14.15	77317
Pantoprazole (Niche) Gastro-Resistant Tabs. 40 mg. 28 (A)		30.00	77336
(Non-Proprietary Name Index: Pantoprazole)			
Pantoprazole (TEVA) Gastro-Resistant Tabs. 20 mg. 28 (A)	S1B	14.44	77439
Pantoprazole (TEVA) Gastro-Resistant Tabs. 40 mg. 28 (A)		26.72	77490
(Non-Proprietary Name Index: Pantoprazole)			
Pantup Gastro-Resistant Tabs. 20 mg. 28 (A)	S1B	12.73	77516
Pantup Gastro-Resistant Tabs. 40 mg. 28 (A)		23.58	77542
(Non-Proprietary Name Index: Pantoprazole)			
Pariet (Imbat Ltd.) Gastro-Resistant Tabs. 10 mg. 28 (A)	S1B	20.05	38920
(Non-Proprietary Name Index: Rabeprazole)			
Plavix (B & S Healthcare) Tabs. 75 mg. 28 (A)	S1B	50.30	40213
(Non-Proprietary Name Index: Clopidogrel)			
Protizole Gastro-Resistant Tabs. 20 mg. 28 (A)	S1B	15.91	43322
Protizole Gastro-Resistant Tabs. 40 mg. 28 (A)		29.47	43374
(Non-Proprietary Name Index: Pantoprazole)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Rangabax Hard Caps. 100 mg. 100 (A)	S1B	17.04	42902
Rangabax Hard Caps. 300 mg. 100 (A)		36.39	42923
Rangabax Hard Caps. 400 mg. 100 (A)		44.09	42948
Rangabax Hard Caps. 800 mg. 100 (A)		97.55	42966
(Non-Proprietary Name Index: Gabapentin)			
Serlo Tabs. 50 mg. 28 (A)	S1A	21.45	60211
Serlo Tabs. 100 mg. 28 (A)		33.10	60256
(Non-Proprietary Name Index: Sertraline)			
Stalevo Tabs. 75/18.75/200 mg. 100 (A)	S1B	121.19	62622
Stalevo Tabs. 125/31.25/200 mg. 100 (A)		121.19	62654
(Non-Proprietary Name Index: Levodopa, Decarboxylase Inhibitor and COMT Inhibitor)			
Travatan (B & S Healthcare) Eye Drops 40 mcg./ml. 2.5 ml. Pack 1 (A)	S1A	17.99	78652
Code the number of packs dispensed			
(Non-Proprietary Name Index: Travoprost)			
Tredaptive Modified Release Tabs. 1000 mg./20 mg. 28 (A)	S1A	19.76	50519
Tredaptive Modified Release Tabs. 1000 mg./20 mg. 56 (A)		39.52	50547
(Non-Proprietary Name Index: Nicotinic Acid, Combinations)			
Vensir XL Prolonged Release Caps. 75 mg. 28 (A)	S1A	20.56	56341
Vensir XL Prolonged Release Caps. 150 mg. 28 (A)		34.65	56570
(Non-Proprietary Name Index: Venlafaxine)			
Xatral (iMED Healthcare) Prolonged Release Tabs. 10 mg. 30 (A)	S1B	30.37	53597
(Non-Proprietary Name Index: Alfuzosin)			
Zyprexa (iMED Healthcare) Tabs. 10 mg. 28 (A)	S1A	134.23	56118
(Non-Proprietary Name Index: Olanzapine)			

CHANGE

CHANGE TO MAY 2009 UPDATE

Delete	19017	Cozaar (Imbat Ltd.) Tab. 50 mg. 28 (A)	20.91
Delete	63857	Zimovane (Imbat Ltd.) Tabs. 7.5 mg. 28 (A)	7.00

CHANGES TO THE LIST OF FLAT RATED NON-DRUG ITEMS REIMBURSABLE UNDER THE GMS SCHEME

CHANGES <u>UNDERLINED</u>

Change	Ascensia Microfill Test Strips 50		81537
To Read	<u>Contour</u> Test Strip 50		81537
Change	Lancet Type C (cylindrical mount fluted longitudinally fine gauge – minimum 28 G.)	Abbott Thin/Abbott Ascensia Microlet/Bayer Micro-Fine+/BD OneTouch UltraSoft/LifeScan	85055
To Read	Lancet Type C (cylindrical mount fluted longitudinally fine gauge – minimum 28 G.)	Abbott Thin/Abbott <u>Microlet/Bayer</u> Micro-Fine+/BD OneTouch UltraSoft/LifeScan	85055

DELETIONS

Anxicalm Tabs. 2 mg. 500 (A)	70971
Mexitil Caps. 50 mg. 100 (A)	70165
Mexitil Caps. 200 mg. 100 (A)	70173
Mexitil Inj. 25 mg./ml. 10 ml. 5 (A)	70181
Myocrisin Inj. 50 mg. 10 (A)	35203
Tylex Caps. 24 (A)	50589

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME
EFFECTIVE
1ST JUNE 2009

CHANGES **CHANGES UNDERLINED**					
PROPRIETARY NAME INDEX	**CODE**	**GENERIC NAME**	**TRADE PRICE €**	**MANUFACTURER**	**AGENTS**
Viraferon Peg Pen 50 mcg. 1 (A) *Code the number of pre-filled pens dispensed*	88621	Peginterferon Alfa-2B	107.62	Schering-Plough Pharmaceuticals	United Drug
Viraferon Peg Pen 50 mcg. 1 (A) *Code the number of pre-filled pens dispensed*	88374	Peginterferon Alfa-2B	107.62	Schering-Plough Pharmaceuticals	United Drug
Viraferon Peg Pen 80 mcg. 1 (A) *Code the number of pre-filled pens dispensed*	88713	Peginterferon Alfa-2B	172.21	Schering-Plough Pharmaceuticals	United Drug
Viraferon Peg Pen 80 mcg. 1 (A) *Code the number of pre-filled pens dispensed*	88481	Peginterferon Alfa-2B	172.21	Schering-Plough Pharmaceuticals	United Drug

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st May 2009

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST MAY 2009

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Abilify (B & S Healthcare) Tabs. 5 mg. 28 (A)	S1A	136.80	10302
Abilify (B & S Healthcare) Tabs. 10 mg. 28 (A)		141.78	10324
Abilify (B & S Healthcare) Tabs. 15 mg. 28 (A)		141.78	10397
(Non-Proprietary Name Index: Aripiprazole)			
Abilify (Doncaster Ltd.) Tabs. 10 mg. 28 (A)	S1A	146.53	10400
Abilify (Doncaster Ltd.) Tabs. 15 mg. 28 (A)		146.53	10458
(Non-Proprietary Name Index: Aripiprazole)			
Actonel (Imbat Ltd.) Once A Week Tabs. 35 mg. 4 (A)	S1B	35.19	10505
(Non-Proprietary Name Index: Risedronate Sodium)			
Actos (B & S Healthcare) Tabs. 30 mg. 28 (A)	S1B	55.11	10579
(Non-Proprietary Name Index: Pioglitazone)			
Actos (Doncaster Ltd.) Tabs. 15 mg. 28 (A)	S1B	38.31	10609
Actos (Doncaster Ltd.) Tabs. 30 mg. 28 (A)		56.98	10661
(Non-Proprietary Name Index: Pioglitazone)			
Adalat (Imbat Ltd.) Retard Tabs. 20 mg. 60 (A)	S1B	13.55	10773
(Non-Proprietary Name Index: Nifedipine)			
Aldara (Doncaster Ltd.) 5% Cream Sachets 12 (A)	S1B	81.00	11014
Code the number of sachets dispensed			
(Non-Proprietary Name Index: Imiquimod)			
Amaryl (Imbat Ltd.) Tabs. 1 mg. 30 (A)	S1A	3.12	12713
Amaryl (Imbat Ltd.) Tabs. 4 mg. 30 (A)		8.79	12738
(Non-Proprietary Name Index: Glimepiride)			
Aprovel (B & S Healthcare) Tabs. 150 mg. 28 (A)	S1B	20.25	12015
Aprovel (B & S Healthcare) Tabs. 300 mg. 28 (A)		27.32	12059
(Non-Proprietary Name Index: Irbesartan)			
Aprovel (Doncaster Ltd.) Tabs. 75 mg. 28 (A)	S1B	18.81	12100
Aprovel (Doncaster Ltd.) Tabs. 150 mg. 28 (A)		20.91	12125
Aprovel (Doncaster Ltd.) Tabs. 300 mg. 28 (A)		28.23	12142
(Non-Proprietary Name Index: Irbesartan)			
Aricept (Imbat Ltd.) Tabs. 5 mg. 28 (A)	S1A	73.22	13007
(Non-Proprietary Name Index: Donepezil)			
Augmentin (Imbat Ltd.) Tabs. 250/125 mg. 100 (A)	S1A	33.31	13521
(Non-Proprietary Name Index: Amoxicillin & Enzyme Inhibitor)			
Avandamet (B & S Healthcare) Tabs. 2/500 mg. 56 (A)	S1B	36.43	53671
(Non-Proprietary Name Index: Metformin & Rosiglitazone)			
Avandamet (Doncaster Ltd.) Tabs. 2 mg./500 mg. 56 (A)	S1B	37.65	53723
Avandamet (Doncaster Ltd.) Tabs. 2 mg./1000 mg. 56 (A)		40.75	53736
Avandamet (Doncaster Ltd.) Tabs. 4 mg./1000 mg. 56 (A)		74.69	53751
(Non-Proprietary Name Index: Metformin & Rosiglitazone)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Avandia (B & S Healthcare) Tabs. 4 mg. 28 (A)	S1B	38.98	53802
Avandia (B & S Healthcare) Tabs. 4 mg. 56 (A)		74.14	53831
Avandia (B & S Healthcare) Tabs. 8 mg. 28 (A)		70.48	53892
(Non-Proprietary Name Index: Rosiglitazone)			
Avandia (Doncaster Ltd.) Tabs. 4 mg. 28 (A)	S1B	40.35	53913
(Non-Proprietary Name Index: Rosiglitazone)			
Bonviva (Doncaster Ltd.) Tabs. 150 mg. 1 (A)	S1B	31.64	14017
(Non-Proprietary Name Index: Ibandronic Acid)			
Cardicor (Imbat Ltd.) Tabs. 1.25 mg. 28 (A)	S1B	8.48	16103
Cardicor (Imbat Ltd.) Tabs. 2.5 mg. 28 (A)		7.87	16114
Cardicor (Imbat Ltd.) Tabs. 3.75 mg. 28 (A)		9.70	16120
Cardicor (Imbat Ltd.) Tabs. 5 mg. 28 (A)		10.19	16131
Cardicor (Imbat Ltd.) Tabs. 7.5 mg. 28 (A)		11.75	16148
Cardicor (Imbat Ltd.) Tabs. 10 mg. 28 (A)		13.02	16152
(Non-Proprietary Name Index: Bisoprolol)			
Cardura XL (Imbat Ltd.) Tabs. 4 mg. 28 (A)	S1B	17.23	16202
Cardura XL (Imbat Ltd.) Tabs. 8 mg. 28 (A)		34.27	16257
(Non-Proprietary Name: Doxazosin)			
Champix (Doncaster Ltd.) Tabs. 1 mg. 28 (A)	S1A	39.36	17120
Champix (Doncaster Ltd.) Tabs. 1 mg. 56 (A)		80.51	17143
(Non-Proprietary Name Index: Varenicline)			
Cipramil (B & S Healthcare) Tabs. 20 mg. 28 (A)	S1A	17.18	18311
(Non-Proprietary Name Index: Citalopram)			
Co-Aprovel (Doncaster Ltd.) Tabs. 150/12.5 mg. 28 (A)	S1B	20.91	17923
Co-Aprovel (Doncaster Ltd.) Tabs. 300/12.5 mg. 28 (A)		28.23	17961
(Non-Proprietary Name Index: Irbesartan & Diuretics)			
Combivent (Imbat Ltd.) Metered Inhaler 20 mcg./100mcg. 200 Dose Aerosol 1 (A)	S1B	7.84	18460
Code the number of Inhalers dispensed			
(Non-Proprietary Name Index: Salbutamol & Other Drugs for Obstructive Airways Disease)			
Cozaar (Imbat Ltd.) Tabs. 100 mg. 28 (A)	S1B	35.16	19051
(Non-Proprietary Name Index: Losartan)			
Creon 25,000 (B & S Heatlhcare) Caps. 60 (A)		30.63	19122
(Non-Proprietary Name Index: Pancreatic Enzymes)			
Crestor (Imbat Ltd.) Tabs. 20 mg. 28 (A)	S1A	41.72	19202
(Non-Proprietary Name Index: Rosuvastatin)			
Difene (Imbat Ltd.) Dual Release Caps. 75 mg. 60 (A)	S1B	20.43	19710
(Non-Proprietary Name Index: Diclofenac)			
Dovobet (Imbat Ltd.) Oint. 50 mcg./G. + 0.5 mg./G. 120 G. (B)	S1A	110.54	22103
(Non-Proprietary Name Index: Calcipotril, Combinations)			
Dovonex (B & S Healthcare) Scalp Soln. 50 mcg./ml. 120 ml. (B)	S1A	55.26	22173
(Non-Proprietary Name Index: Calcipotriol)			
Ebixa (Doncaster Ltd.) Tabs. 10 mg. 28 (A)	S1A	57.51	74511
Ebixa (Doncaster Ltd.) Tabs. 10 mg. 56 (A)		115.04	74540
(Non-Proprietary Name Index: Memantine)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Elantan LA (Imbat Ltd.) Caps. 50 mg. 28 (A) *(Non-Proprietary Name Index: Isosorbide)*	S1B	14.97	22108
Eltroxin (Imbat Ltd.) Tabs. 25 mcg. 28 (A)	S1B	1.28	23120
Eltroxin (Imbat Ltd.) Tabs. 50 mcg. 28 (A)		1.74	23142
Eltroxin (Imbat Ltd.) Tabs. 100 mcg. 28 (A) *(Non-Proprietary Name Index: Levothyroxine)*		1.91	23171
Eucreas Tabs. 50 mg./850 mg. 60 (A)	S1B	54.34	24314
Eucreas Tabs. 50 mg./1000 mg. 60 (A) *(Non-Proprietary Name Index: Metformin + Vidagliptin)*		54.34	24352
Evista (Doncaster Ltd.) Tabs. 60 mg. 28 (A) *(Non-Proprietary Name Index: Raloxifene)*	S1B	28.99	24552
Fosamax (Imbat Ltd.) Once Weekly Tabs. 70 mg. 4 (A) *(Non-Proprietary Name Index: Alendronic Acid)*	S1B	34.20	75210
Fosavance (B & S Healthcare) Tabs. 70 mg. 4 (A) *(Non-Proprietary Name Index: Alendronic Acid)*	S1B	32.53	75241
Fosavance (Doncaster Ltd.) Tabs. 70 mg. 4 (A) *(Non-Proprietary Name Index: Alendronic Acid)*	S1B	33.60	75279
Fostolin Once Weekly Tabs. 70 mg. 4 (A) *(Non-Proprietary Name Index: Alendronic Acid)*	S1B	23.56	75331
Galvus Tabs. 50 mg. 56 (A) *(Non-Proprietary Name Index: Vildagliptin)*	S1A	50.71	71711
Imdur (Imbat Ltd.) Tabs. 60 mg. 28 (A) *(Non-Proprietary Name Index: Isosorbide Mononitrate)*	S1B	12.10	31441
Imodium (Imbat Ltd.) Caps. 2 mg. 60 (A) *(Non-Proprietary Name Index: Loperamide)*	S1B	5.82	28706
Imuran (Imbat Ltd.) Tabs. 50 mg. 100 (A) *(Non-Proprietary Name Index: Azathioprine)*	S1A	51.25	28847
Istin (Imbat Ltd.) Tabs. 5 mg. 28 (A) *(Non-Proprietary Name Index: Amlodipine)*	S1B	10.52	28901
Keppra (Doncaster Ltd.) Tabs. 250 mg. 60 (A)	S1B	45.00	30203
Keppra (Doncaster Ltd.) Tabs. 500 mg. 60 (A) *(Non-Proprietary Name Index: Levetiracetam)*		78.95	30271
Klacid LA (Imbat Ltd.) Tabs. 500 mg. 7 (A) *(Non-Proprietary Name Index: Clarithromycin)*	S1A	16.15	31714
Klaram Tabs. 250 mg. 14 (A)	S1A	10.65	30104
Klaram Tabs. 500 mg. 14 (A) *(Non-Proprietary Name Index: Clarithromycin)*		21.30	30142
Lamisil (Imbat Ltd.) Tabs. 250 mg. 28 (A) *(Non-Proprietary Name Index: Terbinafine)*	S1B	37.40	30913
Lipitor (Imbat Ltd.) Tabs. 20 mg. 28 (A)	S1B	38.50	31710
Lipitor (Imbat Ltd.) Tabs. 40 mg. 28 (A)		64.40	31731
Lipitor (Imbat Ltd.) Tabs. 80 mg. 28 (A) *(Non-Proprietary Name Index: Atorvastatin)*		74.28	31752

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Lipostat (Imbat Ltd.) Tabs. 40 mg. 28 (A) *(Non-Proprietary Name Index: Pravastatin)*	S1B	34.23	31811
Losec MUPS (Imbat Ltd.) Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Omeprazole)*	S1B	16.61	32120
Lyrica (B & S Healthcare) Caps. 25 mg. 84 (A)	S1A	135.44	32313
Lyrica (B & S Healthcare) Caps. 50 mg. 84 (A)		135.37	32324
Lyrica (B & S Healthcare) Caps. 75 mg. 14 (A)		22.58	32340
Lyrica (B & S Healthcare) Caps. 100 mg. 84 (A)		135.40	32354
Lyrica (B & S Healthcare) Caps. 150 mg. 14 (A)		22.58	32386
Lyrica (B & S Healthcare) Caps. 300 mg. 56 (A) *(Non-Proprietary Name Index: Pregabalin)*		90.30	32390
Lyrica (Doncaster Ltd.) Caps. 25 mg. 56 (A)	S1A	93.23	32401
Lyrica (Doncaster Ltd.) Caps. 25 mg. 84 (A)		139.85	32418
Lyrica (Doncaster Ltd.) Caps. 150 mg. 56 (A) *(Non-Proprietary Name Index: Pregabalin)*		93.23	32445
Methotrexate (Orion Pharma) Tabs. 2.5 mg. 28 (A)	S1A	3.77	34015
Methotrexate (Orion Pharma) Tabs. 10 mg. 100 (A) *(Non-Proprietary Name Index: Methotrexate)*		47.00	34042
Micardis (Doncaster Ltd.) Tabs. 20 mg. 28 (A)	S1B	21.86	34502
Micardis (Doncaster Ltd.) Tabs. 40 mg. 28 (A)		21.86	34530
Micardis (Doncaster Ltd.) Tabs. 80 mg. 28 (A) *(Non-Proprietary Name Index: Telmisartan)*		26.40	34593
Micardis Plus (Doncaster Ltd.) Tabs. 40 mg./12.5 mg. 28 (A)	S1B	21.86	34611
Micardis Plus (Doncaster Ltd.) Tabs. 80 mg./12.5 mg. 28 (A) *(Non-Proprietary Name Index: Telmisartan & Diuretics)*		26.40	34629
Mirapexin (B & S Healthcare) Tabs. 0.18 mg. 30 (A)	S1B	20.18	33607
Mirapexin (B & S Healthcare) Tabs. 0.7 mg. 30 (A) *(Non-Proprietary Name Index: Pramipexole)*		80.87	33652
Mobic (B & S Healthcare) Tabs. 15 mg. 30 (A) *(Non-Proprietary Name Index: Meloxicam)*	S1B	10.85	33347
Movicol (B & S Healthcare) 13 G. Powder Sachets 30 (A) *Code the number of sachets dispensed* *(Non-Proprietary Name Index: Polyethylene Glycol)*		11.75	53730
Neoclarityn (Doncaster Ltd.) Tabs. 5 mg. 30 (A) *(Non-Proprietary Name Index: Desloratadine)*	S1B	11.81	35821
Neoclarityn (Doncaster Ltd.) Syrup 0.5 mg./ml. 100 ml. (B) *(Non-Proprietary Name Index: Desloratadine)*	S1B	11.15	35853
Nexium (Imbat Ltd.) Tabs. 20 mg. 28 (A)	S1B	30.49	36519
Nexium (Imbat Ltd.) Tabs. 40 mg. 28 (A) *(Non-Proprietary Name Index: Esomeprazole)*		47.04	36554
Omnexel (Imbat Ltd.) Tabs. 400 mcg. 30 (A) *(Non-Proprietary Name Index: Tamsulosin)*	S1B	29.05	37511
OsvaRen Tabs. 435 mg./235 mg. 180 (A) *(Non-Proprietary Name Index: Calcium Acetate, Magnesium Carbonate)*		35.45	38112

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Pariet (Imbat Ltd.) Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Rabeprazole)*	S1B	31.45	38811
Plavix (Doncaster Ltd.) Tabs. 75 mg. 28 (A) *(Non-Proprietary Name Index: Clopidogrel)*	S1B	51.97	41021
Proscar (Imbat Ltd.) Tabs. 5 mg. 28 (A) *(Non-Proprietary Name Index: Finasteride)*	S1A	25.99	42655
Protelos (B & S Healthcare) Grans. Sachets 2 G. 28 (A) *Code the number of sachets dispensed* *(Non-Proprietary Name Index: Strontium Ranelate)*	S1A	43.29	43142
Protelos (Doncaster Ltd.) Grans. Sachets 2 G. 28 (A) *Code the number of sachets dispensed* *(Non-Proprietary Name Index: Strontium Ranelate)*	S1A	44.75	43267
Protium (Imbat Ltd.) Tabs. 20 mg. 28 (A) Protium (Imbat Ltd.) Tabs. 40 mg. 28 (A) *(Non-Proprietary Name Index: Pantoprazole)*	S1B	20.58 38.12	43421 43422
Prozac (Imbat Ltd.) Caps. 20 mg. 30 (A) *(Non-Proprietary Name Index: Fluoxetine)*	S1A	17.15	43480
Reductil (Imbat Ltd.) Caps. 10 mg. 28 (A) Reductil (Imbat Ltd.) Caps. 15 mg. 28 (A) *(Non-Propreitary Name Index: Sibutramine)*	S1A	57.39 64.11	44510 44593
Rispeva Tabs. 0.5 mg. 20 (A) *(Non-Proprietary Name Index: Risperidone)*	S1A	10.11	44600
Salamol (Imbat Ltd.) CFC-Free Inhaler 100 mcg. 200 Dose Aerosol 1 (A) *Code the number of aerosols dispensed* *(Non-Proprietary Name Index: Salbutamol)*	S1B	3.27	44811
Serc-16 (Imbat Ltd.) Tabs. 84 (A) *(Non-Proprietary Name Index: Betahistine)*	S1B	15.50	56654
Seretide (Imbat Ltd.) Diskus 50 mcg./250 mcg. 60 Blisters Complete Pack 1 (A) Seretide (Imbat Ltd.) Diskus 50mcg./500 mcg. 60 Blisters Complete Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Salmeterol, Flucticasone)*	S1B	50.99 76.13	45311 45378
Seroxat (B & S Healthcare) Tabs. 20 mg. 30 (A) *(Non-Proprietary Name Index: Paroxetine)*	S1A	17.06	45218
Sotacor (Imbat Ltd.) Tabs. 80 mg. 30 (A) *(Non-Proprietary Name Index: Sotalol Hydrochloride)*	S1B	3.04	46725
Spiriva (Imbat Ltd.) Combopack 18 mcg. i.e. 1 Handihaler/30 Caps. 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Tiotropium)*	S1B	48.56	46811
Stalevo (Doncaster Ltd.) Tabs. 50/12.5/200 mg. 100 (A) Stalevo (Doncaster Ltd.) Tabs. 100/25/200 mg. 100 (A) Stalevo (Doncaster Ltd.) Tabs. 150/37.5/200 mg. 100 (A) *(Non-Proprietary Name Index: Levodopa, Decarboxylase inhibitor and COMT inhibitor)*	S1B	117.54 117.54 117.54	45401 45433 45482

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Telfast (Imbat Ltd.) Tabs. 120 mg. 30 (A)	S1B	10.67	48246
Telfast (Imbat Ltd.) Tabs. 180 mg. 30 (A)		13.88	48284
(Non-Proprietary Name Index: Fexofenadine)			
Topamax (B & S Healthcare) Tabs. 25 mg. 60 (A)	S1B	29.33	69930
Topamax (B & S Healthcare) Tabs. 50 mg. 60 (A)		48.16	69974
(Non-Proprietary Name Index: Topiramate)			
Traxam (Imbat Ltd.) Gel 100 G. (B)	S1B	11.65	50293
(Non-Proprietary Name Index: Fenbufen)			
Tritace (Imbat Ltd.) Tabs. 10 mg. 28 (A)	S1B	13.20	48122
(Non-Proprietary Name Index: Ramipril)			
Ventolin (Imbat Ltd.) Evohaler 100 mcg. 200 Dose Aerosol 1 (A)	S1B	3.45	74135
Code the number of aerosols dispensed			
(Non-Proprietary Name Index: Salbutamol)			
Xatral XL (Imbat Ltd.) Tabs. 10 mg. 30 (A)	S1B	30.37	53572
(Non-Proprietary Name Index: Alfuzosin Hydrochloride)			
Xenical (Doncaster Ltd.) Caps. 120 mg. 84 (A)	S1A	63.83	53476
(Non-Proprietary Name Index: Orlistat)			
Zanidip (B & S Healthcare) Tabs. 10 mg. 28 (A)	S1B	12.07	63808
(Non-Proprietary Name Index: Lercanidipine)			
Zanidip (Imbat Ltd.) Tabs. 10 mg. 28 (A)	S1B	12.47	63815
(Non-Proprietary Name Index: Lercanidpine)			
Zimovane (iMED Healthcare) Tabs. 7.5 mg. 28 (A)	S1A	7.00	63895
(Non-Proprietary Name Index: Zopiclone)			
Zoton (Imbat Ltd.) Fastabs. Tabs. 15 mg. 28 (A)	S1B	20.84	53737
Zoton (Imbat Ltd.) Fastabs. Tabs. 30 mg. 28 (A)		41.40	53753
(Non-Proprietary Name Index: Lansoprazole)			
Zovirax (Imbat Ltd.) Cream 2 G. (B)	S1A	4.06	52811
(Non-Proprietary Name Index: Aciclovir)			
Zydol (Imbat Ltd.) Caps. 50 mg. 100 (A)	S1A	14.83	54163
(Non-Proprietary Name Index: Tramadol)			
Zyprexa (Doncaster Ltd.) Tabs. 5 mg. 28 (A)	S1A	67.10	56120
Zyprexa (Doncaster Ltd.) Tabs. 10 mg. 28 (A)		134.23	56139
Zyprexa (Doncaster Ltd.) Tabs. 15 mg. 28 (A)		211.12	56184
(Non-Proprietary Name Index: Olanzapine)			
Zyprexa (B & S Healthcare) Velotab Tabs. 15 mg. 28 (A)	S1A	244.46	56246
(Non-Proprietary Name Index: Olanzapine)			
Zyprexa (Doncaster Ltd.) Velotab Tabs. 10 mg. 28 (A)	S1A	161.08	56271
Zyprexa (Doncaster Ltd.) Velotab Tabs. 15 mg. 28 (A)		252.46	56292
(Non-Proprietary Name Index: Olanzapine)			

CHANGES TO APRIL 2009 UPDATE
CHANGES UNDERLINED

Change	Protopic (P.C.O. Mfg.) Oint. 0.1% 30 G. (B)	66360
To Read	Protopic (P.C.O. Mfg.) Oint. 0.1% 60 G. (B)	66360

DELETIONS

Calcort Tabs. 1 mg. 100 (A)	16250
Elantan 20 Tabs. 20 mg. 84 (A)	28248
Gastrobid Continus Tabs. 15 mg. 56 (A)	26921
Imigran Tabs. 100 mg. 6 (A)	29083
Isoket Retard Tabs. 20 mg. 56 (A)	31519
Isoket Retard Tabs. 40 mg. 56 (A)	29814
Kinidin Durules 250 mg. 100 (A)	30287
Mixtard 40 Penfill Cartridge 100 IU/ml. 3 ml. Cartridge 5 (A)	71631
Naprosyn Tabs. 250 mg. 56 (A)	37131
Naprosyn Tabs. 500 mg. 56 (A)	37145
Pronestyl Inj. 100 mg./ml. 10 ml. 1 (A)	42927

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st April 2009

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST APRIL 2009

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Actos (P.C.O. Mfg.) Tabs. 15 mg. 28 (A)	S1B	38.31	10756
Actos (P.C.O. Mfg.) Tabs. 30 mg. 28 (A)	S1B	56.98	10761
(Non-Proprietary Name Index: Pioglitazone)			
Amoxil Caps. 250 mg. 21 (A)	S1A	3.74	12083
(Non-Proprietary Name Index: Amoxicillin)			
Azopt (Polyfarma) Eye Drops 10 mg./5ml. 5 ml. (B)	S1B	11.46	50745
(Non-Proprietary Name Index: Brinzolamide)			
Bellramil Caps. 2.5 mg. 30 (A)	S1B	6.47	25780
Bellramil Caps. 10 mg. 30 (A)		11.30	25792
(Non-Proprietary Name Index: Ramipril)			
Clarithromycin (Ranbaxy) Tabs. 250 mg.14 (A)	S1A	10.71	17578
Clarithromycin (Ranbaxy) Tabs. 500 mg. 14 (A)	S1A	17.91	17586
(Non-Proprietary Name Index: Clarithromycin)			
Diamicron MR (P.C.O. Mfg.) Modified Release Tabs. 30 mg. 56 (A)	S1B	9.44	69530
(Non-Proprietary Name Index: Gliclazide)			
Donecept Film Coated Tabs. 5 mg. 28 (A)	S1A	57.30	22107
Donecept Film Coated Tabs. 10 mg. 28 (A)	S1A	82.79	22122
(Non-Proprietary Name Index: Donepezil)			
Furosemide Bristol Tabs. 20 mg. 28 (A)	S1B	0.73	50751
Furosemide Bristol Tabs. 20 mg. 100 (A)	S1B	2.60	50757
Furosemide Bristol Tabs. 40 mg. 28 (A)	S1B	1.06	50769
Furosemide Bristol Tabs. 40 mg. 100 (A)	S1B	3.78	50774
(Non-Proprietary Name Index: Furosemide)			
Imuran (iMED Healthcare) Film Coated Tabs. 50 mg. 100	S1A	51.25	84662
(Non-Proprietary Name Index: Azathioprin)			
Indoramin (Chemidex Pharma Ltd.) Film Coated Tabs. 20 mg. 60 (A)	S1B	16.47	76003
(Non-Proprietary Name Index: Indoramin)			
Keppra (Polyfarma) Film Coated Tabs. 500 mg. 28 (A)	S1B	36.84	30337
(Non-Proprietary Name Index: Levetiracetam)			
Mirtazapine TEVA Orodispersible Tabs. 15 mg. 30 (A)	S1A	11.58	33411
Mirtazapine TEVA Orodispersible Tabs. 30 mg. 30 (A)	S1A	23.16	33422
Mirtazapine TEVA Orodispersible Tabs. 45 mg. 30 (A)	S1A	34.72	33435
(Non-Proprietary Name Index: Mirtazapine)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Movicol (P.C.O. Mfg.) 13 G. Powder Sachets 30 (A) *Code the number of sachets dispensed* *(Non-Proprietary Name Index: Polyethylene Glycol)*		12.14	34696
Nicorette Invisi Transdermal Patch 10 mg./16 Hours 7 (A)		12.67	36647
Nicorette Invisi Transdermal Patch 15 mg./16 Hours 7 (A)		12.67	36659
Nicorette Invisi Extra Strength Transdermal Patch 25 mg./16 Hours 7 (A) *Code the number of patches dispensed* *(Non-Proprietary Name Index: Nicotine Replacement Therapy)*	S1B	12.67	36663
Oxis Turbohaler (G & A Licensing Ltd.) 6 mcg. 60 Dose Inhaler 1 (A)	S1B	22.94	38993
Oxis Turbohaler (G & A Licensing Ltd.) 12 mcg. 60 Dose Inhaler 1 (A) *Code the number of inhalers dispensed* *(Non-Proprietary Name Index: Formoterol Fumarate Dihydrate)*	S1B	28.79	38998
Pariet (G & A Licensing Ltd.) Gastro-Resistant Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Rabeprazole)*	S1B	20.06	73134
Percarnil Tabs. 4 mg. 30 (A)	S1B	11.98	39112
Percarnil Tabs. 8 mg. 30 (A) *(Non-Proprietary Name Index: Perindopril)*	S1B	19.70	39144
Proscar (iMED Healthcare) Film Coated Tabs. 5 mg. 28 (A) *(Non-Proprietary Name Index: Finasteride)*	S1A	25.99	42503
Protium (G & A Licensing Ltd.) Gastro-Resistant Tabs. 20 mg. 14 (A)	S1B	10.28	43506
Protium (G & A Licensing Ltd.) Gastro-Resistant Tabs. 40 mg. 14 (A) *(Non-Proprietary Name Index: Pantoprazole)*	S1B	19.06	43516
Protopic (P.C.O. Mfg.) Oint. 0.03% 60 G. (B)	S1A	59.70	66344
Protopic (P.C.O. Mfg.) Oint. 0.1% 30 G. (B) *(Non-Proprietary Name Index: Tacrolimus)*	S1A	66.41	66360
Quinine Sulphate (Actavis) Tabs. 300 mg. 28 (A) *(Non-Proprietary Name Index: Quinine Sulphate)*		10.15	68309
Roaccutane Soft Caps. 10 mg. 30 (A) *(Non-Proprietary Name Index: Isotretinoin)*	S1A	20.10	44975
Seretide (iMED Healthcare) Diskus 50 mcg./500 mcg. 60 Blisters Pack (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Fluticasone/Salmeterol)*	S1B	76.13	72880
Seroquel (G & A Licensing Ltd.) Film Coated Tabs. 25 mg. 60 (A) *(Non-Proprietary Name Index: Quetiapine)*	S1A	43.10	45997
Seroquel (P.C.O. Mfg.) Tabs. 25 mg. 60 (A) *(Non-Proprietary Name Index: Quetiapine)*	S1A	43.11	45981
Seroxat (iMED Healthcare) Tabs. 20 mg. 30 (A) *(Non-Proprietary Name Index: Paroxetine)*	S1A	17.15	45691

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Statease Prolonged Release Tabs. 80 mg. 28 (A) *(Non-Proprietary Name Index: Fluvastatin)*	S1B	25.56	82313
Vascace (G & A Licensing Ltd.) Film Coated Tabs. 1 mg. 30 (A)	S1B	9.91	51113
Vascace (G & A Licensing Ltd.) Film Coated Tabs. 2.5 mg. 28 (A)	S1B	14.90	51120
Vascace (G & A Licensing Ltd.) Film Coated Tabs. 5 mg. 28 (A) *(Non-Proprietary Name Index: Cilazapril)*	S1B	21.45	51134
Voltarol (P.C.O. Mfg.) Emulgel 1% 50 G. (B) *(Non-Proprietary Name Index: Diclofenac)*	S1B	3.18	77474
Xenical (iMED Healthcare) Caps. 120 mg. 84 (A) *(Non-Proprietary Name Index: Orlistat)*	S1A	63.83	53383
Zanidip (G & A Licensing Ltd.) Film Coated Tabs. 10 mg. 28 (A) *(Non-Proprietary Name Index: Lercanidipine)*	S1B	12.47	63884
Zomig (G & A Licensing Ltd.) Film Coated Tabs. 2.5 mg. 3 (A) *(Non-Proprietary Name Index: Zolmitriptan)*	S1A	16.68	58050
Zoton (G & A Licensing Ltd.) FasTabs. Orodispersible Tabs. 15 mg. 28 (A)	S1B	20.84	71085
Zoton (G & A Licensing Ltd.) FasTabs. Orodispersible Tabs. 30 mg. 28 (A) *(Non-Proprietary Name Index: Lansoprazole)*	S1B	41.40	71092

CHANGES TO FEBRUARY 2009 UPDATE
CHANGES UNDERLINED

Change Starlix (BR Lewis Pharmaceuticals) Tabs. 120 mg. 28	45428
To Read Starlix (BR Lewis Pharmaceuticals) Tabs. 120 mg. 84	45428

DELETIONS

Amlode Tabs.5 mg. 30 (A)	10267
Amlode Tabs.10 mg. 30 (A)	10281
Bellmentin Tabs. 250 mg./125 mg. 21 (A)	14342
Bellmentin Tabs. 500 mg./125 mg. 14 (A)	14360
Caprill Tabs. 12.5 mg. 56 (A)	68572
Caprill Tabs. 25 mg. 56 (A)	68584
Caprill Tabs. 50 mg. 56 (A)	68593
Cefager Oral Susp. 125 mg./5 ml. 100 ml. (B)	91227
Cefager Oral Susp. 250 mg./5 ml. 100 ml. (B)	91268
Clinoril Tabs. 200 mg. 60 (A)	69357
Diazepam (Pinewood) Tabs. 5 mg. 1000 (A)	21059
Diclo Tabs. 50 mg. 100 (A)	20164
Dothep Caps. 25 mg. 500 (A)	22334

DELETIONS

Dulax Syrup 300 ml. (B)	22179
Dulax Syrup 500 ml. (B)	22187
Dulax Syrup 1 Litre (B)	22195
Fungafine Tabs. 250 mg. 14 (A)	26125
Geramet Tabs. 400 mg. 60 (A)	17744
Geramox Mixt. 125 mg./5 ml. 100 ml. (B)	91936
Geramox Mixt. 250 mg./5 ml. 100 ml. (B)	91944
Geroten Tabs. 12.5 mg. 100 (A)	26261
Geroten Tabs. 25 mg. 100 (A)	26273
Geroten Tabs. 50 mg. 100 (A)	26285
Gliclazide (Clonmel) Tabs. 80 mg. 60 (A)	26602
Heparin (Leo) Vial 1000 iu/ml. 5 ml. 10 (A)	28019
Heparin (Leo) Vial 5000 iu/ml. 5 ml. 10 (A)	28027
Lactulose Sandoz BP Syr. 1 Litre (B)	30112
Meloxat Tabs. 20 mg. 30 (A)	18823
Meloxicam (Clonmel) Tabs. 7.5 mg. 30 (A)	42034
Meloxicam (Clonmel) Tabs. 15 mg. 30 (A)	42083
Migrastat Tabs. 50 mg. 6 (A)	34326
Migrastat Tabs. 100 mg. 6 (A)	34342
Nitrazepam (Pinewood) Tabs. 5 mg. 500 (A)	32603
Paxt Film Coated Tabs. 20 mg. 30 (A)	35645
Paxt Film Coated Tabs. 30 mg. 30 (A)	76562
Prozatan Caps. 20 mg. 30 (A)	39425
Purinol Tabs. 100 mg. 500 (A)	39492
Simvastatin (Bentley) Tabs. 80 mg. 28 (A)	39033
Tazamel Tabs. 30 mg. 28 (A)	11347
Tensopril Tabs. 12.5 mg. 56 (A)	76365
Tensopril Tabs. 25 mg. 56 (A)	48541
Tensopril Tabs. 50 mg. 56 (A)	48801
Tritace Caps. 1.25 mg. 28 (A)	48813
Tritace Caps. 2.5 mg. 28 (A)	48828
Tritace Caps. 5 mg. 28 (A)	48038
Tritace Caps. 10 mg. 28 (A)	48046
Ulcid Caps. 20 mg. 7 (A)	48054
Vibramycin Caps. 50 mg. 28 (A)	48075
Vologen Inj. 25 mg./ml. 3 ml. 5 (A)	51007
Vologen Tabs. 25 mg. 84 (A)	55786
Vologen Tabs. 50 mg. 84 (A)	54056
Zamadol Caps. 50 mg. 100 (A)	53082
Zamadol SR Caps. 50 mg. 60 (A)	53090
Zamadol SR Caps. 100 mg. 60 (A)	63852
Zamadol SR Caps. 150 mg. 60 (A)	55205
Zamadol SR Caps. 200 mg. 60 (A)	55252
Zandine Tabs. 150 mg. 60 (A)	55280
Zandine Tabs. 300 mg. 30 (A)	55293
	63866
	63879

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST APRIL 2009

ADDITIONS

PROPRIETARY NAME INDEX	CODE	GENERIC NAME	TRADE PRICE €	MANUFACTURER	AGENTS
Wilzin Zinc Acetate Caps. 25 mg. 250 (A)	88347	Zinc	187.77	Orphan Europe	Cahill May Roberts
Wilzin Zinc Acetate Caps. 50 mg. 250 (A)	88348	Zinc	343.76	Orphan Europe	Cahill May Roberts

DELETIONS

Nov ’96 Update	Cellcept Caps. 250 mg. 300 (A)	88025	Mycophenolic Acid	Roche Products Ltd.	Allphar Services
Mar ’09 Update	Pregnyl Pdr. and Solv. for Soln. for Inj. 5000 iu 1	88506	Chorionic Gonadotrophin	Organon	United Drug
Nov ’96 Update	Vepesid Inj. 20 mg./ml. 5 ml. 10 (A)	88207	Etoposide	Bristol Myers Squibb	United Drug

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st March 2009

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST MARCH 2009

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Abilify (P.C.O. Mfg.) Tabs. 10 mg. 28 (A)	S1A	146.55	12509
Abilify (P.C.O. Mfg.) Tabs. 15 mg. 28 (A)		146.55	12517
Abilify (P.C.O. Mfg.) Tabs. 30 mg. 28 (A)		293.08	12526
(Non-Proprietary Name Index: Aripiprazole)			
Amaryl (Imbat Ltd.) Tabs. 2 mg. 30 (A)	S1A	5.44	12916
(Non-Proprietary Name Index: Glimepiride)			
Aprovel (P.C.O. Mfg.) Film Coated Tabs. 150 mg. 28 (A)	S1B	20.91	12258
Aprovel (P.C.O. Mfg.) Film Coated Tabs. 300 mg. 28 (A)		28.23	12266
(Non-Proprietary Name Index: Irbesartan)			
Aricept (Imbat Ltd.) Film Coated Tabs. 10 mg. 28 (A)	S1A	102.65	13151
(Non-Proprietary Name Index: Donepezil)			
Aripil Film Coated Tabs. 5 mg. 28 (A)	S1A	68.41	12275
Aripil Film Coated Tabs. 10 mg. 28 (A)		95.94	12283
(Non-Proprietary Name Index: Donepezil)			
Avandamet (P.C.O. Mfg.) Film Coated Tabs. 2mg./500 mg. 112 (A)	S1B	75.28	53799
(Non-Proprietary Name Index: Rosiglitazone & Metformin)			
Azopt (P.C.O. Mfg.) Eye Drops 10 mg./ml. 5 ml. (B)	S1B	11.47	50730
(Non-Proprietary Name Index: Brinzolamide)			
Bisop Film Coated Tabs. 1.25 mg. 28 (A)	S1B	6.57	15304
Bisop Film Coated Tabs. 2.5 mg. 28 (A)		6.08	15316
Bisop Film Coated Tabs. 3.75 mg. 28 (A)		7.51	15322
Bisop Film Coated Tabs. 5 mg. 28 (A)		6.28	15338
Bisop Film Coated Tabs. 7.5 mg. 28 (A)		9.11	15346
Bisop Film Coated Tabs. 10 mg. 28 (A)		7.07	15360
(Non-Proprietary Name Index: Bisoprolol fumarate)			
Bonviva (P.C.O. Mfg.) Tabs. 150 mg. 1 (A)	S1B	31.64	13990
(Non-Proprietary Name Index: Ibandronic Acid)			
Cipramil (Imbat Ltd.) Film Coated Tabs. 20 mg. 28 (A)	S1A	17.01	18310
(Non-Proprietary Name Index: Citalopram)			
CoAprovel (P.C.O. Mfg.) Tabs. 150mg./12.5 mg. 28 (A)	S1B	20.91	54367
CoAprovel (P.C.O. Mfg.) Tabs. 300mg./12.5 mg. 28 (A)		28.23	54375
(Non-Proprietary Name Index: Irbesartan & Diuretics)			
Cordarone X (Imbat Ltd.) Tabs. 100 mg. 28 (A)	S1B	6.88	18721
Cordarone X (Imbat Ltd.) Tabs. 200 mg. 28 (A)		11.26	18780
(Non-Proprietary Name Index: Amiodarone)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Coversyl Arginine (Imbat Ltd.) Tabs. 5 mg. 30 (A)	S1B	17.91	19433
Coversyl Arginine (Imbat Ltd.) Tabs. 10 mg. 30 (A)		28.65	19441
(Non-Proprietary Name Index: Perindopril)			
Diovan (Imbat Ltd.) Tabs. 80 mg. 28 (A)	S1B	20.32	73770
Diovan (Imbat Ltd.) Tabs. 160 mg. 28 (A)		26.27	73775
(Non-Proprietary Name Index: Valsartan)			
Dovobet (P.C.O. Mfg.) Oint. 50mg./G. +0.5mg./G. 60 G. (B)	S1A	55.29	44581
(Non-Proprietary Name Index: Calcipotriol & Betametasone)			
Efaxil XL Prolonged Release Caps. 75 mg. 28 (A)	S1A	26.06	22603
Efaxil XL Prolonged Release Caps. 150 mg. 28 (A)		43.95	22618
(Non-Proprietary Name Index: Venlafaxine)			
Evista (P.C.O. Mfg.) Tabs. 60 mg. 28 (A)	S1B	28.99	24564
(Non-Proprietary Name Index: Raloxifene)			
Fosavance (P.C.O. Mfg.) Tabs. 70 mg./2800 iu 4 (A)	S1B	33.60	75321
(Non-Proprietary Name Index: Alendronic Acid & Colecalciferol)			
Innovace (Imbat Ltd.) Tabs. 20 mg. 28 (A)	S1B	11.27	29819
(Non-Proprietary Name Index: Enalapril Maleate)			
Istin (Imbat Ltd.) Tabs. 10 mg. 28 (A)	S1B	15.71	29090
(Non-Proprietary Name Index: Amlodipine)			
Keppra (P.C.O. Mfg.) Film Coated Tabs. 1000 mg. 60 (A)	S1B	153.97	30309
(Non-Proprietary Name Index: Levetiracetam)			
Lipitor (P.C.O. Mfg.) Tabs. 10 mg. 28 (A)	S1B	24.41	32399
(Non-Proprietary Name Index: Atorvastatin)			
Losec MUPS (Imbat Ltd.) Tabs. 20 mg. 28 (A)	S1B	31.29	65532
(Non-Proprietary Name Index: Omeprazole)			
Lyrica (P.C.O. Mfg.) Caps. 100 mg. 84 (A)	S1A	139.85	32404
Lyrica (P.C.O. Mfg.) Caps. 150 mg. 56 (A)		93.23	32416
(Non-Proprietary Name Index: Pregabalin)			
Lyrica (Polyfarma) Caps. 25 mg. 56 (A)	S1A	93.23	32429
Lyrica (Polyfarma) Caps. 75 mg. 56 (A)		93.23	32437
(Non-Proprietary Name Index: Pregabalin)			
Protelos (P.C.O. Mfg.) Grans. Sachets 2 G. 28 (A)	S1A	44.75	43260
Code the number of sachets dispensed			
(Non-Proprietary Name Index: Strontium Ranelate)			
Seroxat (Imbat Ltd.) Tabs. 20 mg. 30 (A)	S1A	17.15	45608
(Non-Proprietary Name Index: Paroxetine)			
Sporanox (Imbat Ltd.) Caps. 100 mg. 15 (A)	S1B	29.71	61455
(Non-Proprietary Name Index: Itraconazole)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Travatan (P.C.O. Mfg.) Eye Drops 40 mcg./1ml. 2.5 ml. Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Travoprost)*	S1A	18.59	78634
Tritace (Imbat Ltd.) Tabs. 1.25 mg. 28 (A)	S1B	4.92	48166
Tritace (Imbat Ltd.) Tabs. 2.5 mg. 28 (A)		6.97	48175
Tritace (Imbat Ltd.) Tabs. 5 mg. 28 (A) *(Non-Proprietary Name Index: Ramipril)*		9.71	48189
Xanax (P.C.O. Mfg.) Tabs. 0.5 mg. 100 (A) *(Non-Proprietary Name Index: Alprazolam)*	S1A	7.72	54031
Xyzal (Imbat Ltd.) Film Coated Tabs. 5 mg. 30 (A) *(Non-Proprietary Name Index: Levocetirizine)*	S1B	11.46	74732
Zantac (Imbat Ltd.) Tabs. 150 mg. 60 (A) *(Non-Proprietary Name Index: Ranitidine)*	S1B	25.59	55781
Zimovane (Imbat Ltd.) Tabs. 7.5 mg. 28 (A) *(Non-Proprietary Name Index: Zopiclone)*	S1A	7.01	53054
Zinnat (P.C.O. Mfg.) Tabs. 500 mg. 10 (A) *(Non-Proprietary Name Index: Cefuroxime)*	S1A	14.70	59807
Zispin SolTab (Imbat Ltd.) Orodispersible Tabs. 15 mg. 30 (A)	S1A	16.52	62736
Zispin SolTab (Imbat Ltd.) Orodispersible Tabs. 30 mg. 30 (A)		33.03	62752
Zispin SolTab (Imbat Ltd.) Orodispersible Tabs. 45 mg. 30 (A) *(Non-Proprietary Name Index: Mirtazapine)*		49.53	62769
Zocor (Imbat Ltd.) Tabs. 10 mg. 28 (A)	S1B	15.74	52241
Zocor (Imbat Ltd.) Tabs. 20 mg. 28 (A) *(Non-Proprietary Name Index: Simvastatin)*		26.47	52268
Zocor (P.C.O. Mfg.) Tabs. 40 mg. 28 (A) *(Non-Proprietary Name Index: Simvastatin)*	S1B	26.74	52236
Zyprexa (P.C.O Mfg.) Tabs. 15 mg. 28 (A)	S1A	211.12	71701
Zyprexa Velotabs (P.C.O. Mfg.) Orodispersible Tabs. 15 mg. 28 (A) *(Non-Proprietary Name Index: Olanzapine)*		252.46	71708

CHANGES TO JANUARY 2009 UPDATE
CHANGES <u>UNDERLINED</u>

	26737
Change Glycopyrronium Bromide (Ampharm Ltd.) Inj. 200 mcg./1 ml. 1 ml. 10	26737
To Read Glycopyrronium Bromide (<u>Anpharm</u> Ltd.) Inj. 200 mcg./1 ml. 1 ml. 10	
	26754
Change Glycopyrronium Bromide (Ampharm Ltd.) Inj. 200 mcg./1 ml. 3 ml. 3	26754
To Read Glycopyrronium Bromide (<u>Anpharm</u> Ltd.) Inj. 200 mcg./1 ml. 3 ml. 3	

DELETIONS

Alexan Inj. 20 mg./ml. 2 ml. 10 (A)	11665
Alexan Inj. 20 mg./ml. 5 ml. 10 (A)	11673
Antimet Syr. 5 mg./5 ml. 100 ml. (B)	12289
Antimet Syr. 5 mg./5 ml. 200 ml. (B)	12211
Chlorpromazine (Pinewood) Elixir 25 mg./5 ml. 200 ml. (B)	56361
Clonamp Caps. 500 mg. 500 (A)	76384
Diclomax Retard Caps. 75 mg. 56 (A)	22296
Diclomax Retard Caps. 100 mg. 28 (A)	22284
Diclomel SR Tabs. 100 mg. 30 (A)	21453
Fental Transdermal Patch 25 mcg./hour 5 (A)	66201
Fental Transdermal Patch 50 mcg./hour 5 (A)	66237
Fental Transdermal Patch 75 mcg./hour 5 (A)	66264
Fental Transdermal Patch 100 mcg./hour 5 (A)	66292
Florinef Tabs. 0.1 mg. 56 (A)	25983
Flucandid Caps. 50 mg. 7 (A)	31301
Flucandid Caps. 150 mg. 1 (A)	31255
Intal 5 Inhaler 112 Dose Aerosol 1 (A)	27790
Intal 5 Inhaler 112 Dose Aerosol c. Fisonair Pack 1 (A)	29212
Intal 5 Inhaler c. Syncroner 112 Dose Aerosol 1 (A)	29266
Kopen Tabs. 250 mg. 500 (A)	38520
Merbentyl 20 Tabs. 20 mg. 84 (A)	31917
Motival Tabs. 100 (A)	53767
Mucogen Syr. 250 mg./5 ml. 100 ml. (B)	32603
Mucogen Syr. 250 mg./5 ml. 250 ml. (B)	35645
Mycostatin Vag. Cream 60 G. c. Applicator Pack 1 (A)	64718
Palfium Tabs. 5 mg. 50 (A)	38385
Relpax Tabs. 20 mg. 2 (A)	68536
Relpax Tabs. 20 mg. 6 (A)	42828
Relpax Tabs. 40 mg. 2 (A)	37626
Sporanox Caps. 100 mg. 4 (A)	61425
Surgam SA Caps. 300 mg. 56 (A)	47252
Surgam Tabs. 300 mg. 56 (A)	47317
Tagamet Tabs. 200 mg. 120 (A)	48461
Tetracycline (Clonmel) Caps. 250 mg. 500 (A)	59922
Treosulfan Caps. 250 mg. 100 (A)	66427
Trimethoprim (Athlone Labs.) Tabs. 100 mg. 100 (A)	49301
Vologen Retard Caps. 100 mg. 28 (A)	53148
Vologen Tabs. 25 mg. 84 (A)	53082
Vologen Tabs. 50 mg. 84 (A)	53090
Voltarol Retard Tabs. 100 mg. 28 (A)	54704
Xanomel Tabs. 150 mg. 60 (A)	53263

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST MARCH 2009

ADDITIONS

PROPRIETARY NAME INDEX	CODE	GENERIC NAME	TRADE PRICE €	MANUFACTURER	AGENTS
Bicalinn Film Coated Tabs. 50 mg. 28 (A)	88655	Bicalutamide	123.54	Helsinn Birex	Allphar
Bramitob 300 mg./4 ml. Nebuliser Soln. Single Dose Vials 56 (A) *Code the number of single dose vials dispensed*	88749	Tobramycin	2211.84	Trinity-Chiesi	Allphar
Bravelle Pdr. and Solv. for Soln. for Inj. 75 iu 10 (A) *Code the number of injections dispensed*	88794	Urofollitropin	252.90	Ferring	United Drug
Cetrotide Pdr. and Solv. for Soln. for Inj. 0.25 mg. 1 (A) *Code the number of injections dispensed*	88452	Cetrorelix	36.16	Merck Serono	Allphar
Cetrotide Pdr. and Solv. for Soln. for Inj. 0.25 mg. 7 (A) *Code the number of injections dispensed*	88453	Cetrorelix	253.19	Merck Serono	Allphar
Cetrotide Pdr. and Solv. for Soln. for Inj. 3 mg. 1 (A) *Code the number of injections dispensed*	88454	Cetrorelix	253.19	Merck Serono	Allphar
Gonal F Pdr. and Solv. for Soln. for Inj. 75 iu 1 (A) *Code the number of injections dispensed*	88465	Follitropin Alfa	38.20	Merck Serono	Allphar
Gonal F Pdr. and Solv. for Soln. for Inj. 75 iu 5 (A) *Code the number of injections dispensed*	88466	Follitropin Alfa	192.67	Merck Serono	Allphar
Gonal F Pdr. and Solv. for Soln. for Inj. 450 iu 1 (A) *Code the number of injections dispensed*	88467	Follitropin Alfa	231.20	Merck Serono	Allphar
Gonal F Pdr. and Solv. for Soln. for Inj. 1050 iu 1 (A) *Code the number of injections dispensed*	88468	Follitropin Alfa	539.48	Merck Serono	Allphar
Gonal F Soln. for Inj. Pre-filled Pen 300 iu 1(A) *Code the number of pre-filled pens dispensed*	88469	Follitropin Alfa	162.55	Merck Serono	Allphar
Gonal F Soln. for Inj. Pre-filled Pen 450 iu 1(A) *Code the number of pre-filled pens dispensed*	88470	Follitropin Alfa	243.83	Merck Serono	Allphar
Gonal F Soln. for Inj. Pre-filled Pen 900 iu 1 (A) *Code the number of pre-filled pens dispensed*	88471	Follitropin Alfa	487.66	Merck Serono	Allphar
Luveris Pdr. and Solv. for Soln. for Inj. 75 iu 1(A) *Code the numbers of injections dispensed*	88440	Lutropin Alfa	57.15	Merck Serono	Allphar
Menopur Pdr. and Solv. for Soln. for Inj. 75 iu 10 (A) *Code the number of injections dispensed*	88396	Menotrophin	232.50	Ferring	United Drug

Mircera Soln. for Inj. in Pre-filled Syr. 30 mcg./0.3 ml. 0.3 ml. 1 (A) *Code the number of packs dispensed*	88738	Methoxy Polyethylene Glycol-Epoietin Beta	79.66	Roche	Allphar
Mircera Soln. for Inj. in Pre-filled Syr. 120 mcg./0.3 ml. 0.3 ml. 1 (A) *Code the number of packs dispensed*	88739	Methoxy Polyethylene Glycol-Epoietin Beta	318.60	Roche	Allphar
Orgalutran Soln. for Inj. Pre-filled Syringe 0.25 mg./0.5 ml. 1 (A) *Code the number of pre-filled syringes dispensed*	88760	Ganirelix	40.10	Organon	United Drug
Ovitrelle Soln. for Inj. Pre-filled Syringe 250 mcg./0.5 ml. 1 (A) *Code the number of pre-filled syringes dispensed*	88489	Choriogonado-tropin Alfa	43.88	Merck Serono	Allphar
Pergoveris Pdr. and Solv. for Soln. for Inj. 150 iu/75 iu 1 (A) *Code the number of injections dispensed*	88666	Follitropin Alfa & Lutropin Alfa	91.00	Merck Serono	Allphar
Pergoveris Pdr. and Solv. for Soln. for Inj. 150 iu/75 iu 10 (A) *Code the number of injections dispensed*	88667	Follitropin Alfa & Lutropin Alfa	909.98	Merck Serono	Allphar
Pregnyl Pdr. and Solv. for Soln. for Inj. 5000 iu 1 (A) *Code the number of injections dispensed*	88506	Chorionic Gonadotrophin	3.91	Organon	United Drug
Puregon Soln. for Inj. 50 iu/0.5 ml. 1 (A) *Code the number of injections dispensed*	88754	Follitropin Beta	26.55	Organon	United Drug
Puregon Soln. for Inj. 100 iu/0.5 ml. 1 (A) *Code the number of injections dispensed*	88755	Follitropin Beta	53.10	Organon	United Drug
Puregon Soln. for Inj. Cartridge 300 iu 1 (A) *Code the number of cartridges dispensed*	88756	Follitropin Beta	159.30	Organon	United Drug
Puregon Soln. for Inj. Cartridge 600 iu 1 (A) *Code the number of cartridges dispensed*	88757	Follitropin Beta	318.60	Organon	United Drug
Puregon Soln. for Inj. Cartridge 900 iu 1 (A) *Code the number of cartridges dispensed*	88758	Follitropin Beta	477.90	Organon	United Drug
Ratiograstim 30 MIU/0.5 ml. Soln. for Inj. & Conc. for Soln. for Inf. Pre-filled Syr. 5 (A) *Code the number of pre-filled syringes dispensed*	88744	Filgrastim	448.37	Ratiopharm	Cahill May Roberts
Ratiograstim 48 MIU/0.8 ml. Soln. for Inj. & Conc. for Soln. for Inf. Pre-filled Syr. 5 (A) *Code the number of pre-filled syringes dispensed*	88745	Filgrastim	714.96	Ratiopharm	Cahill May Roberts

DELETIONS

Jan. ’02 Update	Glivec Caps. 100 mg. 120 (A)	88308	Imatinib	Novartis	Cahill May Roberts

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st February 2009

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST FEBRUARY 2009

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Abilify (BR Lewis Pharmaceuticals) Tabs. 5 mg. 28 (A)	S1A	141.24	10204
Abilify (BR Lewis Pharmaceuticals) Tabs. 10 mg. 28 (A)		146.52	10210
Abilify (BR Lewis Pharmaceuticals) Tabs. 15 mg. 28 (A)		146.52	10224
Abilify (BR Lewis Pharmaceuticals) Tabs. 30 mg. 28 (A)		293.07	10271
(Non-Proprietary Name Index: Aripiprazole)			
Actos (BR Lewis Pharmaceuticals) Tabs. 15 mg. 28 (A)	S1B	38.29	10506
Actos (BR Lewis Pharmaceuticals) Tabs. 30 mg. 28 (A)		56.96	10568
(Non-Proprietary Name Index: Pioglitazone)			
Acular (G & A Licensing Ltd.) Eye Drops 0.5% Soln. 5 ml. (B)	S1B	9.21	10416
(Non-Proprietary Name Index: Ketorolac Trometamol)			
Aldara (BR Lewis Pharmaceuticals) Cream 5% Sachet 12 (A)	S1B	80.99	11138
Code the number of sachets dispensed			
(Non-Proprietary Name Index: Imiquimod)			
Aldara (P.C.O. Mfg.) Cream 5% Sachet 12 (A)	S1B	81.02	11181
Code the number of sachets dispensed			
(Non-Proprietary Name Index: Imiquimod)			
Aprovel (BR Lewis Pharmaceuticals) Tabs. 75 mg. 28 (A)	S1B	18.79	12118
Aprovel (BR Lewis Pharmaceuticals) Tabs. 150 mg. 28 (A)		20.88	12124
Aprovel (BR Lewis Pharmaceuticals) Tabs. 300 mg. 28 (A)		28.19	12193
(Non-Proprietary Name Index: Irbesartan)			
Aprovel (P.C.O. Mfg.) Film Coated Tabs. 75 mg. 28 (A)	S1B	18.83	12242
(Non-Proprietary Name Index: Irbesartan)			
Arava (BR Lewis Pharmaceuticals) Tabs. 10 mg. 30 (A)	S1A	72.41	12837
Arava (BR Lewis Pharmaceuticals) Tabs. 20 mg. 30 (A)		72.41	12871
Arava (BR Lewis Pharmaceuticals) Tabs. 100 mg. 3 (A)		36.18	12810
(Non-Proprietary Name Index: Leflunomide)			
Aripez Film Coated Tabs. 5 mg. 28 (A)	S1A	58.45	13029
Aripez Film Coated Tabs. 10 mg. 28 (A)		83.14	13077
(Non-Proprietary Name Index: Donepezil)			
Avandamet (P.C.O. Mfg.) Film Coated Tabs. 1/500 mg. 112 (A)	S1B	36.63	53664
Avandamet (P.C.O. Mfg.) Film Coated Tabs. 2/500 mg. 56 (A)		37.65	53692
(Non-Proprietary Name Index: Metformin & Rosiglitazone)			
Avandamet (BR Lewis Pharmaceuticals) Tabs. 2/500 mg. 56 (A)	S1B	37.62	53711
Avandamet (BR Lewis Pharmaceuticals) Tabs. 2/500 mg. 112 (A)		75.24	53779
Avandamet (BR Lewis Pharmaceuticals) Tabs. 2/1000 mg. 56 (A)		40.71	53742
(Non-Proprietary Name Index: Metformin & Rosiglitazone)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Avandia (BR Lewis Pharmaceuticals) Tabs. 4 mg. 28 (A)	S1B	40.32	53821
Avandia (BR Lewis Pharmaceuticals) Tabs. 8 mg. 28 (A)		72.75	53857
(Non-Proprietary Name Index: Rosiglitazone)			
Cardura XL (iMED Healthcare) Tabs. 4 mg. 28 (A)	S1B	17.23	16220
Cardura XL (iMED Healthcare) Tabs. 8 mg. 28 (A)		42.83	16243
(Non-Proprietary Name Index: Doxazosin)			
Champix (BR Lewis Pharmaceuticals) Tabs. 2 Week Starter Pack 1 (A)	S1A	39.32	17118
Code the number of packs dispensed			
Champix (BR Lewis Pharmaceuticals) Tabs. 1 mg. 28 (A)		39.32	17136
(Non-Proprietary Name Index: Varenicline)			
Co-Aprovel (BR Lewis Pharmaceuticals) Tabs. 150/12.5 mg. 28 (A)	S1B	20.88	17182
Co-Aprovel (BR Lewis Pharmaceuticals) Tabs. 300/12.5 mg. 28 (A)		28.19	17190
(Non-Proprietary Name Index: Irbesartan & Diuretics)			
Concerta XL Tabs. 27 mg. 30 (A)	CD2	53.02	18113
(Non-Proprietary Name Index: Methylphenidate)			
Dona Caps. 500 mg. 90 (A)		32.19	73710
(Non-Proprietary Name Index: Glucosamine)			
Dozept Film Coated Tabs. 5 mg. 28 (A)	S1A	71.31	69036
Dozept Film Coated Tabs. 10 mg. 28 (A)		99.96	69055
(Non-Proprietary Name Index: Donepezil)			
Ebixa (P.C.O. Mfg.) Film Coated Tabs. 10 mg. 28 (A)	S1A	57.51	74507
Ebixa (P.C.O. Mfg.) Film Coated Tabs. 10 mg. 56 (A)		115.05	74563
(Non-Proprietary Name Index: Memantine)			
Ebixa (Polyfarma) Film Coated Tabs. 10 mg. 56 (A)	S1A	115.02	74572
(Non-Proprietary Name Index: Memantine)			
Ebixa (BR Lewis Pharmaceuticals) Film Coated Tabs. 10 mg. 56 (A)	S1A	115.01	74589
Ebixa (BR Lewis Pharmaceuticals) Drops 10 mg./ml. 50 ml. (B)		102.68	74591
(Non-Proprietary Name Index: Memantine)			
Emadine (BR Lewis Pharmaceuticals) Eye Drops 0.05% 5 ml. (B)	S1B	11.06	22514
(Non-Proprietary Name Index: Emedastine)			
Epilim Chronosphere PR Grans. 100 mg. Sachet 30 (A)	S1B	11.52	23503
Epilim Chronosphere PR Grans. 250 mg. Sachet 30 (A)		11.79	23516
Epilim Chronosphere PR Grans. 500 mg. Sachet 30 (A)		15.33	23524
Epilim Chronosphere PR Grans. 750 mg. Sachet 30 (A)		22.80	23547
Epilim Chronosphere PR Grans. 1000 mg. Sachet 30 (A)		22.03	23562
Code the number of sachets dispensed			
(Non-Proprietary Name Index: Valproic Acid)			
Evista (BR Lewis Pharmaceuticals) Tabs. 60 mg. 28 (A)	S1B	28.96	24527
(Non-Proprietary Name Index: Raloxifene)			
Exelon (BR Lewis Pharmaceuticals) Soln. 2 mg./ml. 120 ml. (B)	S1A	170.96	23311
(Non-Proprietary Name Index: Rivastigmine)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Exforge (BR Lewis Pharmaceuticals) Tabs. 5/80 mg. 28 (A)	S1B	25.57	23401
Exforge (BR Lewis Pharmaceuticals) Tabs. 10/160 mg. 28 (A)		35.05	23425
(Non-Proprietary Name Index: Valsartan & Amlodipine)			
Famciclovir (TEVA) Film Coated Tabs. 125 mg. 10 (A)	S1A	22.37	66139
Famciclovir (TEVA) Film Coated Tabs. 250 mg. 15 (A)		67.08	66157
(Non-Proprietary Name Index: Famciclovir)			
Fosavance (BR Lewis Pharmaceuticals) Tabs. 70 mg. 4 (A)	S1B	33.57	26112
(Non-Proprietary Name Index: Alendronic Acid & Colecalciferol)			
Keppra (BR Lewis Pharmaceuticals) Tabs. 250 mg. 60 (A)	S1B	44.98	30211
Keppra (BR Lewis Pharmaceuticals) Tabs. 500 mg. 60 (A)		78.93	30222
Keppra (BR Lewis Pharmaceuticals) Tabs. 1000 mg. 60 (A)		153.96	30234
(Non-Proprietary Name Index: Levetiracetam)			
Lamisil (P.C.O. Mfg.) Tabs. 250 mg. 28 (A)	S1B	37.40	30914
(Non-Proprietary Name Index: Terbinafine)			
Lescol XL (P.C.O. Mfg.) Tabs. 80 mg. 28 (A)	S1B	25.93	77104
(Non-Proprietary Name Index: Fluvastatin)			
Lipitor (iMED Healthcare) Tabs. 20 mg. 28 (A)	S1B	38.50	31928
Lipitor (iMED Healthcare) Tabs. 40 mg. 28 (A)		64.40	31970
Lipitor (iMED Healthcare) Tabs. 80 mg. 28 (A)		74.28	31987
(Non-Proprietary Name Index: Atorvastatin)			
Losec MUPS (G & A Licensing Ltd.) Gastro-Resistant Tabs. 10 mg. 28 (A)	S1B	20.45	32113
Losec MUPS (G & A Licensing Ltd.) Gastro-Resistant Tabs. 20 mg. 28 (A)		38.50	32164
Losec MUPS (G & A Licensing Ltd.) Gastro-Resistant Tabs. 40 mg. 14 (A)		38.46	32192
(Non-Proprietary Name Index: Omeprazole)			
Lumigan (BR Lewis Pharmaceuticals) Eye Drops. 0.3 mg./ml. 3 ml. (B)	S1A	18.51	77154
(Non-Proprietary Name Index: Bimatoprost)			
Lyrica (P.C.O. Mfg.) Caps. 25 mg. 14 (A)	S1A	23.31	32315
Lyrica (P.C.O. Mfg.) Caps. 75 mg. 56 (A)		93.25	32321
(Non-Proprietary Name Index: Pregabalin)			
Lyrica (BR Lewis Pharmaceuticals) Caps. 25 mg. 56 (A)	S1A	93.21	32331
Lyrica (BR Lewis Pharmaceuticals) Caps. 50 mg. 84 (A)		139.84	32375
Lyrica (BR Lewis Pharmaceuticals) Caps. 75 mg. 56 (A)		93.21	32351
Lyrica (BR Lewis Pharmaceuticals) Caps. 100 mg. 84 (A)		139.84	32388
Lyrica (BR Lewis Pharmaceuticals) Caps. 150 mg. 56 (A)		93.21	32368
(Non-Proprietary Name Index: Pregabalin)			
Micardis (BR Lewis Pharmaceuticals) Tabs. 20 mg. 28 (A)	S1B	21.83	34522
Micardis (BR Lewis Pharmaceuticals) Tabs. 40 mg. 28 (A)		21.83	34541
Micardis (BR Lewis Pharmaceuticals) Tabs. 80 mg. 28 (A)		26.37	34562
(Non-Proprietary Name Index: Telmisartan)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Micardis (P.C.O. Mfg.) Tabs. 20 mg. 28 (A)	S1B	21.86	34570
Micardis (P.C.O. Mfg.) Tabs. 40 mg. 28 (A)		21.86	34582
Micardis (P.C.O. Mfg.) Tabs. 80 mg. 28 (A)		26.40	34591
(Non-Proprietary Name Index: Telmisartan)			
Micardis Plus (BR Lewis Pharmaceuticals) Tabs. 80/12.5 mg. 28 (A)	S1B	26.37	34811
(Non-Proprietary Name Index: Telmisartan & Diuretics)			
Micardis Plus (P.C.O. Mfg.) Tabs. 40/12.5 mg. 28 (A)	S1B	21.86	34700
Micardis Plus (P.C.O. Mfg.) Tabs. 80/12.5 mg. 28 (A)		26.40	34742
(Non-Proprietary Name Index: Telmisartan & Diuretics)			
Mirapexin (BR Lewis Pharmaceuticals) Tabs. 0.18 mg. 100 (A)	S1B	69.42	33550
Mirapexin (BR Lewis Pharmaceuticals) Tabs. 0.7 mg. 100 (A)		278.42	33524
(Non-Proprietary Name Index: Pramipexole)			
Opatanol (BR Lewis Pharmaceuticals) Eye Drops 1 mg./ml. 5 ml. (B)	S1B	13.58	37412
(Non-Proprietary Name Index: Olopatadine)			
Pariet (G & A Licensing Ltd.) Gastro-Resistant Tabs. 20 mg. 28 (A)	S1B	31.45	38712
(Non-Proprietary Name Index: Rabeprazole)			
Plavix (BR Lewis Pharmaceuticals) Tabs. 75 mg. 28 (A)	S1B	51.95	40901
(Non-Proprietary Name Index: Clopidogrel)			
Protelos (BR Lewis Pharmaceuticals) Grans. Sachet 2 G. 28 (A)	S1A	44.71	43240
Code the number of sachets dispensed			
(Non-Proprietary Name Index: Strontium Ranelate)			
Protium (iMED Healthcare) Tabs. 20 mg. 28 (A)	S1B	20.58	43341
Protium (iMED Healthcare) Tabs. 40 mg. 28 (A)		38.12	43376
(Non-Proprietary Name Index: Pantoprazole)			
Seroquel (G & A Licensing Ltd.) Tabs. 100 mg. 60 (A)	S1A	123.15	45927
Seroquel (G & A Licensing Ltd.) Tabs. 300 mg. 60 (A)		228.28	45974
(Non-Proprietary Name Index: Quetiapine)			
Stalevo (BR Lewis Pharmaceuticals) Tabs. 50/12.5/200 mg. 100 (A)	S1B	117.52	62440
Stalevo (BR Lewis Pharmaceuticals) Tabs. 100/25/200 mg. 100 (A)		117.52	62464
Stalevo (BR Lewis Pharmaceuticals) Tabs. 150/37.5/200 mg. 100 (A)		117.52	62475
(Non-Proprietary Name Index: Levodopa, Decarboxylase inhibitor and COMT inhibitor)			
Stalevo (P.C.O. Mfg.) Tabs. 50/12.5/200 mg. 100 (A)	S1B	117.55	62501
Stalevo (P.C.O. Mfg.) Tabs. 100/25/200 mg. 100 (A)		117.55	62534
Stalevo (P.C.O. Mfg.) Tabs. 150/37.5/200 mg. 100 (A)		117.55	62580
(Non-Proprietary Name Index: Levodopa, Decarboxylase inhibitor and COMT inhibitor)			
Starlix (BR Lewis Pharmaceuticals) Tabs. 120 mg. 28 (A)	S1B	32.24	45428
(Non-Proprietary Name Index: Nateglinide)			
Tamiflu (BR Lewis Pharmaceuticals) Caps. 75 mg. 10 (A)	S1A	23.79	46832
(Non-Proprietary Name Index: Oseltamivir)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Tenormin (G & A Licensing Ltd.) Tabs. 50 mg. 28 (A) *(Non-Proprietary Name Index: Atenolol)*	S1B	5.95	69315
Teveten (G & A Licensing Ltd.) Tabs. 600 mg. 30 (A) *(Non-Proprietary Name Index: Eprosartan)*	S1B	20.56	49512
Tilade CFC-Free Inhaler 2mg. 112 Metered Dose Aerosol (A) *Code the number of aerosols dispensed* *(Non-Proprietary Name Index: Nedocromil)*	S1B	34.22	49830
Topamax (G & A Licensing Ltd.) Tabs. 25 mg. 60 (A)	S1B	30.30	69843
Topamax (G & A Licensing Ltd.) Tabs. 50 mg. 60 (A)		49.78	69857
Topamax (G & A Licensing Ltd.) Tabs. 100 mg. 60 (A)		88.83	69873
Topamax (G & A Licensing Ltd.) Tabs. 200 mg. 60 (A) *(Non-Proprietary Name Index: Topiramate)*		167.01	69899
Travatan (BR Lewis Pharmaceuticals) Eye Drops 40 mcg./ml. 2.5 ml. Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Travoprost)*	S1A	18.55	78621
Vaniqa (Amimed) Cream 30 G. (B) *(Non-Proprietary Name Index: Eflornithine)*	S1A	33.96	52311
Vaniqa Cream 11.5% 60 G. (B) *(Non-Proprietary Name Index: Eflornithine)*	S1A	77.96	52348
Venlafaxine (TEVA) Tabs. 37.5 mg. 56 (A)	S1A	25.50	79015
Venlafaxine (TEVA) Tabs. 75 mg. 56 (A) *(Non-Proprietary Name Index: Venlafaxine)*		42.50	79028
Venlofex PR Caps. 75 mg. 28 (A)	S1A	24.13	79133
Venlofex PR Caps. 150 mg. 28 (A) *(Non-Proprietary Name Index: Venlafaxine)*		40.75	79172
Ventolin Evohaler (iMED Healthcare) 100 mcg. 200 Dose Aerosol (A) *Code the number of aerosols dispensed* *(Non-Proprietary Name Index: Salbutamol)*	S1B	3.46	74126
Viagra (BR Lewis Pharmaceuticals) Tabs. 50 mg. 4 (A) *(Non-Proprietary Name Index: Sildenafil)*	S1A	27.80	51601
Xatral (G & A Licensing Ltd.) PR Tabs. 10 mg. 30 (A) *(Non-Proprietary Name Index: Alfuzosin)*	S1B	30.38	53524
Zanaflex (G & A Licensing Ltd.) Tabs. 2 mg. 30 (A)	S1A	25.30	63702
Zanaflex (G & A Licensing Ltd.) Tabs. 4 mg. 30 (A) *(Non-Proprietary Name Index: Tizanidine)*		31.53	63716
Zantac (iMED Healthcare) Tabs. 150 mg. 60 (A) *(Non-Proprietary Name Index: Ranitidine)*	S1B	25.59	54337

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Zispin SolTab (G & A Licensing Ltd.) Orodispersible Tabs. 15 mg. 30 (A)	S1A	16.52	62664
Zispin SolTab (G & A Licensing Ltd.) Orodispersible Tabs. 30 mg. 30 (A)		33.03	62683
Zispin SolTab (G & A Licensing Ltd.) Orodispersible Tabs. 45 mg. 30 (A)		49.53	62697
(Non-Proprietary Name Index: Mirtazapine)			
Zyprexa (BR Lewis Pharmaceuticals) Tabs. 2.5 mg. 28 (A)	S1A	47.55	56104
Zyprexa (BR Lewis Pharmaceuticals) Tabs. 5 mg. 28 (A)		67.08	56113
Zyprexa (BR Lewis Pharmaceuticals) Tabs. 7.5 mg. 56 (A)		201.32	56198
Zyprexa (BR Lewis Pharmaceuticals) Tabs. 10 mg. 28 (A)		134.20	56142
Zyprexa (BR Lewis Pharmaceuticals) Tabs. 15 mg. 28 (A)		211.11	56179
(Non-Proprietary Name Index: Olanzapine)			
Zyprexa Velotabs (BR Lewis Pharmaceuticals) Tabs. 5 mg. 28 (A)	S1A	80.50	56311
Zyprexa Velotabs (BR Lewis Pharmaceuticals) Tabs. 10 mg. 28 (A)		161.06	56348
Zyprexa Velotabs (BR Lewis Pharmaceuticals) Tabs. 15 mg. 28 (A)		252.45	56390
(Non-Proprietary Name Index: Olanzapine)			

DELETIONS

Aerodiol Nasal Spray Soln. 150 mcg. 60 Metered Dose Pack 1 (A)	12888
Aerodiol Nasal Spray Soln. 150 mcg. 60 Metered Dose Bottles 3 (A)	10537
Deponit 5 Patches 28 (A)	20731
Deponit 10 Patches 28 (A)	20746
Dovonex Oint. 120 G. (B)	51638
Ecostatin Cream 15 G. (B)	74632
Mixtard 50 Penfill Cartridge 100 IU/ml. 3 ml. Cartridge 5 (A)	71648
Paratabs Tabs. 500 mg. 100 (A)	38925
Stemetil Suppos. 25 mg. 10 (A)	47538
Tagamet Tabs. 400 mg. 60 (A)	48496

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st January 2009

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST JANUARY 2009

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Accolate (P.C.O. Mfg.) Tabs. 20 mg. 56 (A) *(Non-Proprietary Name Index: Zafirlukast)*	S1B	27.36	10407
Accupro (G & A Licensing Ltd.) Tabs. 5 mg. 28 (A) *(Non-Proprietary Name Index: Quinapril)*	S1B	9.55	10523
Accupro (P.C.O. Mfg.) Tabs. 10 mg. 30 (A) *(Non-Proprietary Name Index: Quinapril)*	S1B	11.71	10614
Activelle (P.C.O. Mfg.) Tabs. 1 mg./0.5 mg. 28 (A) *(Non-Proprietary Name Index: Hormone Replacement Therapy)*	S1A	12.79	10631
Actonel (P.C.O. Mfg.) Tabs. 5 mg. 28 (A) *(Non-Proprietary Name Index: Risedronic Acid)*	S1B	32.34	10672
Actos (B & S Healthcare) Tabs. 15 mg. 28 (A) *(Non-Proprietary Name Index: Pioglitazone)*	S1B	37.93	10690
Adalat LA (B & S Healthcare) Tabs. 30 mg. 14 (A) Adalat LA (B & S Healthcare) Tabs. 60 mg. 14 (A) *(Non-Proprietary Name Index: Nifedipine)*	S1B	6.68 9.95	10743 10779
Adalat (B & S Healthcare) Retard Tabs. 20 mg. 30 (A) Adalat (B & S Healthcare) Retard Tabs. 20 mg. 60 (A) *(Non-Proprietary Name Index: Nifedipine)*	S1B	7.17 14.27	10813 10842
Aldara (B & S Healthcare) 5% Cream 12.5 mg. Sachets 12 (A) *Code the number of sachets dispensed* *(Non-Proprietary Name Index: Imiquimod)*	S1B	80.26	11008
Aprovel (B & S Healthcare) Tabs. 75 mg. 28 (A) *(Non-Proprietary Name Index: Irbesartan)*	S1B	18.58	12027
Aprovel (Polyfarma) Tabs. 150 mg. 28 (A) Aprovel (Polyfarma) Tabs. 300 mg. 28 (A) *(Non-Proprietary Name Index: Irbesartan)*	S1B	20.91 28.23	12041 12068
Avandamet (B & S Healthcare) Tabs. 2 mg./1000 mg. 56 (A) Avandamet (B & S Healthcare) Tabs. 4 mg./1000 mg. 56 (A) *(Non-Proprietary Name Index: Rosiglitazone/Metformin)*	S1B	40.37 73.96	53411 53437
Avodart (P.C.O. Mfg.) Softcaps 0.5 mg. 30 (A) *(Non-Proprietary Name Index: Dutasteride)*	S1A	33.89	53450
Azarga Eye Drop Susp. 10 mg./ml. + 5 mg./ml. 5 ml. Pack 1 (A) *Code the number of packs dispensed* *(Non-Proprietary Name Index: Brinzolamide and Timolol)*	S1B	17.80	53551

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Becotide (P.C.O. Mfg.) Evohaler 50 mcg. 200 Dose Aerosol 1 (A) *Code the number of aerosols dispensed* *(Non-Proprietary Name Index: Beclometasone)*	S1B	7.34	14624
Betagan (P.C.O. Mfg.) Opth. Soln. 0.5% 5 ml. (B) *(Non-Proprietary Name Index: Levobunolol)*	S1B	6.60	14690
CanOral Caps. 150 mg. 1 (A) *(Non-Proprietary Name Index: Fluconazole)*	S1B	6.46	70232
Cardicor (B & S Healthcare) Tabs. 1.25 mg. 28 (A) Cardicor (B & S Healthcare) Tabs. 2.5 mg. 28 (A) *(Non-Proprietary Name Index: Bisoprolol)*	S1B	8.41 7.79	17300 17324
Cardicor (P.C.O. Mfg.) Tabs. 1.25 mg. 28 (A) Cardicor (P.C.O. Mfg.) Tabs. 2.5 mg. 28 *(Non-Proprietary Name Index: Bisoprolol)*	S1B	8.50 7.87	17409 17448
Co Aprovel (Polyfarma) Tabs. 150 mg./12.5 mg. 28 (A) *(Non-Proprietary Name Index: Irbesartan and Diuretics)*	S1B	20.91	17812
Cordarone X (B & S Healthcare) Tabs. 200 mg. 20 (A) *(Non-Proprietary Name Index: Amiodarone)*	S1B	7.95	18443
Coversyl (P.C.O. Mfg.) Arginine Plus Tabs. 5 mg./1.25 mg. 30 (A) *(Non-Proprietary Name Index: Perindopril)*	S1B	22.45	19037
Cozaar (P.C.O. Mfg.) Tabs. 100 mg. 28 (A) *(Non-Proprietary Name Index: Losartan)*	S1B	35.16	19042
Cozaar-Comp (P.C.O. Mfg.) 100 mg./25 mg. 28 (A) *(Non-Proprietary Name Index: Losartan)*	S1B	36.26	19061
Crestor (P.C.O. Mfg.) Tabs. 10 mg. 28 (A) Crestor (P.C.O. Mfg.) Tabs. 20 mg. 28 (A) Crestor (P.C.O. Mfg.) Tabs. 40 mg. 28 (A) *(Non-Proprietary Name Index: Rosuvastatin)*	S1A	25.58 41.72 42.86	19105 19114 19140
Dalacin C (P.C.O. Mfg.) Caps. 150 mg. 16 (A) *(Non-Proprietary Name Index: Clindamycin)*	S1A	9.97	19486
Detrusitol (P.C.O. Mfg.) SR Tabs. 4 mg. 28 (A) *(Non-Proprietary Name Index: Tolterodine)*	S1B	45.62	53629
Dilzem XL (P.C.O. Mfg.) Caps. 240 mg. 28 (A) *(Non-Proprietary Name Index: Diltiazem)*	S1B	18.32	21713
Dovonex (B & S Healthcare) Scalp Soln. 50 mcg./ml. 30 ml. (B) *(Non-Proprietary Name Index: Calcipotriol)*	S1A	14.14	22074

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Effentora Buccal Tabs. 100 mcg. 4 (A)	CD2	40.99	22903
Effentora Buccal Tabs. 200 mcg. 4 (A)		40.99	22917
Effentora Buccal Tabs. 400 mcg. 4 (A)		40.99	22936
Effentora Buccal Tabs. 600 mcg. 4 (A)		40.99	22957
Effentora Buccal Tabs. 800 mcg. 4 (A)		40.99	22968
(Non-Proprietary Name Index: Fentanyl)			
Famvir (P.C.O. Mfg.) Tabs. 250 mg. 21 (A)	S1A	126.51	66214
(Non-Proprietary Name Index: Famciclovir)			
Fintex Tabs. 5 mg. 28 (A)	S1A	20.00	25627
(Non-Proprietary Name Index: Finasteride)			
Glycopyrronium Bromide (Ampharm Ltd.) Inj. 200 mcg./1 ml. 1 ml. 10 (A)	S1A	10.18	26737
Glycopyrronium Bromide (Ampharm Ltd.) Inj. 200 mcg./1 ml. 3 ml. 10 (A)		5.12	26754
Code the number of injections dispensed			
(Non-Proprietary Name Index: Glycopyrronium Bromide)			
Keppra (Polyfarma) Tabs. 250 mg. 60 (A)	S1B	45.00	30284
(Non-Proprietary Name Index: Levetiracetam)			
Klacid LA (B & S Heatlhcare) Tabs. 500 mg. 7 (A)	S1A	15.97	31614
(Non-Proprietary Name Index: Clarithromycin)			
Lamisil (P.C.O. Mfg.) Cream 1% 15 G. (B)	S1B	6.05	30729
(Non-Proprietary Name Index: Terbinafine Hydrochloride)			
Lansoprazole (Bentley) Caps. 15 mg. 28 (A)	S1B	11.64	63742
Lansoprazole (Bentley) Caps. 30 mg. 28 (A)		23.14	63764
(Non-Proprietary Name Index: Lansoprazole)			
Livial (B & S Healthcare) Tabs. 2.5 mg. 30 (A)	S1A	18.34	31824
(Non-Proprietary Name Index: Tibolone)			
Micardis (Polyfarma) Tabs. 20 mg. 28 (A)	S1B	21.86	34525
(Non-Proprietary Name Index: Telmisartan)			
Mirapexin (Polyfarma) Tabs. 0.18 mg. 30 (A)	S1B	20.84	33532
Mirapexin (Polyfarma) Tabs. 0.7 mg. 30 (A)		83.52	33514
(Non-Proprietary Name Index: Pramipexole)			
Nexium (iMED Healthcare Ltd.) Tabs. 20 mg. 28 (A)	S1B	30.49	36529
Nexium (iMED Healthcare Ltd.) Tabs. 40 mg. 28 (A)		47.05	36541
(Non-Proprietary Name Index: Esomeprazole)			
Pariet (P.C.O. Mfg.) Tabs. 20 mg. 28 (A)	S1B	31.45	73118
(Non-Proprietary Name Index: Rabeprazole)			
Pulmicort (G & A Licensing Ltd.) Turbohaler 100 mcg. 200 Dose Inhaler (A)	S1B	23.24	40721
Pulmicort (G & A Licensing Ltd.) Turbohaler 200 mcg. 100 Dose Inhaler (A)		23.30	40763
Code the number of inhalers dispensed			
(Non-Proprietary Name Index: Budesonide)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Reductil (P.C.O. Mfg.) Caps. 10 mg. 28 (A)	S1A	57.41	44523
Reductil (P.C.O. Mfg.) Caps. 15 mg. 28 (A)		64.11	44551
(Non-Proprietary Name Index: Sibutramine)			
Relifex (P.C.O. Mfg.) Tabs. 500 mg. 56 (A)	S1B	21.25	43902
(Non-Proprietary Name Index: Nabumetone)			
Sabril (P.C.O. Mfg.) Tabs. 500 mg. 100 (A)	S1B	60.88	44726
(Non-Proprietary Name Index: Vigabatrin)			
Salazopyrin EN (P.C.O. Mfg.) Tabs. 500 mg. 100 (A)	S1B	13.52	44842
(Non-Proprietary Name Index: Sulfasalazine)			
Seroquel (P.C.O. Mfg.) Tabs. 300 mg. 60 (A)	S1A	228.31	45857
(Non-Proprietary Name Index: Quetiapine)			
Solian (P.C.O. Mfg.) Tabs. 200 mg. 60 (A)	S1B	83.69	46717
(Non-Proprietary Name Index: Amisulpride)			
Spiriva (P.C.O. Mfg.) Hard Caps. 18 mcg. i.e. 1 Handihaler/30 Caps. 1 (A)	S1B	48.56	61468
Code the number of packs dispensed			
(Non-Proprietary Name Index: Tiotropium)			
Topamax (P.C.O. Mfg.) Tabs. 100 mg. 28 (A)	S1B	41.46	69922
Topamax (P.C.O. Mfg.) Tabs. 200 mg. 28 (A)		77.95	69953
(Non-Proprietary Name Index: Topiramate)			
Vastarel (P.C.O. Mfg.) Tabs. 20 mg. 60 (A)	S1B	9.67	55836
(Non-Proprietary Name Index: Trimetazidine)			
Vimpat Syrup 15 mg./ml. 200 ml. (B)	S1A	59.71	49397
Vimpat Tabs. 50 mg. 14 (A)		12.21	49304
Vimpat Tabs. 100 mg. 14 (A)		24.44	49313
Vimpat Tabs. 100 mg. 56 (A)		97.72	49339
Vimpat Tabs. 150 mg. 14 (A)		36.64	49357
Vimpat Tabs. 150 mg. 56 (A)		146.58	49372
Vimpat Tabs. 200 mg. 56 (A)		195.43	49385
(Non-Proprietary Name Index: Lacosamide)			
Xyzal (P.C.O. Mfg.) Tabs. 5 mg. 28 (A)	S1B	10.70	52838
(Non-Proprietary Name Index: Levocetirizine)			
Yaz Tabs. 0.02 mg./3 mg. 28 (A)	S1B	9.37	53035
(Non-Proprietary Name Index: Contraceptives, Oral)			
Zanidip (P.C.O. Mfg.) Tabs. 10 mg. 28 (A)	S1B	12.47	63811
Zanidip (P.C.O. Mfg.) Tabs. 20 mg. 28 (A)		20.37	63834
(Non-Proprietary Name Index: Lercanidipine)			
Zineryt (P.C.O. Mfg.) Soln. 30 ml. (B)	S1A	10.95	92050
(Non-Proprietary Name Index: Erythromycin)			
Zomig (P.C.O. Mfg.) Tabs. 2.5 mg. 6 (A)	S1B	33.39	57916
(Non-Proprietary Name Index: Zolmitriptan)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Zomig (G & A Licensing) Rapimelt Orodispersible Tabs. 2.5 mg. 6 (A)	S1B	33.39	57943
(Non-Proprietary Name Index: Zolmitriptan)			
Zoton (iMED Healthcare Ltd.) Fastabs. Tabs. 15 mg. 28 (A)	S1B	20.84	71047
Zoton (iMED Healthcare Ltd.) Fastabs. Tabs. 30 mg. 28 (A)		41.40	71061
(Non-Proprietary Name Index: Lansoprazole)			
Zovirax (P.C.O. Mfg.) Tabs. Disp. 800 mg. 35 (A)	S1A	148.78	52952
(Non-Proprietary Name Index: Aciclovir)			
Zyprexa (Polyfarma) Tabs. 10 mg. 28 (A)	S1A	134.23	56121
(Non-Proprietary Name Index: Olanzapine)			
Zyprexa (B & S Healthcare) Tabs. 2.5 mg. 28 (A)	S1A	47.16	56137
Zyprexa (B & S Healthcare) Tabs. 5 mg. 28 (A)		66.40	56149
Zyprexa (B & S Healthcare) Tabs. 7.5 mg. 28 (A)		99.54	56158
Zyprexa (B & S Healthcare) Tabs. 7.5 mg. 56 (A)		199.07	56163
Zyprexa (B & S Healthcare) Tabs. 10 mg. 28 (A)		132.97	56192
(Non-Proprietary Name Index: Olanzapine)			
Zyprexa (B & S Healthcare) Velotabs Tabs. 5 mg. 28 (A)	S1A	79.56	56203
Zyprexa (B & S Healthcare) Velotabs Tabs. 10 mg. 28 (A)		159.44	56214
(Non-Proprietary Name Index: Olanzapine)			

DELETIONS

Androcur Tabs. 50 mg. 50 (A)	64432
Piportil Depot Inj. 50 mg./ml. 1 ml. 10 (A)	41181
Migranat Tabs. 12 (A)	33650

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST JANUARY 2009

ADDITIONS

PROPRIETARY NAME INDEX	CODE	GENERIC NAME	TRADE PRICE €	MANUFACTURER	AGENTS
Casomide (Bicalutamide) Tabs. 50 mg. 28 (A)	88334	Bicalutamide	95.55	Clonmel Healthcare	Clonmel Healthcare
Retacrit Soln. for Inj. in Pre-filled Syr. 20,000 iu/0.5 ml. 1 (A) *Code the number of syringes dispensed*	88653	Erythropoietin	182.01	Hospira Ireland Ltd.	United Drug
Retacrit Soln. for Inj. in Pre-filled Syr. 30,000 iu/0.75 ml. 1 (A) *Code the number of syringes dispensed*	88679	Erythropoietin	273.01	Hospira Ireland Ltd.	United Drug

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st December 2008

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST DECEMBER 2008

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Abilify (Polyfarma) Tabs. 10 mg. 28 (A)	S1A	146.53	10215
Abilify (Polyfarma) Tabs. 15 mg. 28 (A)		146.53	10293
(Non-Proprietary Name Index: Aripiprazole)			
Actos (Polyfarma) Tabs. 15 mg. 28 (A)	S1B	38.32	10708
Actos (Polyfarma) Tabs. 30 mg. 28 (A)		56.99	10733
(Non-Proprietary Name Index: Pioglitazone)			
Aldara (Polyfarma) 5% Cream Sachet 12 (A)	S1B	81.01	11152
Code the number of sachets dispensed			
(Non-Proprietary Name Index: Imiquimod)			
Aprovel (Polyfarma) Tabs. 75 mg. 28 (A)	S1B	18.81	12001
(Non-Proprietary Name Index: Irbesartan)			
Arava (Polyfarma) Film Coated Tabs. 10 mg. 30 (A)	S1A	72.43	65773
(Non-Proprietary Name Index: Leflunomide)			
Aricept (G & A Licensing Ltd.) Film Coated Tabs. 5 mg. 28 (A)	S1A	92.23	13126
Aricept (G & A Licensing Ltd.) Film Coated Tabs. 10 mg. 28 (A)		129.26	13181
(Non-Proprietary Name Index: Donepezil)			
Avandamet (Polyfarma) Film Coated Tabs. 2 mg./500 mg. 112 (A)	S1B	75.27	53619
(Non-Proprietary Name Index: Rosiglitazone/Metformin)			
Avandia (Polyfarma) Film Coated Tabs. 4 mg. 28 (A)	S1B	40.35	53761
Avandia (Polyfarma) Film Coated Tabs. 8 mg. 28 (A)		72.78	53818
(Non-Proprietary Name Index: Rosiglitazone)			
CoAprovel (Polyfarma) Tabs. 300 mg./12.5 mg. 28 (A)	S1B	28.24	50182
(Non-Proprietary Name Index: Irbesartan/Hydrochlorothiazide)			
Diaglyc Modified Release Tabs. 30 mg. 60 (A)	S1B	7.73	21215
(Non-Proprietary Name Index: Gliclazide)			
Emadine (Polyfarma) Eye Drops 0.05% 5 ml. (B)	S1B	11.10	22465
(Non-Proprietary Name Index: Emedastine)			

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Imdur (G & A Licensing Ltd.) Prolonged Release Film Coated Tabs. 60 mg. 28 (A) *(Non-Proprietary Name Index: Isosorbide Mononitrate)*	S1B	15.12	31514
Ireven Prolonged Release Caps. 75 mg. 28 (A)	S1A	25.93	29312
Ireven Prolonged Release Caps. 150 mg. 28 (A) *(Non-Proprietary Name Index: Venlafaxine)*		44.45	29347
Lercaril Film Coated Tabs. 10 mg./10 mg. 28 (A)	S1B	18.92	31470
Lercaril Film Coated Tabs. 20 mg./10 mg. 28 (A) *(Non-Proprietary Name Index: Enalapril/Lercanidipine)*		21.53	31482
Micardis (Polyfarma) Tabs. 40 mg. 28 (A)	S1B	21.86	34580
Micardis (Polypharma) Tabs. 80 mg. 28 (A) *(Non-Proprietary Name Index: Telmisartan)*		26.40	34597
Micardis Plus (Polyfarma) Tabs. 80 mg./12.5 mg. 28 (A) *(Non-Proprietary Name Index: Telmisartan/Hydrochlorothiazide)*	S1B	26.40	34692
Nexium (G & A Licensing Ltd.) Tabs. 40 mg. 28 (A) *(Non-Proprietary Name Index: Esomeprazole)*	S1B	47.05	36539
NovoNorm (Polyfarma) Tabs. 0.5 mg. 90 (A)	S1B	26.18	79501
NovoNorm (Polyfarma) Tabs. 1 mg. 90 (A)		28.30	79573
NovoNorm (Polyfarma) Tabs. 2 mg. 90 (A) *(Non-Proprietary Name Index: Repaglinide)*		30.40	79582
Osteole Sachets 1500 mg. 30 (A) *Code the number of sachets dispensed* *(Non-Proprietary Name Index: Glucosamine)*		23.86	38183
Plavix (Polyfarma) Tabs. 75 mg. 28 (A) *(Non-Proprietary Name Index: Clopidogrel)*	S1B	51.97	41009
Solaraze Gel 3% 50 G. (B) *(Non-Proprietary Name Index:*	S1B	49.65	47043
Sporanox (G & A Licensing Ltd.) Caps. 100 mg. 15 (A) *(Non-Proprietary Name Index: Itraconazole)*	S1B	29.71	61415
Vedixal XL Prolonged Release Caps. 37.5 mg. 7 (A)	S1A	3.58	55214
Vedixal XL Prolonged Release Caps. 75 mg. 28 (A)		20.56	55238
Vedixal XL Prolonged Release Caps. 150 mg. 28 (A) *(Non-Proprietary Name Index: Venlafaxine)*		34.65	55290

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Vedixal Tabs. 37.5 mg. 56 (A)	S1A	21.26	55302
Vedixal Tabs. 75 mg. 56 (A)		35.45	55364
(Non-Proprietary Name Index: Venlafaxine)			
Venex XL Prolonged Release Caps. 37.5 mg. 28 (A)	S1A	12.20	79008
Venex XL Prolonged Release Caps. 75 mg. 28 (A)		17.87	79036
Venex XL Prolonged Release Caps. 150 mg. 28 (A)		30.13	79084
(Non-Proprietary Name Index: Venlafaxine)			
Venlift Tabs. 37.5 mg. 56 (A)	S1A	23.46	79243
Venlift Tabs. 75 mg. 56 (A)		39.13	79281
(Non-Proprietary Name Index: Venlafaxine)			
Warfarin Teva Tabs. 1 mg. 100 (A)	S1B	3.79	61701
Warfarin Teva Tabs. 3 mg. 100 (A)		6.19	61717
Warfarin Teva Tabs. 5 mg. 100 (A)		8.75	61728
(Non-Proprietary Name Index: Warfarin)			
Xamiol Gel 50 mcg. 60 G. (B)	S1A	54.36	53901
(Non-Proprietary Name Index: Calcipotriol)			
Xarelto Tabs. 10 mg. 30 (A)	S1A	181.78	53342
(Non-Proprietary Name Index: Rivaroxaban)			
Zocor (G & A Licensing Ltd.) Tabs. Film Coated 10 mg. 28 (A)	S1B	19..36	52118
Zocor (G & A Licensing Ltd.) Tabs. Film Coated 20 mg. 28 (A)		32.91	52129
(Non-Proprietary Name Index: Simvastatin)			
Zyprexa (Polyfarma) Tabs. 2.5 mg. 28 (A)	S1A	47.58	56019
Zyprexa (Polyfarma) Tabs. 5 mg. 28 (A)		67.10	56027
Zyprexa (Polyfarma) Tabs. 7.5 mg. 56 (A)		201.33	56081
(Non-Proprietary Name Index: Olanzapine)			
Zyprexa (Polyfarma) Velotab Tabs. 5 mg. 28 (A)	S1A	80.53	56084
Zyprexa (Polyfarma) Velotab Tabs. 10 mg. 28 (A)		161.08	56097
(Non-Proprietary Name Index: Olanzapine)			

DELETIONS

Drug Description	Drug Code
Clinoril Tabs. 100 mg. 60 (A)	69383
Elantan 10 Tabs. 10 mg. 84 (A)	23258
Elantan 40 Tabs. 40 mg. 84 (A)	22095
Mixtard 20 Penfill Cartridge 100 IU/ml. 3 ml. Cartridge 5 (A)	71615

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st November 2008

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST NOVEMBER 2008

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Amoclav Tabs. 250 mg./125 mg. 21 (A)	S1A	7.73	10311
Amoclav Powder for Oral Suspension 125 mg./31.25 mg./5 ml. 100 ml. (B)	S1A	4.27	90742
(Non-Proprietary Name Index: Amoxicillin & Potassium Clavulanic)			
Becotide (P.C.O. Mfg.) Evohaler 250 mcg. 200 Dose Aerosol 1 (A)	S1B	30.56	14705
Code the number of aerosols dispensed			
(Non-Proprietary Name Index: Beclometasone)			
Coversyl Arginine (P.C.O. Mfg.) Tabs. 5 mg. 30 (A)	S1B	17.91	18428
Coversyl Arginine (P.C.O. Mfg.) Tabs. 10 mg. 30 (A)	S1B	28.65	18481
(Non-Proprietary Name Index: Perindopril)			
Daonil (P.C.O. Mfg.) Tabs. 5 mg. 30 (A)	S1B	3.84	19731
(Non-Proprietary Name Index: Glibenclamide)			
Deltacortril Enteric (P.C.O. Mfg.) Tabs. 5 mg. 100 (A)	S1A	11.31	20234
(Non-Proprietary Name Index: Prednisolone)			
Dona (P.C.O. Mfg.) Sachets 1500 mg. 30 (A)		31.23	22017
Code the number of Sachets dispensed			
(Non-Proprietary Name Index: Glucosamine)			
Donesyn Tabs. 5 mg. 28 (A)	S1A	53.75	22118
Donesyn Tabs. 10 mg. 28 (A)	S1A	75.33	22182
(Non-Proprietary Name Index: Donepezil)			
Finasteride (Johnson Bros. Ltd.) Tabs. 5 mg. 28 (A)	S1A	21.03	25773
(Non-Proprietary Name Index: Finasteride)			
Finocar Tabs. 5 mg. 28 (A)	S1A	27.40	25903
(Non-Proprietary Name Index: Finasteride)			
Flixotide (P.C.O. Mfg.) Nebules 0.5 mg./2 ml. 10 (A)	S1B	11.14	26114
Flixotide (P.C.O. Mfg.) Nebules 2 mg./2 ml. 10 (A)	S1B	44.58	26129
Code the number of Nebules dispensed			
(Non-Proprietary Name Index: Fluticasone)			
Fosamax (P.C.O. Mfg.) Once Weekly Tabs. 70 mg. 4 (A)	S1B	34.20	25987
(Non-Proprietary Name Index: Alendronic Acid)			
Fucidin (P.C.O. Mfg.) Cream 20 mg./G. 15 G. (B)	S1A	3.92	26210
(Non-Proprietary Name Index: Fusidic Acid)			
Lamictal (P.C.O. Mfg.) Tabs. Disp. 50 mg. 90 (A)	S1B	72.23	30514
Lamictal (P.C.O. Mfg.) Tabs. Disp. 200 mg. 90 (A)	S1B	227.28	30592
(Non-Proprietary Name Index: Lamotrigine)			

	Legal Class	Reimbursement Price €	Drug Code
Lexapro (P.C.O. Mfg.) Tabs. 5 mg. 28 (A) *(Non-Proprietary Name Index: Escitalopram)*	S1A	15.98	31324
Maxolon (P.C.O. Mfg.) Tabs. 10 mg. 84 (A) *(Non-Proprietary Name Index: Metoclopramide)*	S1B	8.93	32947
Mobicam Tabs. 7.5 mg. 30 (A)	S1B	9.95	33402
Mobicam Tabs. 15 mg. 30 (A) *(Non-Proprietary Name Index: Meloxicam)*	S1B	13.94	33448
Pradaxa Caps. 75 mg. 10 (5 Day Dose) (A)	S1A	28.18	60612
Pradaxa Caps. 75 mg. 60 (30 Day Dose) (A)	S1A	169.08	60628
Pradaxa Caps. 110 mg. 10 (5 Day Dose) (A)	S1A	28.18	60659
Pradaxa Caps. 110 mg. 60 (30 Day Dose) (A) *(Non-Proprietary Name Index: Dabigatran Etexilate)*	S1A	169.08	60684
Seroquel (P.C.O. Mfg.) Tabs. 100 mg. 60 (A) *(Non-Proprietary Name Index: Quetiapine)*	S1A	123.18	45894
Ventolin (P.C.O. Mfg.) Nebules 2.5 mg. 20 (A) *Code the number of Nebules dispensed* *(Non-Proprietary Name Index: Salbutamol)*	S1B	3.95	52014
Zinnat (P.C.O. Mfg.) Tabs. 250 mg. 10 (A) *(Non-Proprietary Name Index: Cefuroxime)*	S1A	9.52	59832
Zispin (P.C.O. Mfg.) SolTabs. Orodispersible Tabs. 30 mg. 30 (A) *(Non-Proprietary Name Index: Mirtazapine)*	S1A	33.03	62617
Zovirax (P.C.O. Mfg.) Tabs. Disp. 200 mg. 25 (A) *(Non-Proprietary Name Index: Aciclovir)*	S1A	38.30	52942
Zydol (P.C.O. Mfg.) Caps. 50 mg. 100 (A) *(Non-Proprietary Name Index: Tramadol)*	S1A	18.26	45386

DELETIONS

Drug Description	Drug Code
Acomplia Tabs. 20 mg. 28 (A)	10208
Exubera Inhalation Powder Pre-Dispensed 1 mg. 90 (A)	61550
Exubera Inhalation Powder Pre-Dispensed 3 mg. 90 (A)	61562
Exubera Insulin Release Unit 6 (A)	61587
Exubera Insulin Inhaler 1 (A)	61590
MXL Caps. 30 mg. 28 (A)	71940
MXL Caps. 60 mg. 28 (A)	71952
MXL Caps. 90 mg. 28 (A)	71963
MXL Caps. 120 mg. 28 (A)	71975
MXL Caps. 150 mg. 28 (A)	71984
MXL Caps. 200 mg. 28 (A)	71998

HSE – PRIMARY CARE REIMBURSEMENT SERVICE
UPDATE TO LIST OF AGREED PRESCRIBABLE MEDICINAL PRODUCTS TO BE DISPENSED UNDER THE HIGH TECH SCHEME EFFECTIVE 1ST NOVEMBER 2008

ADDITIONS

PROPRIETARY NAME INDEX	CODE	GENERIC NAME	TRADE PRICE €	MANUFACTURER	AGENTS
Increlex Soln. for Inj. 10 mg./ml. 4 ml. 1 (A) *Code the number of Injections dispensed*	88405	Mecasermin	704.78	Ipsen Pharmaceuticals	Allphar
Thalidomide Pharmion Caps. 50 mg. 28 (A)	88741	Thalidomide	395.34	Celgene Limited	United Drug

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Product Updates Notification
Effective 1st October 2008

HSE - PRIMARY CARE REIMBURSEMENT SERVICE
AN UPDATE TO THE LIST OF G.M.S. REIMBURSABLE ITEMS EFFECTIVE
1ST OCTOBER 2008

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Acerycal Tabs. 5 mg./5 mg. 30 (A)	S1B	27.71	11803
Acerycal Tabs. 5 mg./10 mg. 30 (A)	S1B	33.62	11828
Acerycal Tabs. 10 mg./5 mg. 30 (A)	S1B	37.16	11849
Acerycal Tabs. 10 mg./10 mg. 30 (A)	S1B	43.07	11887
(Non-Proprietary Name Index: Perindopril & Amlodipine)			
Floxapen Caps. 250 mg. 28 (A)	SIA	5.91	78479
(Non-Proprietary Name Index: Flucloxacillin)			

INSULINS
ELI LILLY
Code the number of Pre-filled Pens dispensed

Humalog Kwikpen 100 IU/ml. 3 ml. Pre-filled Pen 5 (A)	S1B	45.36	69132
Humalog Kwikpen Mix 25 100 IU/ml. 3 ml. Pre-filled Pen 5 (A)	S1B	42.32	69105
Humalog Kwikpen Mix 50 100 IU/ml. 3 ml. Pre-filled Pen 5 (A)	S1B	43.67	69148

Janumet Tabs. 50 mg./850 mg. 56 (A)	S1A	48.08	29751
Janumet Tabs. 50 mg./1000 mg. 56 (A)	S1A	48.08	29765
(Non-Proprietary Name Index: Metformin & Sitagliptin)			
Laxido Orange Sachets Pdr. for Oral Soln. 30 (A)		8.29	31534
Code the number of sachets dispensed			
(Non-Proprietary Name Index: Macrogol)			
Tevaryl Tabs. 4 mg. 30 (A)	S1B	11.05	49544
Tevaryl Tabs. 8 mg. 30 (A)	S1B	18.12	49583
(Non-Proprietary Name Index: Perindopril)			
Trimoptin Tabs. 100 mg. 100 (A)	S1A	6.83	49390
(Non-Proprietary Name Index: Trimethoprim)			

ADDENDUM TO SEPTEMBER 2008 UPDATES

Cytamen Inj. 1000 mcg. 1 ml. 5 (A)	19496
Neo Cytamen Inj. 1000 mcg. 1 ml. 5 (A)	35882

DELETIONS

Drug Description	Drug Code
Calcort Tabs. 6 mg. 60 (A)	16231

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ADDITIONS

PROPRIETARY NAME INDEX	CODE	GENERIC NAME	TRADE PRICE €	MANUFACTURER	AGENTS
Tyverb Tabs. 250 mg. 70 (A)	88670	Lapatinib	1336.39	GlaxoSmithKline	GlaxoSmithKline

DELETIONS

Nov. ’01 Update	Eprex Vial 4000 iu/ml. 1 ml. Pack (A)	88054	Erythropoietin	Janssen-Cilag	Cahill May Roberts

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ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Champix 4-Week Treatment Initiation Pack 1 (A)	S1A	76.20	34571
Code the number of packs dispensed			
(Non-Proprietary Name Index: Varenicline)			
Co-Diovan Tabs. 320 mg./12.5 mg. 28 (A)	S1B	31.46	17913
Co-Diovan Tabs. 320 mg./25 mg. 28 (A)		34.82	17992
(Non-Proprietary Name Index: Valsartan & Diuretics)			
Diovan Tabs. 320 mg. 28 (A)	S1B	31.46	73762
(Non-Proprietary Name Index: Valsartan)			
Estelle Tabs. 30 mcg./75 mcg. 21 (A)	S1B	2.38	23501
(Non-Proprietary Name Index: Contraceptives, Oral)			
Floxapen Caps. 500 mg. 28 (A)	S1A	11.82	24152
(Non-Proprietary Name Index: Flucloxacillin)			
Leonore Tabs. 100 mcg./20 mcg. 63 (A)	S1B	9.95	68202
(Non-Proprietary Name Index: Contraceptives, Oral)			
Lumigan (B & S Healthcare) Eye Drops, Soln. 0.3 mg./ml. 3 ml. (B)	S1A	17.27	77418
(Non-Proprietary Name Index: Bimatoprost)			
Micardis Plus Tabs. 80 mg./25 mg. 28 (A)	S1B	30.73	34554
(Non-Proprietary Name Index: Telmisartan & Diuretics)			
Pulmicort CFC-Free Inhaler 100 mcg. 120 Dose Inhaler (A)	S1B	11.53	43361
Pulmicort CFC-Free Inhaler 200 mcg. 120 Dose Inhaler (A)	S1B	18.03	43394
Code the number of inhalers dispensed			
(Non-Proprietary Name Index: Budesonide)			
Relistor Soln. for SC Inj. 12 mg./0.6 ml. 0.6 ml. Vial Pack 1 (A)	S1A	35.62	43711
Relistor Soln. for SC Inj. 12 mg./0.6 ml. 0.6 ml. Vial Pack 7 (A)	S1A	249.33	43734
Code the number of packs dispensed			
(Non-Proprietary Name Index: Methylnaltrexone Bromide)			
Rispal Tabs. 0.5 mg. 20 (A)	S1A	10.29	44117
Rispal Tabs. 1 mg. 60 (A)	S1A	40.09	44128
Rispal Tabs. 2 mg. 60 (A)	S1A	79.11	44152
Rispal Tabs. 3 mg. 60 (A)	S1A	116.35	44190
(Non-Proprietary Name Index: Risperidone)			
Risperger Tabs. 0.5 mg. 20 (A)	S1A	10.21	44200
Risperger Tabs. 1 mg. 20 (A)	S1A	13.37	44219
Risperger Tabs. 2 mg. 60 (A)	S1A	79.06	44233
Risperger Tabs. 3 mg. 60 (A)	S1A	115.56	44241
(Non-Proprietary Name Index: Risperidone)			

Seretral Tabs. 50 mg. 30 (A)	S1A	21.10	45449
Seretral Tabs. 100 mg. 30 (A)	S1A	38.85	45478
(Non-Proprietary Name Index: Sertraline)			
Solpadeine Caps. 32 (A)		3.84	46790
(Non-Proprietary Name Index: Paracetamol Combinations)			
Stalevo Tabs. 200 mg./50 mg./200 mg. 100 (A)	S1B	111.24	45782
(Non-Proprietary Name Index: Levodopa Combinations)			
Tamiflu Caps. 30 mg. 10 (A)	S1A	10.99	46632
Tamiflu Caps. 45 mg. 10 (A)	S1A	22.02	46651
(Non-Proprietary Name Index: Oseltamivir)			
Toviaz Tabs. 4 mg. 28 (A)	S1A	43.20	47553
Toviaz Tabs. 8 mg. 28 (A)	S1A	46.86	47575
(Non-Proprietary Name Index: Fesoterodine)			

DELETIONS

Drug Description	**Drug Code**
Buram Tabs. 28 (A)	15059
Exubera Kit (Insulin Inhaler plus 6 spare Insulin Release Units & 1 spare chamber) (A)	61573
Resprin Suppos. 150 mg. 10 (A)	43745
Resprin Suppos. 300 mg. 10 (A)	43753
Revia Tabs. 50 mg. 28 (A)	44137
Stemetil Suppos. 5 mg. 10 (A)	47465

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ADDITIONS

PROPRIETARY NAME INDEX	CODE	GENERIC NAME	TRADE PRICE €	MANUFACTURER	AGENTS
Bicalutamide TEVA Tabs. 50 mg. 28 (A)	88727	Bicalutamide	107.67	IVAX Pharmaceuticals	IVAX Pharmaceuticals
Hycamtin Caps. 0.25 mg. 10 (A)	88560	Topotecan	196.90	GlaxoSmithKline	GlaxoSmithKline
Hycamtin Caps. 1 mg. 10 (A)	88585	Topotecan	787.61	GlaxoSmithKline	GlaxoSmithKline
Temodal Caps. 140 mg. 5 (A)	88215	Temozolomide	761.24	Schering-Plough Pharmaceuticals	United Drug
Temodal Caps. 180 mg. 5 (A)	88253	Temozolomide	978.59	Schering-Plough Pharmaceuticals	United Drug

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ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Amoxil Caps. 500 mg. 21 (A) *(Non-Proprietary Name Index: Amoxicillin)*	S1A	6.86	67811

DELETIONS

Drug Description	Drug Code
Cytamen Inj. 1000 mcg. 1 ml. 5 (A)	19496
Neo Cytamen Inj. 1000 mcg. 1 ml. 5 (A)	35882
Symmetrel Caps. 100 mg. 56 (A)	47787

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ADDITIONS

PROPRIETARY NAME INDEX	CODE	GENERIC NAME	TRADE PRICE €	MANUFACTURER	AGENTS
Biluta Tabs. 50 mg. 28 (A)	88721	Bicalutamide	129.94	Rowex Ltd.	Allphar Services
Intron A Soln. for Inj. or Infusion 10 miu/ml. 1 ml. Single Dose 1 (A) *Code the number of injections dispensed*	88088	Interferon alfa-2b	73.30	Schering-Plough Pharmaceuticals	United Drug
Sutent Caps. 12.5 mg. 28 (A)	88684	Sunitinib	1,405.37	Pfizer Healthcare Ltd.	Cahill May Roberts
Sutent Caps. 25 mg. 28 (A)	88685	Sunitinib	2,810.74	Pfizer Healthcare Ltd.	Cahill May Roberts
Sutent Caps. 50 mg. 28 (A)	88686	Sunitinib	5,621.48	Pfizer Healthcare Ltd.	Cahill May Roberts

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DELETIONS

Drug Description	Drug Code
Anxicalm Tabs. 10 mg. 500 (A)	71021
ByFluc Caps. 200 mg. 7 (A)	14764
Clonamp Caps. 250 mg. 500 (A)	73954
Dexa_Rhinaspray Duo 110 Dose Aerosol 1 (A)	20524
Sultrin Cream 78 G. c. Applicator Pack 1 (A)	47562
Tilade Inhaler c.Fisonair 2 x 56 Aersols per Pack 1 (A)	49747
Tilade Inhaler c. Syncroner 112 Dose Aerosol 1 (A)	49611

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1ST JUNE 2008

ADDITIONS

Drug Description including coding instruction	Legal Class	Reimbursement Price €	Drug Code
Arcoxia Tabs. 30 mg. 28 (A) *(Non-Proprietary Name Index: Etoricoxib)*	S1B	32.05	14001
Canazole Cream 1% 50 G. (B) *(Non-Proprietary Name Index: Clotrimazole)*	S1B	4.32	58611
Creon 40,000 Caps. 100 (A) *(Non-Proprietary Name Index: Pancreatic Enzymes)*	S1B	61.47	18938
Lyrica (B & S Healthcare) Caps. 75 mg. 56 (A)	S1A	85.98	32327
Lyrica (B & S Healthcare) Caps. 150 mg. 56 (A) *(Non-Proprietary Name Index: Pregabalin)*		85.99	32381
Pendrex Tabs. 2 mg. 30 (A)	S1B	9.21	76800
Pendrex Tabs. 4 mg. 30 (A) *(Non-Proprietary Name Index: Perindopril)*		14.73	76883
Zispin Tabs. 30 mg. 30 (A) *(Non-Proprietary Name Index: Mirtazapine)*	S1A	27.48	62649

DELETIONS

Drug Description	Drug Code
Megace Tabs. 40 mg. 120 (A)	33537
Calcium Leucovorin (Lederle) Inj. 3 mg./ml. 1 ml. 10 (A)	75345

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ADDITIONS

PROPRIETARY NAME INDEX	CODE	GENERIC NAME	TRADE PRICE €	MANUFACTURER	AGENTS
Eligard Pdr. and Solv. for Soln. for Inj. 45 mg. 1 (A) *Code the number of injections dispensed*	88598	Leuprorelin	882.05	Astellas Pharma Co. Ltd.	United Drug
Retacrit Soln. for Inj. in Pre-filled Syr. 1000 iu/0.3 ml. 6 (A) *Code the number of syringes dispensed*	88720	Erythropoietin	62.78	Hospira (Ireland) Ltd.	United Drug
Retacrit Soln. for Inj. in Pre-filled Syr. 2000 iu/0.6 ml. 6 (A) *Code the number of syringes dispensed*	88726	Erythropoietin	120.54	Hospira (Ireland) Ltd.	United Drug
Retacrit Soln. for Inj. in Pre-filled Syr. 3000 iu/0.9 ml. 6 (A) *Code the number of syringes dispensed*	88735	Erythropoietin	178.31	Hospira (Ireland) Ltd.	United Drug
Retacrit Soln. for Inj. in Pre-filled Syr. 4000 iu/0.4 ml. 6 (A) *Code the number of syringes dispensed*	88743	Erythropoietin	234.40	Hospira (Ireland) Ltd.	United Drug
Retacrit Soln. for Inj. in Pre-filled Syr. 5000 iu/0.5 ml. 6 (A) *Code the number of syringes dispensed*	88764	Erythropoietin	313.93	Hospira (Ireland) Ltd.	United Drug
Retacrit Soln. for Inj. in Pre-filled Syr. 6000 iu/0.6 ml. 6 (A) *Code the number of syringes dispensed*	88771	Erythropoietin	361.64	Hospira (Ireland) Ltd.	United Drug
Retacrit Soln. for Inj. in Pre-filled Syr. 8000 iu/0.8 ml. 6 (A) *Code the number of syringes dispensed*	88775	Erythropoietin	502.27	Hospira (Ireland) Ltd.	United Drug
Retacrit Soln. for Inj. in Pre-filled Syr. 10000 iu/1.0 ml. 6 (A) *Code the number of syringes dispensed*	88790	Erythropoietin	585.99	Hospira (Ireland) Ltd.	United Drug
Retacrit Soln. for Inj. in Pre-filled Syr. 40000 iu/1.0 ml. 1 (A) *Code the number of syringes dispensed*	88798	Erythropoietin	418.57	Hospira (Ireland) Ltd.	United Drug
Tasigna Caps. 200 mg. 112 (A)	88486	Nilotinib	4620.00	Novartis Ireland Ltd.	Movianto Ireland
Zemplar Caps. 1 mcg. 28 (A)	88226	Paricalcitol	131.70	Abbott Labs.	Abbott Labs.
Zemplar Caps. 2 mcg. 28 (A)	88284	Paricalcitol	239.57	Abbott Labs.	Abbott Labs.
Zoladex (P.C.O. Mfg.) Implant 3.6 mg. 1 (A) *Code the number of implants dispensed*	88325	Goserelin	155.92	P.C.O. Manufacturing	P.C.O. Manufacturing
Zoladex LA (P.C.O. Mfg.) Implant 10.8 mg. 1 (A) *Code the number of implants dispensed*	88392	Goserelin	422.18	P.C.O. Manufacturing	P.C.O. Manufacturing

DELETIONS

Nov. ’96 Update	Bonefos Caps. 400 mg. 120 (A)	88005	Clodronic Acid	Boehringer Ingelheim Ltd.	Allphar

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ADDITIONS

Drug Description including coding instruction	Legal Class	Drug Code	Reimbursable Price
Arixtra Soln. for Inj. Pre-filled Syr. 1.5 mg./0.3 ml. 0.3 ml. 7 (A) *(Non-Proprietary Name Index: Fondaparinux)* *Code the number of syringes dispensed*	S1A	13192	50.10
Cozaar Comp Tabs. 100 mg./12.5 mg. 28 (A) *(Non-Proprietary Name Index: Losartan)*	S1B	19218	28.47
Diamox SR Caps. 250 mg. 30 (A) *(Non-Proprietary Name Index: Acetazolamide)*	S1B	21207	16.68
Ixprim Tabs. 37.5 mg./325 mg. 60 (A) *(Non-Proprietary Name Index: Tramadol, Combinations)*	S1A	29033	14.26
Mirzaten Orodispersible Tabs. 45 mg. 30 (A) *(Non-Proprietary Name Index: Mirtazapine)*	S1A	33611	38.50
Zismirt Orotab Orodispersible Tabs. 15 mg. 30 (A)	S1A	62601	12.80
Zismirt Orotab Orodispersible Tabs. 30 mg. 30 (A)		62650	25.59
Zismirt Orotab Orodispersible Tabs. 45 mg. 30 (A) *(Non-Proprietary Name Index: Mirtazapine)*		62693	38.37

DELETIONS

Drug Drescription	Drug Code
BiPreterax Tabs. 30 (A)	15077
Haloperidol (Clonmel) Tabs. 5 mg. 1000 (A)	27766
Reminyl Tabs. 4 mg. 14 (A)	43251
Reminyl Tabs. 4 mg. 56 (A)	43801
Solvazinc Tabs. Eff. 125 mg. 90 (A)	46738
Topicycline Soln. 70 ml. Pack (A)	91960
Utrogestan Caps. 100 mg. 30 (A)	58491

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ADDITIONS

PROPRIETARY NAME INDEX	CODE	GENERIC NAME	TRADE PRICE €	MANUFACTURER	AGENTS
Rebif Initiation Pack 1 (A) *Code the number of packs dispensed*	88307	Interferon Beta – 1A	1067.87	Merck Serono Ire.	Allphar Services

CHANGES CHANGES UNDERLINED					
Eprex Pre-filled Syr. 40,000 iu/0.5 ml. 0.5 ml. 1 (A) *Code the number of syringes dispensed*	88678	Erythropoietin	211.83	Janssen-Cilag Ltd.	Cahill May Roberts
Eprex Pre-filled Syr. 20,000 iu/0.5 ml. 0.5 ml. 1 (A) *Code the number of syringes dispensed*	88678	Erythropoietin	211.83	Janssen-Cilag Ltd.	Cahill May Roberts