

|  <b>gems</b><br><small>Government Exclusion Medicines Scheme</small>                                                                                                       |                                                          | <b>MEDICINE EXCLUSION LIST (GEMS)</b><br><b>September 2025</b> |                                                           |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------|--------------------------|
| <b>EXCLUDED ITEMS</b>                                                                                                                                                                                                                                      |                                                          |                                                                |                                                           |                          |
| The following items are excluded from the acute and chronic benefits<br>Also included are new products under review - these products will remain exclusions from the acute and chronic benefits while they are being clinically reviewed for reimbursement |                                                          |                                                                |                                                           |                          |
| NAPPI                                                                                                                                                                                                                                                      | DRUG NAME                                                | STRENGTH                                                       | ACTIVE INGREDIENTS                                        | EXCLUSION STATUS         |
| 3006791                                                                                                                                                                                                                                                    | RYBREVANT CONCENTRATE FOR SOLUTION FOR INFUSION 7ML VIAL |                                                                | Amivantamab                                               | New product under review |
| 723921                                                                                                                                                                                                                                                     | MENIVERT                                                 | 24MG                                                           | BETAHISTINE                                               | Exclusion                |
| 3006227                                                                                                                                                                                                                                                    | REVIHIST                                                 | 24MG                                                           | BETAHISTINE                                               | Exclusion                |
| 3008699                                                                                                                                                                                                                                                    | BETAHISTINE 24 UNICORN                                   | 24MG                                                           | BETAHISTINE                                               | Exclusion                |
| 720978                                                                                                                                                                                                                                                     | DAHIDE                                                   | 24MG TAB                                                       | BETAHISTINE                                               | Exclusion                |
| 720325                                                                                                                                                                                                                                                     | HIDRIST                                                  | 24MG TAB                                                       | BETAHISTINE                                               | Exclusion                |
| 3000557                                                                                                                                                                                                                                                    | VERTIN                                                   | 24MG TAB                                                       | BETAHISTINE                                               | Exclusion                |
| 3006087                                                                                                                                                                                                                                                    | ZYGOVERT                                                 | 24MG                                                           | BETAHISTINE HCL                                           | Exclusion                |
| 707452                                                                                                                                                                                                                                                     | SERC                                                     | 24MG                                                           | BETAHISTINE HCL                                           | Exclusion                |
| 720825                                                                                                                                                                                                                                                     | TREVIGO                                                  | 24MG                                                           | BETAHISTINE HCL                                           | Exclusion                |
| 822868                                                                                                                                                                                                                                                     | BETOPTIC S SINGLE DOSE 0.25ml                            | 2.5MG/1ML OPD                                                  | BETAXOLOL                                                 | Exclusion                |
| 723401                                                                                                                                                                                                                                                     | ENTERODYNE                                               |                                                                | BISMUTH CARB / CALCIUM CARBONATE / TINCT MORPHINE         | Exclusion                |
| 3007788                                                                                                                                                                                                                                                    | CABOMETYX                                                | 20MG                                                           | Cabozantinib                                              | New product under review |
| 3007789                                                                                                                                                                                                                                                    | CABOMETYX                                                | 40MG                                                           | Cabozantinib                                              | New product under review |
| 3007790                                                                                                                                                                                                                                                    | CABOMETYX                                                | 60MG                                                           | Cabozantinib                                              | New product under review |
| 3006735                                                                                                                                                                                                                                                    | PERGOVERIS 300IU/150IU PRE-FILLED PEN 3M                 | 300IU/150IU                                                    | Combinations                                              | New product under review |
| 3006736                                                                                                                                                                                                                                                    | PERGOVERIS 900IU/450IU PRE-FILLED PEN 3M                 | 900IU/450IU                                                    | Combinations                                              | New product under review |
| 720360                                                                                                                                                                                                                                                     | MYPROCAM                                                 | 15MG                                                           | CYCLOBENZAPRINE                                           | Exclusion                |
| 720361                                                                                                                                                                                                                                                     | MYPROCAM                                                 | 30MG                                                           | CYCLOBENZAPRINE                                           | Exclusion                |
| 3004466                                                                                                                                                                                                                                                    | AMFEXA                                                   | 10MG                                                           | DEXAMFETAMINE                                             | Exclusion                |
| 3007018                                                                                                                                                                                                                                                    | AMFEXA                                                   | 20MG                                                           | DEXAMFETAMINE                                             | Exclusion                |
| 3004465                                                                                                                                                                                                                                                    | AMFEXA                                                   | 5MG                                                            | DEXAMFETAMINE                                             | Exclusion                |
| 836540                                                                                                                                                                                                                                                     | VIBROCIL 15ML                                            |                                                                | DIMETHINDENE MALEATE/PHENYLEPHRINE/NEOMYCIN               | Exclusion                |
| 775983                                                                                                                                                                                                                                                     | VIBROCIL                                                 | 12G                                                            | DIMETHINDENE MALEATE/PHENYLEPHRINE/NEOMYCIN               | Exclusion                |
| 775991                                                                                                                                                                                                                                                     | VIBROCIL MICRODOSER                                      | 15ML                                                           | DIMETHINDENE MALEATE/PHENYLEPHRINE/NEOMYCIN               | Exclusion                |
| 3004236                                                                                                                                                                                                                                                    | TECFIDERA                                                | 120MG                                                          | DIMETHYL FUMARATE                                         | New product under review |
| 3004237                                                                                                                                                                                                                                                    | TECFIDERA                                                | 240MG                                                          | DIMETHYL FUMARATE                                         | New product under review |
| 3004864                                                                                                                                                                                                                                                    | SPRAVATO SINGLE-USE                                      | 28MG/ 2ML                                                      | ESKETAMINE                                                | Exclusion                |
| 707127                                                                                                                                                                                                                                                     | STRESAM                                                  | 50MG                                                           | ETIFOXINE                                                 | Exclusion                |
| 3007704                                                                                                                                                                                                                                                    | FOXISTRES                                                | 50MG                                                           | ETIFOXINE                                                 | Exclusion                |
| 878758                                                                                                                                                                                                                                                     | FLIXONASE NASULES                                        | 400MCG                                                         | FLUTICASONE                                               | Exclusion                |
| 3009194                                                                                                                                                                                                                                                    | COLUMVI CONCENTRATE FOR SOLUTION FOR                     | 10MG/10ML                                                      | gloftamab                                                 | New product under review |
| 3009193                                                                                                                                                                                                                                                    | COLUMVI CONCENTRATE FOR SOLUTION FOR                     | 2.5MG/2.5ML                                                    | gloftamab                                                 | New product under review |
| 717165                                                                                                                                                                                                                                                     | PERGOVERIS POWDER FOR SOLUTION + SOLVENT                 |                                                                | Gonadotropins,Combinations                                | New product under review |
| 848816                                                                                                                                                                                                                                                     | SYNVISC SYRINGE                                          | 16MG/2ML                                                       | HYALURONIC ACID                                           | Exclusion                |
| 257649                                                                                                                                                                                                                                                     | INJECTION OPTIVISC 20 20MG PER 2ML                       | 20MG/2ML                                                       | HYALURONIC ACID                                           | Exclusion                |
| 713683                                                                                                                                                                                                                                                     | SUPLASYN PREFILLED SYRINGE 2ML                           | 20MG/2ML                                                       | HYALURONIC ACID                                           | Exclusion                |
| 257651                                                                                                                                                                                                                                                     | INJECTION OPTIVISC M 40MG PER 2ML +0.5%                  | 40MG/2ML                                                       | HYALURONIC ACID                                           | Exclusion                |
| 257650                                                                                                                                                                                                                                                     | INJECTION OPTIVISC PLUS 40MG PER 2ML                     | 40MG/2ML                                                       | HYALURONIC ACID                                           | Exclusion                |
| 1044785                                                                                                                                                                                                                                                    | INJECTION REVISCON 2.0% 2.4ML                            | 48MG                                                           | HYALURONIC ACID                                           | Exclusion                |
| 721958                                                                                                                                                                                                                                                     | SUPLASYN PRE-FILLED SYRINGE 6ML                          | 60MG/6ML                                                       | HYALURONIC ACID                                           | Exclusion                |
| 720405                                                                                                                                                                                                                                                     | SYNVISC PRE-FILLED SYRINGE 10ML                          | 8MG/1ML                                                        | HYALURONIC ACID                                           | Exclusion                |
| 3008999                                                                                                                                                                                                                                                    | SYNVISC ONE (SECTION 21) 10ML SYRINGE                    | 8MG/1ML                                                        | HYALURONIC ACID                                           | Exclusion                |
| 257652                                                                                                                                                                                                                                                     | INJECTION OPTIVISC SINGLE 90MG PER 3ML                   | 90MG/3ML                                                       | HYALURONIC ACID                                           | Exclusion                |
| 569024                                                                                                                                                                                                                                                     | GO-ON SYRINGE 2.5ML                                      |                                                                | HYALURONIC ACID                                           | Exclusion                |
| 210946                                                                                                                                                                                                                                                     | INJECTION ARTHROVISC1 2ML                                |                                                                | HYALURONIC ACID                                           | Exclusion                |
| 210947                                                                                                                                                                                                                                                     | INJECTION ARTHROVISC3 2ML                                |                                                                | HYALURONIC ACID                                           | Exclusion                |
| 236799                                                                                                                                                                                                                                                     | SYNOCROM FORTE ONE SYRINGE 80MG PER 4ML                  |                                                                | HYALURONIC ACID                                           | Exclusion                |
| 236797                                                                                                                                                                                                                                                     | SYNOCROM FORTE SYRINGE 40MG PER 2ML                      |                                                                | HYALURONIC ACID                                           | Exclusion                |
| 236801                                                                                                                                                                                                                                                     | SYNOCROM MINI SYRINGE 10MG PER 1ML                       |                                                                | HYALURONIC ACID                                           | Exclusion                |
| 236800                                                                                                                                                                                                                                                     | SYNOCROM SYRINGE 20MG PER 2ML                            |                                                                | HYALURONIC ACID                                           | Exclusion                |
| 743348                                                                                                                                                                                                                                                     | MILLERSPAS                                               |                                                                | HYOSCINE HBR/HYOSCINE SULPH/ATROPINE SULPH/PHENOBARB      | Exclusion                |
| 3002220                                                                                                                                                                                                                                                    | XULTOPHY PRE-FILLED PEN 3ML                              |                                                                | Insulin degludec and liraglutide                          | Exclusion                |
| 3002922                                                                                                                                                                                                                                                    | SOLUQUA 33/100 PRE-FILLED PEN 3ML                        | 33MCG/100U                                                     | INSULIN GLARGINE AND LIXISENATIDE                         | Exclusion                |
| 3002924                                                                                                                                                                                                                                                    | SOLUQUA 50/100 PRE-FILLED PEN 3ML                        | 50MCG/100U                                                     | INSULIN GLARGINE AND LIXISENATIDE                         | Exclusion                |
| 3002852                                                                                                                                                                                                                                                    | ALICE (SECTION 21)                                       | 12MG                                                           | Ivermectin                                                | Exclusion                |
| 3002838                                                                                                                                                                                                                                                    | IVERMECTIN (SECTION 21)                                  | 12MG                                                           | Ivermectin                                                | Exclusion                |
| 3002893                                                                                                                                                                                                                                                    | IVERMECTIN (SECTION 21)                                  | 3MG                                                            | Ivermectin                                                | Exclusion                |
| 3002851                                                                                                                                                                                                                                                    | ALICE (SECTION 21)                                       | 6MG                                                            | Ivermectin                                                | Exclusion                |
| 3002836                                                                                                                                                                                                                                                    | IVERMECTIN (SECTION 21)                                  | 6MG                                                            | Ivermectin                                                | Exclusion                |
| 3002835                                                                                                                                                                                                                                                    | PARAKIL (SECTION 21)                                     | 6MG                                                            | Ivermectin                                                | Exclusion                |
| 3002895                                                                                                                                                                                                                                                    | PARAKIL (SECTION 21)                                     | 6MG                                                            | Ivermectin                                                | Exclusion                |
| 711840                                                                                                                                                                                                                                                     | STROMECTOL (SECTION 21)                                  |                                                                | Ivermectin                                                | Exclusion                |
| 3001433                                                                                                                                                                                                                                                    | IVERMECTIN POWDER                                        |                                                                | Ivermectin                                                | Exclusion                |
| 3008077                                                                                                                                                                                                                                                    | VIMCOSA                                                  | 100MG                                                          | Iacosamide                                                | New product under review |
| 3008088                                                                                                                                                                                                                                                    | VIMCOSA                                                  | 150MG                                                          | Iacosamide                                                | New product under review |
| 3008089                                                                                                                                                                                                                                                    | VIMCOSA                                                  | 200MG                                                          | Iacosamide                                                | New product under review |
| 3008087                                                                                                                                                                                                                                                    | VIMCOSA                                                  | 50MG                                                           | Iacosamide                                                | New product under review |
| 3007716                                                                                                                                                                                                                                                    | DAYVIGO                                                  | 10MG                                                           | Lemborexant                                               | Exclusion                |
| 3007710                                                                                                                                                                                                                                                    | DAYVIGO                                                  | 5MG                                                            | Lemborexant                                               | Exclusion                |
| 3006307                                                                                                                                                                                                                                                    | PREVYMIS                                                 | 240MG                                                          | LETERMOVIR                                                | Exclusion                |
| 3006296                                                                                                                                                                                                                                                    | PREVYMIS CONCENTRATE FOR SOLUTION FOR                    | 240MG/12ML                                                     | LETERMOVIR                                                | Exclusion                |
| 3000725                                                                                                                                                                                                                                                    | VERSATIS                                                 | PTD                                                            | LIDOCAINE                                                 | New product under review |
| 3000725                                                                                                                                                                                                                                                    | VERSATIS                                                 | PTD                                                            | LIDOCAINE                                                 | Exclusion                |
| 716645                                                                                                                                                                                                                                                     | VICTOZA PRE-FILLED PEN 3ML                               | 6MG/1ML                                                        | LIRAGLUTIDE                                               | Exclusion                |
| 3009098                                                                                                                                                                                                                                                    | GILIPTRA PRE-FILLED PEN 3ML                              | 6MG/1ML                                                        | Liraglutide                                               | New product under review |
| 3002858                                                                                                                                                                                                                                                    | VYVANSE                                                  | 30MG                                                           | lisdexamfetamine                                          | Exclusion                |
| 3002859                                                                                                                                                                                                                                                    | VYVANSE                                                  | 50MG                                                           | lisdexamfetamine                                          | Exclusion                |
| 3002860                                                                                                                                                                                                                                                    | VYVANSE                                                  | 70MG                                                           | lisdexamfetamine                                          | Exclusion                |
| 3008615                                                                                                                                                                                                                                                    | MAKTUDA                                                  | 120MG                                                          | lurasidone                                                | New product under review |
| 3008607                                                                                                                                                                                                                                                    | MAKTUDA                                                  | 20MG                                                           | lurasidone                                                | New product under review |
| 3008610                                                                                                                                                                                                                                                    | MAKTUDA                                                  | 40MG                                                           | lurasidone                                                | New product under review |
| 3008612                                                                                                                                                                                                                                                    | MAKTUDA                                                  | 60MG                                                           | lurasidone                                                | New product under review |
| 3008613                                                                                                                                                                                                                                                    | MAKTUDA                                                  | 80MG                                                           | lurasidone                                                | New product under review |
| 723994                                                                                                                                                                                                                                                     | EQUANIL                                                  | 400MG                                                          | MEPROBAMATE                                               | Exclusion                |
| 761141                                                                                                                                                                                                                                                     | ROBAXIN                                                  | 500MG                                                          | METHOCARBAMOL                                             | Exclusion                |
| 761108                                                                                                                                                                                                                                                     | ROBAXIN                                                  | 750MG                                                          | METHOCARBAMOL                                             | Exclusion                |
| 3007425                                                                                                                                                                                                                                                    | MYLOSPAS                                                 | 750MG                                                          | METHOCARBAMOL                                             | Exclusion                |
| 3006635                                                                                                                                                                                                                                                    | GLEMOLLEV                                                | 10MG/5MG                                                       | Montelukast, combinations                                 | Exclusion                |
| 893900                                                                                                                                                                                                                                                     | STARLIX                                                  | 120MG                                                          | NATEGLINIDE                                               | Exclusion                |
| 3007697                                                                                                                                                                                                                                                    | NERLYNX                                                  | 40MG                                                           | Neratinib                                                 | New product under review |
| 718140                                                                                                                                                                                                                                                     | NEUROAID 11 MLC901                                       |                                                                | NEUROAID 11 MLC901                                        | Exclusion                |
| 3009291                                                                                                                                                                                                                                                    | AKEEGA 100 MG /500 MG                                    | 100MG/500MG                                                    | Niraparib and abiraterone                                 | New product under review |
| 3009289                                                                                                                                                                                                                                                    | AKEEGA 50 MG /500 MG                                     | 50MG/500MG                                                     | Niraparib and abiraterone                                 | New product under review |
| 3005017                                                                                                                                                                                                                                                    | AKYNZEO 300MG/0.5MG                                      | 300MG/ 5MG                                                     | Palonosetron, combinations                                | Exclusion                |
| 758345                                                                                                                                                                                                                                                     | PURITONE NO 1                                            | TAB                                                            | PHENOLPHTHALEIN                                           | Exclusion                |
| 859826                                                                                                                                                                                                                                                     | SB STRONGLAX                                             | TAB                                                            | PHENOLPHTHALEIN                                           | Exclusion                |
| 859818                                                                                                                                                                                                                                                     | SBS LAXATIVE PILLS                                       | TAB                                                            | PHENOLPHTHALEIN                                           | Exclusion                |
| 3009167                                                                                                                                                                                                                                                    | VAXNEUVANCE SINGLE DOSE PRE-FILLED SYRIN                 |                                                                | Pneumococcus, purified polysaccharides antigen conjugated | New product under review |
| 715258                                                                                                                                                                                                                                                     | EFIENT                                                   | 10MG                                                           | PRASUGREL                                                 | Exclusion                |
| 715257                                                                                                                                                                                                                                                     | EFIENT                                                   | 5MG                                                            | PRASUGREL                                                 | Exclusion                |

| NAPPI   | DRUG NAME                               | STRENGTH    | ACTIVE INGREDIENTS                                       | EXCLUSION STATUS         |
|---------|-----------------------------------------|-------------|----------------------------------------------------------|--------------------------|
| 3005782 | RANEXA                                  | 375MG       | RANOLAZINE                                               | Exclusion                |
| 3005783 | RANEXA                                  | 500MG       | RANOLAZINE                                               | Exclusion                |
| 3005800 | RANEXA                                  | 750MG       | RANOLAZINE                                               | Exclusion                |
| 3002456 | HEBERPROT-P VIAL                        | 075MG       | RECOMBINANT EPIDERMAL GROWTH FACTOR                      | Exclusion                |
| 3009224 | ABRYSVO POWDER AND SOLVENT FOR SOLUTION |             | Respiratory syncytial virus vaccines                     | New product under review |
| 3009204 | YUPELRI SOLUTION FOR INHALATION         | 175MCG/3ML  | Revefenacin                                              | New product under review |
| 814679  | PULMOZYME                               | 2.5MG/2.5ML | RHDNASE                                                  | Exclusion                |
| 721965  | XIFAXAN                                 | 550MG       | RIFAXIMIN                                                | New product under review |
| 824100  | RILUTEK                                 | 50MG        | RILUZOLE                                                 | Exclusion                |
| 3005819 | EVRYSDI POWDER FOR ORAL SOLUTION        | 75MG/1ML    | RISDIPLAM                                                | New product under review |
| 715321  | DAXAS                                   | 0.5MG       | ROFLUMILAST                                              | Exclusion                |
| 3008856 | DAXAS (SECTION 21)                      | 500MCG      | ROFLUMILAST                                              | Exclusion                |
| 752983  | PAROVEN                                 | CAP         | RUTOSIDES O-(BETA-HYDROXYETHYL)                          | Exclusion                |
| 3007188 | XADAGO                                  | 100MG       | Safnamide                                                | New product under review |
| 3007186 | XADAGO                                  | 50MG        | Safnamide                                                | New product under review |
| 3008654 | XADAGO (SECTION 21)                     |             | Safnamide                                                | New product under review |
| 3009178 | KOSELUGO                                | 10MG        | Selumetinib                                              | New product under review |
| 3005996 | KOSELUGO                                | 25MG        | Selumetinib                                              | New product under review |
| 3009555 | WEGOVY PRE-FILLED PEN 1.5ML             | 25MG/3.75ML | SEMAGLUTIDE                                              | New product under review |
| 3009556 | WEGOVY PRE-FILLED PEN 1.5ML             | 5MG/3.75ML  | SEMAGLUTIDE                                              | New product under review |
| 3009558 | WEGOVY PRE-FILLED PEN 3ML               | 1.7MG/ 75ML | SEMAGLUTIDE                                              | New product under review |
| 3009557 | WEGOVY PRE-FILLED PEN 3ML               | 1MG/ 75ML   | SEMAGLUTIDE                                              | New product under review |
| 3009559 | WEGOVY PRE-FILLED PEN 3ML               | 2.4MG/ 75ML | SEMAGLUTIDE                                              | New product under review |
| 3003249 | OZEMPIC PRE-FILLED PEN 1.5ML            | 2MG/ 1.5ML  | SEMAGLUTIDE                                              | Exclusion                |
| 3003250 | OZEMPIC PRE-FILLED PEN 3ML              | 4MG/3ML     | SEMAGLUTIDE                                              | Exclusion                |
| 713146  | DIACOMIT POWDER FOR ORAL SOLUTION       | 250MG       | Stiripentol                                              | New product under review |
| 714751  | DIACOMIT                                | 250MG       | Stiripentol                                              | New product under review |
| 714752  | DIACOMIT POWDER FOR ORAL SOLUTION       | 500MG       | Stiripentol                                              | New product under review |
| 714753  | DIACOMIT                                | 500MG       | Stiripentol                                              | New product under review |
| 3004233 | SIVEXTRO                                | 200MG       | TEDIZOLID                                                | New product under review |
| 3004234 | SIVEXTRO 200MG POWDER FOR SOLUTION FO   | 200MG       | TEDIZOLID                                                | New product under review |
| 3008782 | MOUNJARO 10MG SOLUTION FOR INJECTION V  | 10MG/ 5ML   | Tirzepatide                                              | New product under review |
| 3008715 | MOUNJARO 2.5MG SOLUTION FOR INJECTION V | 2.5MG/ 5ML  | Tirzepatide                                              | New product under review |
| 3008719 | MOUNJARO 5MG SOLUTION FOR INJECTION VI  | 5MG/ 5ML    | Tirzepatide                                              | New product under review |
| 3008760 | MOUNJARO 7.5MG SOLUTION FOR INJECTION V | 7.5MG/ 5ML  | Tirzepatide                                              | New product under review |
| 723104  | ENTRESTO                                | 100MG       | VALSARTAN AND SACUBITRIL                                 | Exclusion                |
| 3003712 | VYMADA                                  | 100MG       | VALSARTAN AND SACUBITRIL                                 | Exclusion                |
| 3009644 | SACUVAN 49 MG/51 MG                     | 100MG       | VALSARTAN AND SACUBITRIL                                 | Exclusion                |
| 723105  | ENTRESTO                                | 200MG       | VALSARTAN AND SACUBITRIL                                 | Exclusion                |
| 3003714 | VYMADA                                  | 200MG       | VALSARTAN AND SACUBITRIL                                 | Exclusion                |
| 3009645 | SACUVAN 97 MG/103 MG                    | 200MG       | VALSARTAN AND SACUBITRIL                                 | Exclusion                |
| 723103  | ENTRESTO                                | 50MG        | VALSARTAN AND SACUBITRIL                                 | Exclusion                |
| 3003698 | VYMADA                                  | 50MG        | VALSARTAN AND SACUBITRIL                                 | Exclusion                |
| 3009643 | SACUVAN 24 MG/26 MG                     | 50MG        | Valsartan and sacubitril                                 | Exclusion                |
| 3004164 | TRELEGY ELLIPTA 30 DOSES                |             | VILANTEROL, UMECLIDINIUM BROMIDE AND FLUTICASONE FUROATE | Exclusion                |
| 888609  | RELENZA                                 | 5MG         | ZANAMIVIR                                                | Exclusion                |
| 3007747 | BRUKINSA                                | 80MG        | Zanubrutinib                                             | New product under review |