



HSE

Primary Care Eligibility & Reimbursement Service (PCERS)

Information and Administrative Arrangements for Pharmacists

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TABLE OF CONTENTS

PARTICULARS	PAGE
1. HSE Primary Care Eligibility & Reimbursement Service	6
1.1 What is the role of PCERS?	6
2. Schemes and Eligibility	7
2.1 General Medical Services (GMS) Scheme	7
2.2 GP Visit Card	8
2.3 Drugs Payment Scheme (DPS)	8
2.3.1 Family Applications	9
2.3.2 Express DPS Registration	9
2.3.3 Submitting Applications	10
2.4 Long Term Illness (LTI) Scheme	11
2.4.1 LTI Conditions	11
2.4.2 Express LTI Registration	12
2.5 Health (Amendment) Act, 1996	13
2.6 European Economic Area (EEA) Entitlements	13
2.6.1 European Health Insurance Card (EHIC) Entitlements	14
2.6.2 Reciprocal Arrangements with the UK	15
2.7 High Tech Arrangement	15
2.8 Opioid Substitution Treatment Scheme	16
2.8.1 Central Treatment List	16
2.8.2 Drug Treatment Card	16
3 Schemes Administration	17
3.1 General Medical Services (GMS) Scheme	17
3.2 GMS Repeat	19
3.3 Hospital Emergency	22
3.4 Dental Treatment Service Scheme (DTSS)	22
3.5 European Health Insurance Card (EHIC) Prescriptions	23
3.6 Drugs Payment Scheme (DPS)	24

3.7 Long Term Illness (LTI) Scheme	25
3.8 High Tech Arrangement	26
3.8.1 <i>High Tech Non-Dispensing</i>	27
3.8.2 <i>Patient Entitlement Categories</i>	28
3.8.3 <i>Annual Stock Take</i>	30
3.9 Opioid Substitution Treatment Scheme	30
3.9.1 <i>Prescription Writing Requirements</i>	33
3.9.2 <i>Requisitions for Methadone/Suboxone for Professional Use</i>	35
3.9.3 <i>Hepatitis B Vaccinations – Pharmacy Staff Members</i>	35
3.10 Stock Orders	36
3.10.1 <i>Dispensing Doctors’ Stock Order Forms (White)</i>	36
3.10.2 <i>Completion of Stock Order Forms – Yellow Panels</i>	37
3.10.3 <i>Receipt of Stock Order Items from Pharmacy – Completion of Blue Panel</i>	37
3.10.4 <i>Quantity of Stock Held</i>	38
3.10.5 <i>Order Forms for Syringes, Needles and Dressings (Pink)</i>	39
3.10.6 <i>Termination of Pregnancy Service (Blue)</i>	40
4 Reimbursement Arrangements	43
4.1 Extemporaneous Preparations	43
4.1.1 <i>General Medical Services Scheme Extemporaneous Preparations</i>	43
4.1.2 <i>Community Drug Schemes Extemporaneous Preparations</i>	43
4.2 Non GMS Listed Ostomy and Urinary Products, Incontinence Products, Infertility Drugs and Unauthorised Medicines	45
4.3 Exempt Medicinal Products	45
4.4 Phased Dispensing	47
4.4.1 <i>Monitored Dosage Systems / Blister Packing</i>	50
4.4.2 <i>Phased Dispensing on Other Schemes</i>	50
4.4.3 <i>Patients Residing in Nursing Homes</i>	50
4.5 Balance of Stock on Hand	51
4.6 Monthly Quantities under the Drugs Payment Scheme	51
4.7 Special Drug Requests	52
4.8 Tuberculosis (TB) Medications	52
4.9 Third Party Verification	53
4.9.1 <i>Emergency Supply</i>	53
4.9.2 <i>Relationship of Person Collecting</i>	53

4.9.3 Nursing Home GMS Residents	54
4.9.4 Literacy Challenges	54
4.10 Data Protection	55
5. Prescription Information	56
5.1 Prescription Forms and Dispensing Requirements	56
5.2 Community Registered Nurse Prescribers	57
5.2.1 Prescribing of Controlled Drugs	58
5.2.2 Prescribing and Dispensing Requirements	59
5.3 Authentication of Prescriptions	59
5.4 Unsigned GMS Prescription Forms	60
5.5 Illegible Patient Numbers on GMS Prescription Forms	61
5.6 Carbonised or Copied Prescriptions	61
5.7 Incomplete GMS Prescription/Stock Order Forms	62
5.8 Compliance with Statutory Requirements	64
5.9 Pack Sizes	64
5.10 Dressings and Appliances	64
5.11 Parallel Imported Products	64
5.12 Request for the Production of Invoices	65
5.13 Owings Management	65
5.14 Non-Dispensing Fee Claim	66
5.15 Nicotine Replacement Therapies (NRT)	67
5.16 Drug for Erectile Dysfunction	68
5.17 Prolia® (Denosumab)	68
5.18 Victoza® (Liraglutide)	68
5.19 Non-Drug Items	69
5.20 Economic Prescribing and Dispensing on the GMS Scheme	69

6. Submission of Claims	71
6.1 Submission of ‘Early Pay’	71
6.2 Submission of claims for ‘Normal Pay’	72
6.3 Exception Files	73
6.4 Submission of Supporting Paperwork	73
6.5 Change of Contract and Contractor Data Maintenance	75
6.6 Payments	76
6.7 Reclaims and Queries	77
6.8 Withholding Tax from Payments for Professional Services	78
6.9 E-Tax Clearance	79
7. Pharmacy Services	80
7.1 Seasonal Flu Vaccination Campaign	80
7.2 Emergency Hormonal Contraception (EHC) Service	84
7.2.1 Claiming for the EHC Service	84
7.3 HIV Pre-Exposure Prophylaxis (PrEP)	85
7.4 Pharmacy Training Grant	86
8. Supporting Tools	88
8.1 Pharmacy Application Suite	88
8.2 Secure Scheme Checker	89
8.3 Pharmacy Circulars	90
8.4 Frequently Asked Questions	91
9. Appendix	100
Individual Reimbursement Application Form	

1. HSE Primary Care Eligibility & Reimbursement Service (PCERS)

1.1 What is the role of PCERS?

The Primary Care Eligibility & Reimbursement Service (PCERS) is part of the HSE. It is responsible for processing payments to healthcare professionals; GPs, Dentists, Pharmacist and Optometrists/Ophthalmologists who provide free or reduced cost services to the public.

In addition to the processing and making of payments on a national basis to healthcare professionals, the PCERS compiles statistics and trend analyses which are provided to other areas within the HSE, the Government, customers, stakeholders and to members of the public.

Almost all payments for services provided in the community by General Practitioners, Community Pharmacies, Dentists and Optometrists/ Ophthalmologists are made by the PCERS. Claim data is processed and payments are made by the PCERS under the following Schemes/Payment Arrangements:

- General Medical Services (GMS)
- Drugs Payment Scheme (DPS)
- Long Term Illness Scheme (LTI)
- Dental Treatment Services Scheme (DTSS)
- European Economic Area (EEA)
- High Tech Drugs (HTD)
- Primary Childhood Immunisation Scheme (to Doctors)
- Health (Amendment) Act 1996
- Methadone Treatment Scheme
- HSE Community Ophthalmic Services Scheme (HSE-COS)
- Immunisations for certain GMS Eligible Persons
- General Practitioner Visit Card (GPVC)

2. Schemes and Eligibility

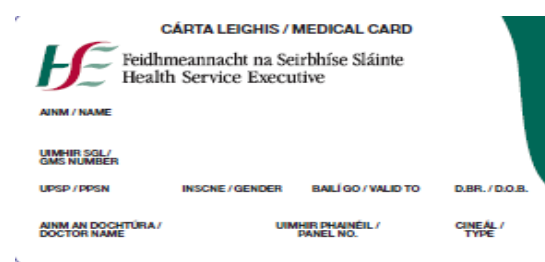
2.1 General Medical Services (GMS) Scheme

Anyone who is 'ordinarily resident' in the Republic of Ireland can apply for a medical card or GP visit card. This includes families, single people, even those working full or part-time. 'Ordinarily resident' means that you are living here and intend to live here for at least one year.

Being eligible for a medical card depends on your circumstances. If a person does not automatically qualify for a medical card, an assessment is carried out and is based on income, expenses, marital status and dependants.

You automatically qualify for a medical card if you:

- are participating in certain government schemes
- have been affected by the drug Thalidomide
- have had a surgical Symphysiotomy
- are a child diagnosed with cancer within the last 5 years
- are in foster care
- live in direct provision
- qualify under EU Regulations
- are under the Redress for Women Resident in Certain Institution Act, 2015
- are under 16, whose parents are receiving a Domiciliary Care Allowance (DCA)
- have been affected by the National Cervical Check (including dependents)



Once eligibility is confirmed, patients are entitled to receive certain Doctor, Dentist, Clinical Dental Technicians (CDT's), Optometrists or Ophthalmologists treatments/services and prescribed medicines from Pharmacists as set out under each scheme.

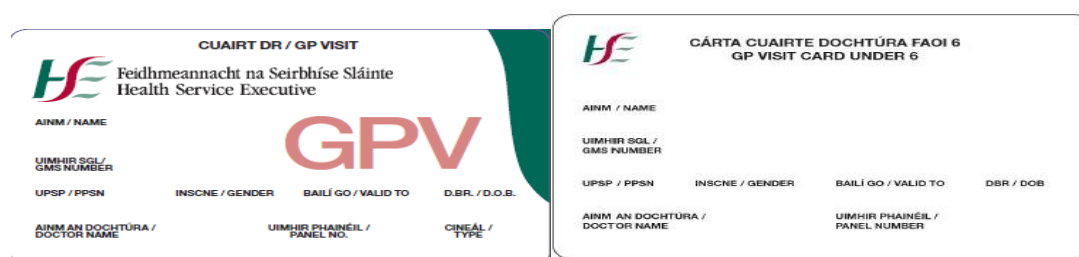
The eligible person registers with the doctor of his/her choice and is entitled to receive free doctor, dentist and optometrist/ophthalmologist treatment and certain prescribed medicines and appliances other than the relevant prescription charge from the list approved by the Minister for Health.

Each GMS eligible person is issued with a laminated plastic medical card by the HSE, which contains the person's name, medical card number and other information embossed on it. All cards are valid for a particular period of time and contain a 'Valid To' date. Where the patient's circumstances change the card may be withdrawn prior to the 'valid to' date on the card. Third generation computer systems conduct this seamlessly.

2.2 GP Visit Card

Persons with a GP visit card, don't have to pay to see the doctor. However, they will have to pay for medicines and other services. Those with a medical card, do not need a GP visit card. Anyone can apply for a GP visit card. Applications for GP visit cards and medical cards are made through the same system. A person will first be assessed for a medical card. If they don't qualify, they are then assessed for a GP visit card.

- Those over 70, can register for an over 70s GP visit card.
- Those with a child under 6, can register for an under 6s GP visit card.
- Those in receipt of Carer's Benefit or Carer's Allowance, at full or half rate, can visit the GP for free



2.3 Drugs Payment Scheme (DPS)

Under the Drugs Payment Scheme (DPS) an individual or family will pay no more than the amount set out in the Regulations each calendar month for:

- approved prescribed drugs and medicines
- rental costs for a continuous positive airway pressure (CPAP) machine
- rental costs for oxygen

Anyone who is 'ordinarily resident' in the Republic of Ireland can apply. 'Ordinarily resident' means that you are living here and intend to live here for at least one year. There is no means test for a DPS card.

2.3.1 Family Applications

A family is an adult, their spouse or partner and any dependents. You can include any family member, regardless of age, who can't fully maintain themselves and has:

- a physical disability
- an intellectual disability
- an illness

A medical report is required for the applicants who cannot maintain themselves.

Dependants over 18 years and under 23 years of age who are in full time education may also be included. In this instance, confirmation from the dependent's education institution must be provided.

- 1) The names, dates of birth, gender, and Personal Public Service Numbers of all members of the family unit must be listed on the DPS application form, which should also designate an adult member as Head of Household for the purposes of the Scheme.
- 2) The Address and telephone number of the Client / Family should be provided.
- 3) When registering children, the Child's PPS Number is required. Where children's PPS numbers are not readily available, the Registration Section of the Department of Social Protection will assist.
- 4) Dependants over 18 years and under 23 years of age who are in full time education may be included by ticking the appropriate box. Additional verification will be required, either through a college stamp or letter.
- 5) Any Change in circumstances e.g. birth, death, medical card registration, dependant(s) leaving full time education should be notified to the HSE.

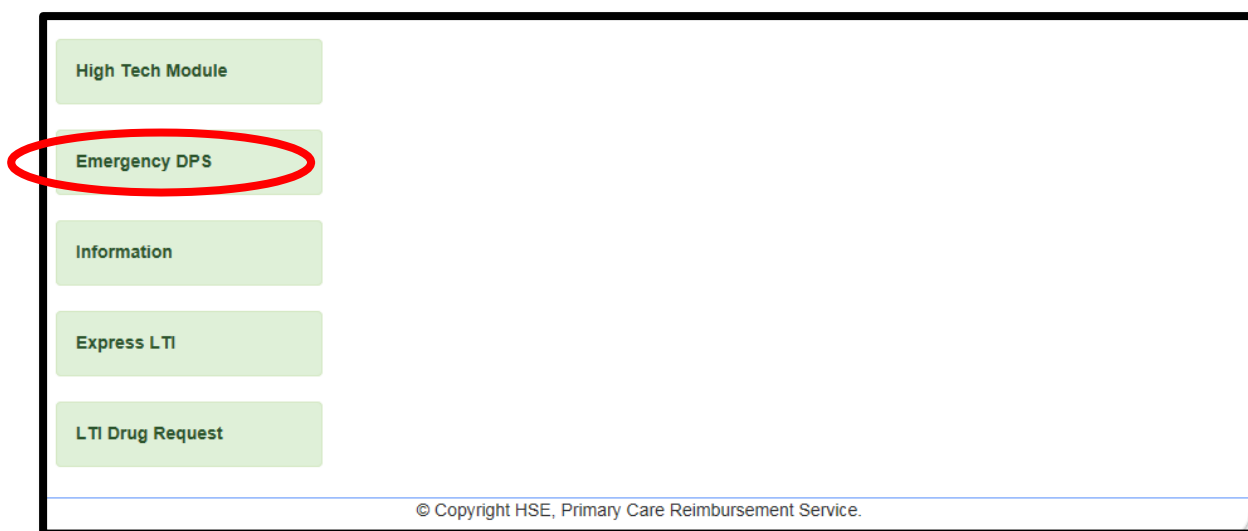
2.3.2 Express DPS Registration

Under the Drugs Payment Scheme (DPS), families and individuals ordinarily resident in Ireland pay a maximum amount in any calendar month for certain prescribed, drugs, medicines and or appliances.

From 26th November 2018, the PCERS made available a new process for online express applications by the Community Pharmacist. This online application is available on the

Pharmacy Suite named “Emergency DPS”. Once this module is clicked you will be able to launch the application and read the user guide. While this process will facilitate DPS eligibility, this is on a temporary basis only. Pharmacists should advise the customer to apply for ongoing eligibility online or complete an application form.

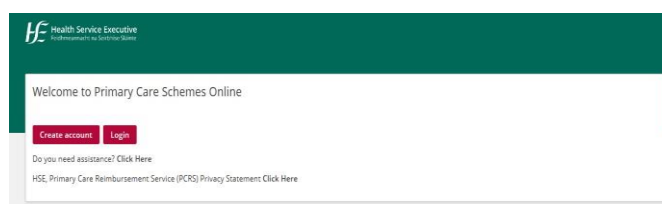
Failure to register for the DPS scheme will result in losing DPS eligibility after 3 months. The ‘Emergency DPS Pharmacy User Guide’ is accessible within the ‘Emergency DPS’ module on your pharmacy suite.



2.3.3 Submitting Applications

Applications for the DPS can be undertaken either online at www.myDPS.ie using our dedicated online application facility or, by completing an application form and posting to:-

*Drugs Payment Scheme,
Client Registration Unit,
PO Box 12966,
Dublin 11,
D11 XKF3.*



Further information regarding DPS can also be accessed through www.medicalcard.ie or LoCall 1890 282 919.

2.4 Long Term Illness (LTI) Scheme

A completed long-term illness scheme application form is sent to the PCERS. The application form can be downloaded from the HSE website and posted to;

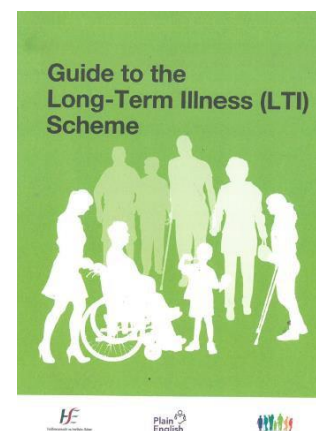
Long-Term Illness Scheme

Client Registration Unit

PO Box 12962

Dublin 11

D11 XKF3



To qualify, a person must be 'ordinarily resident' in the Republic of Ireland. This means that they are living here and intend to live here for at least one year. Certification by the doctor or consultant is required on the LTI application form submitted to PCERS to confirm the condition including the list of medication and appliances needed to treat the condition.

Once the application is successful, the patient will be issued with an LTI card. The patient is provided seamlessly with the Core List for their prescribed illness. Patients with the following medical conditions listed should register on the LTI scheme immediately following diagnosis.

Further information regarding LTI can also be accessed through www.hse.ie/lti or LoCall 1890 252 919.

2.4.1 LTI Conditions

Illness Code	Illnesses and Disabilities
A	Intellectual disability (This is described in the legislation as 'mental handicap')
B	Hydrocephalus
C	Cerebral Palsy
D	Muscular Dystrophy
E	Haemophilia
F	Diabetes Mellitus (does not include Gestational Diabetes)
G	Diabetes Insipidus
H	Epilepsy
J	Multiple Sclerosis
K	Parkinsonism
L	Cystic Fibrosis
M	Phenylketonuria (PKU)
N	Acute Leukaemia
Q	Spina Bifida
P	Mental Illness – only for persons under the age of 16 years
R	Thalidomide - for conditions arising from the use of this drug

2.4.2 Express LTI Registration

Pharmacists now have the facility to express register LTI applications for certain long-term illnesses where the medications prescribed confirm the diagnosis. The online registration facility is available on the Pharmacy Suite named 'Express LTI'.

While there are 16 illnesses and disabilities covered by the LTI scheme, there are certain illnesses where it is clear that the medications prescribed confirm the diagnosis. Pharmacists can apply for the following under the LTI scheme;

Illness Code	Illnesses and Disabilities
F	Diabetes Mellitus (does not include Gestational Diabetes)
H	Epilepsy
K	Parkinsonism
M	Phenylketonuria

These represent the vast majority of LTI applications. All other illnesses and disabilities cannot be applied for by the Pharmacist using the express LTI registration.

Once the patient has been registered, an LTI number will be provided with the confirmation of registration. Claims for approved products on the Reimbursement List can be submitted under the LTI scheme using this number. All applications made can be viewed in the 'Application History' tab.

The pharmacy should advise the patient to complete the application form and submit to PCERS. They will have 2 months to complete this process. Further claims will not be paid if registration has not been completed in this timeframe.

Eligibility can be confirmed online through the Secure Scheme Checker.

2.5 Health (Amendment) Act, 1996

The Government has provided in the above Act, for the making available without charge of particular health services to certain persons who have contracted Hepatitis C directly or

indirectly from the use of Human Immunoglobulin-Anti-D or the receipt within the State of another blood product or blood transfusion. GP services, pharmaceutical services, dental services and optometric/ophthalmic services provided under the Act are paid for by the Primary Care Eligibility & Reimbursement Service.

Persons eligible under Section 2(1) (b) of the Act are entitled to receive drugs, medicines and medical and surgical appliances, which are prescribed by a medical practitioner, free of charge. Homeopathic Medicines or Herbal Medicines are not reimbursed by the Primary Care Reimbursement Service. Arrangements similar to those in place under the Drugs Payment Scheme (DPS) apply in relation to this service but without the need for the person to pay a contribution towards the cost of medication and appliances supplied. There is no requirement for the person concerned to have their prescriptions dispensed from the same pharmacy in respect of the same month.

2.6 European Economic Area (EEA) Entitlements

European Regulation 883/04 gives entitlement to citizens of the European Union (EU) and of the European Economic Area (EEA) to health entitlement when they move to another EU/EEA state, either on a permanent basis, such as for retirement or on a temporary basis, such as a holiday or seeking employment. E.E.A. visitors are entitled to emergency treatment only. EEA Visitors are required to bring with them sufficient supplies of their routine medicinal requirements. Continuation therapy, including the issue of GMS repeat prescription forms, should not be involved.

It should be noted that the eligibility of such persons is based on their linkage to the Social Security System of another EU/EEA State and not on their Nationality.

For persons moving on a permanent basis the linkage is established by the production of the relevant E Form, e.g. E106, E109, E 121 or S form.

Such persons who are moving to Ireland on a permanent/long term basis should be advised to apply for a medical card under EU Regulations.

For a person who is just visiting on a temporary basis such as a holiday the linkage is established by the production of a European Health Insurance Card (EHIC) or a Temporary Replacement Certificate (TRC)

It should be noted that there is an agreement between Ireland and the UK which does not require the use of an EHIC or the production on an E Form. These are referred to later on in this section.

EEA persons presenting for Dental treatment should in the first instance be referred to a Health Service Executive Dental Clinic. The Health Service Executive may in certain circumstances make special arrangements for private practitioners to provide treatment to such persons but the resulting claim must be made directly to the Health Service Executive Community Health Office concerned. Hence if dental treatment becomes necessary contact should be made with Community health office first.

Please note a European Health Insurance Card only provides entitlement to services when the holder of the card is travelling within the EU/EEA and outside of their own State. These arrangements do not cover persons who come to the Country specifically for the purpose of obtaining medical treatment.

2.6.1 European Health Insurance Card (EHIC) Entitlements

Such persons, who are visiting Ireland on a temporary basis, e.g., for holiday purposes, are entitled to receive, without charge, the necessary medical care, including such approved medication which a Doctor may prescribe, which would allow them to remain in Ireland in line with their original planned scheduled.

As indicated above the normal method by which a person provides evidence of eligibility under these arrangements is by producing a current European Health Insurance Card, EHIC, or a current Temporary Replacement Certificate, TRC, issued by their Competent State.

Those persons presenting for Dental treatment with an EHI Card should in the first instance be referred to a Health Service Executive Dental Clinic. The Health Service Executive may in certain circumstances make special arrangements for private practitioners to provide treatment to such persons but the resulting claim must be made directly to the Health Service Executive Community Health Office concerned. A list of HSE Community health offices is available at <http://www.hse.ie/eng/services/list/1/LHO/>.

Please note a European Health Insurance Card only provides entitlement to services when the holder of the card is travelling within the EU/EEA and outside of their own State. These arrangements do not cover persons who come to the country specifically for the purpose of obtaining medical treatment.

2.6.2 Reciprocal Arrangements with the UK

There is no change to the existing arrangements between Ireland and the UK, and residents of either Country travelling to the other on a temporary stay are not required to present a European Health Insurance Card or an equivalent paper form. Proof of residency is sufficient.

A resident of the UK must produce documentary evidence of such residence. Patients claiming UK residency can establish eligibility for free Doctor services under the GMS Scheme by producing documentary evidence of their entitlement to services in the UK in the form of a UK Medical Card, Social Security Payment from the UK or other link to the Social Security system. Should such proof not be readily available and where a Doctor has sight of a current passport or similar documents, which would establish bona fide residence in the UK, such documents may be accepted as evidence of eligibility.

If the doctor has reason to believe that the person, while in possession of such documentation is, in fact, ordinarily resident in the State, the person should be asked to have his/her eligibility confirmed by the National Medical Card Unit Lo Call Number 1890 252 919.

2.7 High Tech Arrangement

Commenced in November 1996, the High Tech Arrangement provides for the supply and dispensing of High Tech medicines through Community Pharmacies.

The medicines are purchased by the HSE and supplied through Community Pharmacies for which pharmacies are paid a patient care fee by the Primary Care Reimbursement Service each month. Examples of high-tech drugs are: anti-rejection drugs for transplant patients, chemotherapy and growth hormones.

These arrangements are designed to provide a quality community based service to patients by ensuring the active involvement of community pharmacists in the dispensing of High Tech medicines. The arrangement is coordinated centrally through the PCERS High Tech Co-ordination Unit.

2.8 Opioid Substitution Treatment Scheme

The Methadone Treatment Scheme commenced in October 1998. Under the Scheme Methadone is prescribed and dispensed by doctors and pharmacists for approved clients. Patient Care fees under this Scheme are paid to participating doctors and pharmacists.

Persons who present to the registered medical practitioner for treatment must be notified to the Health Service Executive (HSE) and placed on the Central Treatment List (01-6488640, 9am to 5pm Monday to Friday). The HSE issue an 'opioid substitution treatment card' in respect of a person participating in a programme of treatment in accordance with the regulations. The individual will have a treatment card number beginning with PH which is unique to them.

2.8.1 Central Treatment List

The Central Treatment List contains information on all persons for whom methadone/suboxone treatment has been prescribed. The information contained in this list is based on information that must be supplied by doctors under Regulation 3 of the 2017 Regulations. Information contained in the Central Treatment List is confidential.

2.8.2 Drug Treatment Card

An Opioid Substitution treatment card is issued in respect of all patients notified to the Central Treatment List. The card contains the name and photograph of the relevant patient and the name of the patient's doctor and pharmacy. The card is sent directly to the patient's pharmacy where it is held on behalf of the patient.

Prescriptions for the treatment of opiate dependent patients may only be dispensed for patients for whom An Opioid Substitution treatment card has been issued and remains valid.

3. Schemes Administration

3.1 General Medical Services (GMS) Scheme

Persons with medical card eligibility are issued with a GMS prescription form where medically indicated by a Doctor with a GMS panel number. These prescriptions are dispensed and claimed under the GMS scheme.

The Health (Amendment) (No 2) Act 2010 provides that a person who is supplied by a Pharmacy who is contracted to provide services on behalf of the HSE, with a drug, medicine or medical or surgical appliance on the prescription of a Registered Medical Practitioner, Registered Dentist or Registered Nurse Prescriber, will be charged a fee per prescription item. Fees are capped at a certain amount per person/family per month according to current legislation. Charges are recouped from payments due to the pharmacy.

A spouse or a cohabiting partner, children under 16 and children aged over 16 and under 21 who are in fulltime education and wholly or mainly maintained by another adult person who has full eligibility will constitute a 'family' for the purposes of applying the charges.

Payment of a single prescription charge for a family unit commences from the date of family registration with the HSE. Where a client does not have access to the internet, pharmacists can offer to register the family on the HSE website www.medicalcard.ie to obtain the family certificate. Claims for any additional charges paid prior to the date of family registration will not be refunded.

Patients, who have their medicines changed on a weekly/daily basis, including palliative care patients, will be subject to the charge. However, for 'Phased Dispensing' the phased element of the dispensing, where such applies, does not attract a separate prescription charge. For completeness, the Non Dispensing Fee will not attract a prescription charge.

Persons who are homeless and not in a residential centre and who have their own medical card will be required to pay the charges. In the case of persons who are homeless and who live in a residential setting the provider of the accommodation will be required to pay the charge on behalf of each resident and make the necessary arrangements for collection of the charge from the residents.

For persons who hold a medical card and are residing in nursing homes, either HSE or Private, or a Residential Disability Centre, the provider of the accommodation will be required to pay the charge on behalf of each resident and make the necessary arrangements for collection of the charge from the residents.

A prescription charge will also apply for patients accessing products:

- using Hospital Emergency Prescriptions
- using Dental Prescriptions under the Dental Treatment Scheme
- under the EEA Scheme
- under the Discretionary Hardship Arrangements
- any claimed strength of a particular product e.g. Warfarin.

There are a limited number of exemptions from prescription charges:

1. Children who are in the care of the Health Service Executive under the Child Care Acts 1991 to 2013. All other GMS clients will be subject to prescription charges. Carers responsible for children in care will pay the prescription charge to the pharmacy and claim a full refund from the HSE PCERS.
2. The supply of Methadone/Suboxone to Opiate Dependent Clients. Methadone clients will be required to pay the charge on prescription items other than methadone. The supply of Methadone/Suboxone for non-opiate dependent clients is not exempted.
3. Persons with full eligibility, i.e. valid medical card living in Direct Provision
4. High Tech Products. As the supply of High Tech Medicines operates on the basis of a patient care fee, a prescription charge will not apply.
5. Persons affected by the National Cervical Check Service (and their dependents)
6. Holders of a Redress for Women Resident in Certain Institutions Act 2015 Services Card
7. Health Amendment Act Card holders

The charges do not apply to the Long Term Illness Scheme, the Drugs Payment Scheme, and High Tech Arrangements.

A prescription charge will not be deducted from your GMS payment in respect of persons confirmed as exempt from prescription charges.

Enhanced visibility under Patient Specific Arrangements on the Secure Checker will assist in verifying if a person is exempt from prescription charges.

The image shows two versions of the General Medical Services Prescription Form. The left version is a white form with a pink header, and the right version is a pink form with a white header. Both forms contain fields for patient information, doctor details, medication details, and pharmacy information.

3.2 GMS Repeat

Repeat prescription sets are for use by participating doctors when they intend that a particular item or items be repeated and repeat dispensing is a legally permissible option.

The “Repeat Prescription Set” consists of three “two-part” sets of self-carbonising forms, the top copy of which is the original prescription (White). When a doctor wishes to have a prescription for a GMS patient repeated once the patient should be issued with Part 2 and Part 3, i.e. two “two-part” sets - the remaining Part 1 should be shredded - if 2 repeats are required the complete set should be issued. It is important that all parts of forms issued are legible.

Each “Repeat Prescription Set” must have the patient’s name, address and current medical card number entered thereon. Only claims where the patient had full GMS eligibility within 2 months of the date of claim and Incomplete Claims Percentage is decreasing progressively or the percentage is 0.1% or less will process for payment.

Only current eligible medical card numbers should be submitted for reimbursement. Only claims where the claiming patient had full GMS eligibility within 2 months of the date of claim and the claiming pharmacy Incomplete Claims Percentage is decreasing progressively or the percentage is 0.1% or less will process for payment.

Each original form (white) must be signed by the doctor.

The Misuse of Drugs Regulations, 1988 and 1993, and the Medicinal Products (Prescription and Control of Supply) Regulations, 2003 apply to GMS repeat prescription forms as they would to GMS standard prescription forms or other prescriptions.

Medical preparations contained in Schedule 1A of the Medicinal Products (Prescription and Control of Supply) Regulations, 2003, are not repeatable unless the doctor explicitly specifies by writing, "Repeat (once or twice)". Prescriptions for Schedule 1A drugs which are not specifically so indicated cannot be repeated.

Controlled Drugs in Schedule 2 and 3 of the Misuse of Drugs Regulations 1988 must not be written on a repeat prescription form under any circumstances.

Nicotine Replacement Therapy and Oral Nutritional Products are not reimbursable on GMS repeat prescriptions. Repeat prescription forms should also not be issued to EU/EEA visitors.

A patient who has been issued with a Repeat Prescription Set is required to present the complete set to a pharmacist for dispensing.

On first dispensing the forms comprising Part 1 (i.e. the last two forms of the set) pharmacist's Claim Form and a Pharmacy Copy should be detached from the set in the dispensing pharmacy where the dispensing pharmacist will stamp and date the original prescription form with the pharmacy name and address and the date of dispensing in the space provided marked '1st dispensing'. The remaining forms should be returned to the patient. The pharmacist's Claim Form should be completed with the signature of the dispensing pharmacist.

On second dispensing the forms comprising Part 2 of the set should be used and the same sequence as for the first dispensing should be followed.

On third and final dispensing the forms comprising Part 3 i.e. the original prescription form and a pharmacy copy should be used. The pharmacist will retain both parts of the set and will stamp and date the original form in the space provided for '3rd dispensing'.

The pharmacist's Claim Form and the original prescription forms should be submitted for payment to the Primary Care Reimbursement Service by the claiming pharmacists as Regular or Exception Claims and entered as such on the Summary Forms with other GMS claims.

The pharmacist must always dispense against the original Prescription Form (Part 3) which should be stamped clearly with the date of dispensing. Pharmacists should not accept for

dispensing Part 1 and 2 of a Repeat Prescription set without simultaneous presentation of Part 3 by the patient. After each dispensing any unused portion of the repeat prescription set should be returned to the patient. The patient should not receive a repeat supply earlier than the doctor expressly provides, or, sooner than intervals the pharmacist may reasonably infer from the quantity and/or dosage stated on the prescription. If an earlier supply is necessary in any other circumstances, the pharmacist should set out the reasons for the departure from normal procedure.

Repeat prescription forms should be submitted grouped together (i.e. not interspersed with standard GMS prescription forms) and located after the standard forms in the monthly claim bundle(s). Prescriptions must be in form number sequence.

NOTE: PLEASE USE A BALLPOINT PEN AND APPLY AMPLE PRESSURE TO PRODUCE CLEAR DETAIL ON ALL COPIES.

GENERAL MEDICAL SERVICES
REPEAT PRESCRIPTION SET - PHARMACY CLAIM FORM

PATIENT'S NAME _____ MEDICAL CARD NO. _____ VALID TO _____ ADDRESS _____ DOCTOR NO. _____ DR'S NAME _____ ADDRESS _____	DATE PRESCRIBED _____ AGE OF PATIENT IF U12 _____ DOCTOR'S NAME AND ADDRESS AND PHONE NUMBER _____ DOCTOR'S SIGNATURE _____	PRESCRIPTION SERIAL NO. _____ R12 <small>THIS IS THE ORIGINAL PRESCRIPTION FORM AND MUST BE PRESENTED TO YOUR PHARMACIST AT EACH DISPENSING.</small>	PHARMACY SEQUENCE NO. _____
---	--	---	-----------------------------

Only order the medications you require. It's safer and will save money to be used on other health services.

USE ONLY FOR ITEMS TO BE REPEATED	PRECISE STRENGTH, QUANTITY AND DOSAGE MUST BE STATED	DRUG CODE	QUANTITY SUPPLIED	FOR OFFICIAL USE ONLY

3rd DISPENSING PHARMACY STAMP: COMPUTER NO. AND DATE OF DISPENSING _____ SIGNATURE OF PHARMACIST _____	2ND DISPENSING PHARMACY STAMP: COMPUTER NO. AND DATE OF DISPENSING _____	1st DISPENSING PHARMACY STAMP: COMPUTER NO. AND DATE OF DISPENSING _____ Patient Signature Received by: _____ <small>If not patient, please indicate relationship</small>
---	--	--

PART 3
GMS002-8074

THIS PART WILL BE RETAINED BY YOUR PHARMACIST ON THE THIRD AND FINAL DISPENSING

3.3 Hospital Emergency

Those with GMS eligibility who are provided with a prescription on their discharge from a Hospital or residential palliative care setting (hospice) can obtain a maximum of seven days' supply without undue delay through the Hospital Emergency Scheme. The following arrangements are in place for this scheme;

- 1 A dispensing pharmacist must be satisfied that a named authorised person, is at the time of dispensing, eligible under the GMS scheme,
- 2 Unified Claim Forms must have attached thereto a photocopy of the relevant hospital/hospice prescription,
- 3 The medical card number of the person prescribed for and the hospital doctor code '61559' must be inserted in the space provided on the claim form,
- 4 Dispensing of emergency supply shall be on the day of issue of a hospital/hospice prescription in special circumstances an emergency supply may be dispensed on the following day,
- 5 GMS reimbursable items only may be claimed for under this arrangement,
- 6 The person to whom dispensed items are handed over must sign for receipt of same in the space provided on the claim form. When a person other than the named person is collecting drug/medicines under this arrangement, the relationship of such person to the GMS named person should be recorded on the form.

Neither Private Hospitals nor Out-Patient Department (OPD) prescriptions are covered by these arrangements. See Circular 35/17 for a comprehensive list of hospitals and hospices approved under the Hospital Emergency Scheme.

3.4 Dental Treatment Services Scheme (DTSS)

The Dental Treatment Services Schemes (DTSS) is available to medical card holders over 16 years. Dentists will prescribe for GMS persons on specially designed prescription forms. The DTSS prescription form is a two-part set. The top copy is the original prescription form and the duplicate is the pharmacy copy. The payment of DTSS claims is based on the reimbursement price and the relevant GMS dispensing fee.

Claims in respect of the Dental Treatment Services Scheme must be fully coded and should be submitted under separate cover with GMS claims. Incorrect or incomplete prescription forms may be rejected for payment. Claims in respect of the DTSS should be included with GMS claims. Claims should be tagged as a separate bundle using the appropriate summary

form. Payment of these prescriptions is included with your GMS payment each month and reported on the GMS itemised listings.

The List of Dental Prescribable Items is available at www.pcrs.ie > online services > General Services- Available to All.

GENERAL MEDICAL SERVICES
DENTAL TREATMENT SERVICES SCHEME PRESCRIPTION FORM

PATIENT'S NAME
MEDICAL CARD NO.
VALID TO
ADDRESS

PANEL NO.
DENTIST'S NAME
ADDRESS

PHARMACY SEQUENCE NO. [] SERIAL NO. [DT]

PHARMACY STAMP AND GMS NO. []

RECEIVED BY: _____
To be signed by patient (or representative)

DDMMYY Precise strength, quantity and dosage must be stated.

NP **PHARMACIST MUST COMPLETE THIS PART**
Month Dispensed []

	DRUG CODE	QTY SUPPLIED

DENTIST'S SIGNATURE _____ GMS009

3.5 European Health Insurance Card (EHIC) Prescriptions

EU Prescription Forms should be submitted as 'EEA Claims' on the claim certificate and summary of claims form.

The top copy is the original prescription form for submission to the HSE upon dispensing in order to claim payment, the second copy should be retained by you for your records and the third copy is retained by the GP for record purposes.

3.7 Long Term Illness (LTI) Scheme

Drugs, medicines and non-drug items reimbursable under the LTI Scheme are intended for the treatment of the primary condition. Core Lists were developed following detailed consultation with Medical Officers, HSE Pharmacists and HSE Medicines Management Programme. The HSE is satisfied that all medicines that should be necessary for the treatment of each primary LTI condition are provided on these Core Lists.

Approved medicines and appliances can be found online at <https://www2.hse.ie/services/long-term-illness-scheme/approved-medications.html>. A link is also available to Pharmacists through the Secure Scheme Checker. These lists will be updated when changes are made.

LTI prescriptions are dispensed and claimed electronically under the LTI scheme. The patient must have an LTI number in order to submit a valid claim.

Since April 2019, the Secure Scheme Checker allows pharmacies to see the products that a patient has specific individual approval for outside of the Core List(s). These items can be claimed for seamlessly under the patient's LTI eligibility.

The Secure Scheme Checker system also has the facility for the pharmacist to seek reimbursement approval for a product on the Reimbursement List under LTI. This will appear on the screen as *'To request additional drugs for this patient click here'*.

LTI Information

Listed below are the LTI illness codes for this patient. You can view the core list of these illness codes [here](#)

Illness Code	Illness Code Description
A	Intellectual Disability (Described in legislation as Mental Handicap.)

Show / Hide Patient Specific Drugs

Drug Code	ATC	Drug Name	Effective Date
777--	A02BC01	Omeprazole	30/06/2012
81458	V06DB81	INFATRINI 200 ML. PACK	30/07/2013
777--	A11JA99	Combinations Of Vitamins	16/09/2015
777--	A06AB06	Senna glycosides	03/02/2017

[To request addition drugs for this patient click here](#)

In this facility, the Pharmacist must select the product they wish to apply for, upload a copy of the hospital prescription and any supporting documentation for consideration.

The application will remain at pending approval until a reimbursement decision has been made and communicated back to the Pharmacist through the system. Once the item has been

approved it will appear in the list of LTI product specific approvals for that patient on the Secure Scheme Checker.

Where medicinal products that are not on the approved list are prescribed for the first time for a person with any of the LTI conditions, the patient should be informed that the products are not on the Core List approved under the LTI Scheme and must be paid for under the Drugs Payment Scheme where the patient does not hold medical card eligibility.

Applications will require pharmaceutical assessment and it may take up to 3 working days (Monday to Friday, or the first working day after a weekend) before approval or non-approval will be communicated back to the pharmacy by the PCERS through the Secure Scheme Checker. While the application is under consideration, 'pending' will be displayed on the screen. The reason for a negative reimbursement decision will be communicated back through the system.

Applications are made on an individual patient basis. Where insufficient clinical information is provided to enable a positive reimbursement decision, an application will not be approved. It must be clear that the medicine requested is treating the primary LTI condition.

3.8 High Tech Arrangements

A pharmacist will obtain High Tech medication(s) from their pharmaceutical wholesaler using the appropriate ordering facility. The High Tech Ordering and Management System (High Tech Hub) was introduced in 2017 and is managed by the PCERS High Tech Co-ordination Unit. Pharmacists can contact the High Tech Hub at 01-8647135 or via email: PCRS.HiTech@hse.ie

All High Tech drugs available for ordering via the High Tech Hub must be ordered through that medium to be reimbursed by the HSE. The Hub can be accessed via the Pharmacy Application Suite. The list of the drugs available for order on the Hub are located on the Help tab of the High Tech Hub. Also available on this Help tab, is the Hub User Guide and FAQs. To order via the Hub, you must have a valid High Tech prescription. All orders are per person, per drug. The PCERS hope to reduce all stock held to that compatible with immediate patient need and seek the co-operation of pharmacists in ensuring that the 'just in time' delivery service is maximised. See Circulars No. 019/11, 041/17, 054/017 and 016/18 for further information.

A patient who, on discharge from hospital, is prescribed one or more High Tech item(s) will be asked to nominate a community pharmacy where they propose to obtain the prescribed High

dispensing or intermittent admission of patients to hospital. However, in these circumstances, payment will only be made to the patient's nominated pharmacy where -

A brief explanation is given on the form of the reason why no High Tech Drug has been dispensed and pharmacies must use the code 88999.

It has been agreed that, in the interests of public accountability, the maximum number of consecutive months for which a pharmacist may claim a patient care fee in respect of a particular patient, where there has been no dispensing of High Tech medicines for that patient shall be three months. Such a fee may not be claimed in respect of a deceased person. Where a pharmacist becomes aware that a patient no longer requires High Tech medication they should inform the HSE.

Pharmacy claims together with the appropriate suppliers delivery docket (or reference to same where it has been submitted previously) should be submitted to the Primary Care Reimbursement Service under separate cover in an envelope marked **HIGH TECH Drugs Arrangements** not later than 5th day of each month.

3.8.2 Patient Entitlement Categories

Patients must be prescribed the High Tech medication in line with the existing protocol, if relevant, in order to be entitled to services under the High Tech Drugs Arrangements.

Patients will be categorised under one of the following categories

- Medical cardholders are entitled to all High Tech items from the agreed list free of charge
- Persons covered under the Health (Amendment) Act, 1996 are entitled to all items from the agreed list free of charge
- LTI persons are entitled to an item(s) from the agreed High Tech list free of charge only if the item has been authorised for their particular Long Term Condition
- DPS cardholders will continue to pay relevant copayment as set out in Regulations, towards the total cost of all their medication (High Tech and regular medicines)
- T-number approved in exceptional circumstances such as an emergency where a patient is stranded in Ireland and requires High Tech medicines. T-numbers are issued by the High Tech Co-ordination Unit.

A patient with entitlement under any other Scheme will retain his/her existing authorisation number, e.g. Medical Card Number/DPS Card Number; the relevant Patient Number must be quoted on Pharmacy claim forms.

When a pharmacist collects the relevant co-payment as set out in Regulations from a DPS person under the Drugs Payment Scheme and where High Tech medicines and DPS medicines to the value of the co-payment or more are dispensed to such person, in the same calendar month, such pharmacists would be due the full amount of the patient care fee.

The following examples illustrate High Tech Arrangements with regard to the Drug Payment Scheme.

- An individual or family receives items under the Drugs Payment Scheme in a calendar month on the same card grouping to the value of the co-payment or more, pays the relevant co-payment as set out in Regulations, to the pharmacist under that scheme. If High Tech items are also dispensed in the same calendar month to the same card grouping in the same pharmacy the Primary Care Eligibility & Reimbursement Service will credit the pharmacy with the patient care fee.
- A person with DPS entitlement who has items dispensed under the High Tech Scheme only, will pay the relevant co-payment as set out in Regulations, to the pharmacy. The pharmacy account with the Primary Care Eligibility & Reimbursement Service will be credited with the patient care fee amount, which will result in a balance due to the Primary Care Eligibility & Reimbursement Service of the difference between the patient care fee and the relevant co-payment as set out in Regulations in respect of such transaction.
- Where the cost of the High Tech product is less than the co-payment, the pharmacy account will be credited with the patient care fee amount and any excess balance will be credited to the Primary Care Eligibility & Reimbursement Service.

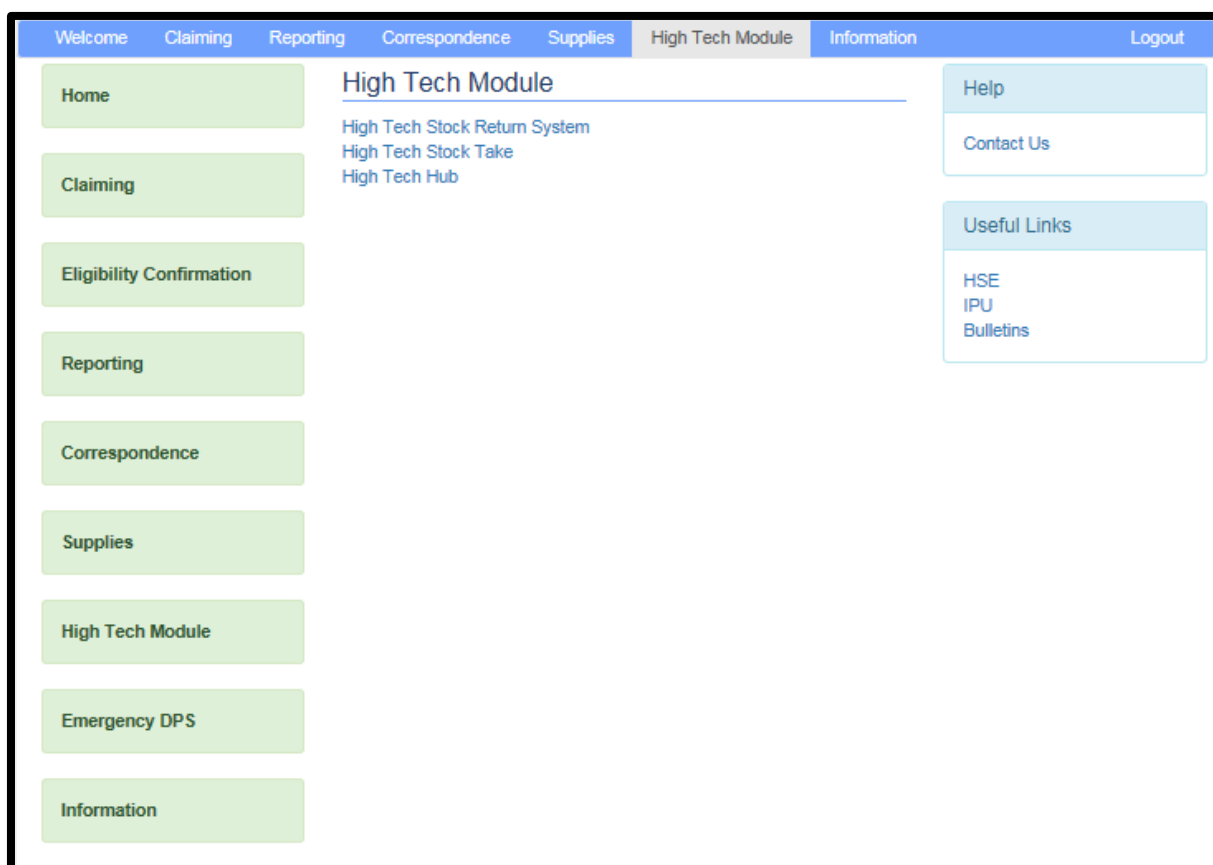
The remittance advice to the pharmacist will contain a reconciliation of amount paid to the pharmacy by eligible persons and the total of patient care fees paid by the Primary Care Reimbursement Service.

Where there is a negative net balance owed to the PCERS by the pharmacy such balance will be recouped from other payments that may be due under this Scheme or from any other payment due to the contractor.

Any professional queries that a Pharmacist has relating to the prescription should be directed to the prescribing doctor.

3.8.3 Annual Stock Take

For the purpose of accounting it is necessary to establish the value of stock held by each pharmacy, currently at year-end. The Primary Care Eligibility & Reimbursement Service make a list available electronically to each pharmacy containing High Tech drugs ordered by the specific pharmacy previously, to assist in compiling the data for the stock take. Pharmacists should confirm the quantity (by the number of units) of each drug on the list held in the pharmacy on the specified date. The stock take should be completed electronically using the Stock Take options on the Pharmacy Suite. An electronic sign off is required by the supervising pharmacist using the options available on the Stock Take system. There is a User Guide and FAQ document available to support this process on the 'Help' tab of the Stock Take application. It will not be necessary for pharmacists to value their High Tech stock.



3.9 Opioid Substitution Treatment Scheme

The Misuse of Drugs (Supervision of Prescription and Supply of Methadone and Medicinal Products containing Buprenorphine Authorised for Opioid Substitution Treatment) Regulations 2017 (S.I No 522 of 2017) came into effect on the 22nd November 2017. This has extended certain buprenorphine medicinal products authorised for opioid substitution treatment to the Schedule of products that fall within the scope of these Regulations. These regulations replace the Misuse of Drugs (Supervision of Prescription and Supply of Methadone) Regulations 1998 (S.I. No 225 of 1998).

The previous Methadone Treatment Prescription Form has been updated to the Opioid Substitution Treatment Prescription Form as a result of the new legislation. See Circular 013/18 for further details in relation to the Methadone and Opioid Substitution Treatment Scheme.

Prescriptions are for a supply period of not greater than seven days. Where 'Additional Bank Holiday Supply' is required and indicated on the prescription under 'Supervision Instructions', a total of eight days duration can be provided. The prescription details are inserted on the prescription according to the Misuse of Drugs Regulations 2017 (S.I. No. 173 of 2017). The dosage in units i.e. the quantity per day of the preparation and the number of days at that dose must be written in the boxes specified on the prescription form. The total dosage in units as appropriate, must also be supplied in both words and figures.

OPIOID SUBSTITUTION TREATMENT PRESCRIPTION FORM

PHARMACY SEQUENCE NO. [] SERIAL NO. []

PATIENT DETAILS: SURNAME [], FIRST NAME [], ADDRESS [], PATIENT'S AGE IF UNDER 12 YEARS [], TREATMENT CARD NO. P.H. []

PRESCRIPTION DETAILS DRUG NAME, FORM AND STRENGTH []

DATE PRESCRIBED []

FROM	TO	DOSE (MG PER DAY)	NO. OF DSES AT DOSE	TOTAL (DTS) OR TABLETS
[]	[]	[]	[]	[]

TOTAL IN WORDS [] (NOT MORE THAN 7 DAYS SUPPLY SHOULD BE PRESCRIBED EXCEPT IN EXCEPTIONAL CIRCUMSTANCES)

DOCTOR'S SIGNATURE []

REGISTRATION NO. []

DOCTOR'S GMS NO. []

DOCTOR'S NAME, ADDRESS AND TELEPHONE NUMBER OR STAMP []

OPIOID SUBSTITUTION TREATMENT

METHADONE
 BUPRENORPHINE
 BUPRENORPHINE/NALOXONE

INSTALMENT INSTRUCTIONS

INTERVALS

DAILY

DAILY (WITH DOUBLE ON SAT.)

OTHER (TICK) [] [] [] [] [] [] [] [] [] []
MON TUE WED THUR FRI SAT SUN

SUPERVISION INSTRUCTIONS

*RES. NO. []

SUPERVISED

DAILY

DAYS FOR SUPERVISION [] [] [] [] [] [] [] [] [] []
MON TUE WED THUR FRI SAT SUN

DOUBLE DOSE EVERY SECOND DAY (FOR BUPRENORPHINE/NALOXONE ONLY)

ADDITIONAL BANK HOLIDAY SUPPLY

*Only with prior agreement of Pharmacist

PHARMACY SECTION PHARMACY GMS NO. [] NO. OF [] PHARMACY NAME & ADDRESS STAMP []

DRUG CODE	QUANTITY	NO. OF INSTALMENTS	SUPERVISED	DAYS SUPERVISED
[]	[]	[]	[]	[]

DATE DISPENSED [] QUANTITY [] PHARMACIST'S INITIALS []

DATE DISPENSED	QUANTITY	PHARMACIST'S INITIALS
[]	[]	[]
[]	[]	[]
[]	[]	[]
[]	[]	[]
[]	[]	[]
[]	[]	[]
[]	[]	[]
[]	[]	[]
[]	[]	[]
[]	[]	[]

PHARMACIST'S SIGNATURE []

PHARMACIST'S SIGNATURE []

OF PATIENT OR PATIENT'S REPRESENTATIVE

TO BE COMPLETED IN THE CASE OF NON-OPiate DEPENDENT PERSON (FOR METHADONE USE ONLY)

NAME AND ADDRESS OF INITIATING CONSULTANT [] HOSPITAL [] CARD NO. []

HEALTH SERVICES SCHEME
GMS DPS LTI
EEA OTHER

This prescription form is issued on behalf of the Health Service Executive for the purposes of the Misuse of Drugs (Supervision of Prescription and Supply of Methadone and Medicinal Products containing Buprenorphine) authorised for Opioid Substitution Treatment) Regulations 2017. QM210

Claims are processed and paid by the Primary Care Reimbursement Service. Prescriptions must be forwarded to the HSE no later than **14 days after the last day of the month** in which the supply was completed. Claims are submitted in the normal manner and should be posted to:

*Health Service Executive (HSE)
Primary Care Eligibility & Reimbursement Service (PCERS),
P.O.Box 6422,
Finglas,
Dublin 11*

3.9.1 Opioid Substitution Treatment Prescription Writing Requirements

All prescriptions must be written on an Opioid Substitution Treatment Prescription form. It is unlawful for a practitioner to issue, or a pharmacist to dispense, a prescription for a Schedule 2 or 3 controlled drug unless it complies with the following requirements:

The prescription must:

- Be in ink or otherwise indelible and be signed by the practitioner with his/her usual signature and dated by him/her
- Contain the full name and address of the patient for whose treatment it is issued. This should be clearly displayed at the top of the Prescription
- The patient's Opioid Substitution treatment card Number should be entered into the space provided for 'Treatment Card Number'. The letter's PH, example PH12345, precedes the Treatment Card Number. (*In the case of a non-opiate dependant patient the correct patient identification should be used e.g. medical card number, EEA number etc.*)
- Clearly indicate the name of the practitioner issuing it, except in the case of a health prescription (GMS), specify his/her name and address
- State that the person issuing it, is a registered medical practitioner, and the prescription details have been completed in full by the prescriber prior to dispensing. This includes Date Prescribed, Drug Name, Form and Strength, Treatment period (from – to), Daily Dosage, Number of days at dose, Total quantity dispensed should be completed, Total in Words, Doctor's Signature (in accordance with legal requirements), Doctors Number and Doctors' Name, Address and Telephone Number or The pharmacy section of the forms must be completed in full and include Pharmacy Number, Drug code, Quantity, Number of instalments, Supervised Y/N, Days Supervised and Dates dispensed.
- The form must be stamped and signed by the pharmacist.
- The patient must sign the form in the space provided.
- In the case of a prescription for Methadone or Buprenorphine/Naloxone, for purposes other than opioid dependence, the pharmacist should also complete the bottom section of the form (yellow).

In the case of a prescription for Methadone or Buprenorphine/Naloxone, which is being issued for or in connection with the treatment of opioid dependence, the prescription shall not be issued unless:

- The person for whom it is issued is the holder of a valid Opioid Substitution treatment card

And

- The prescription is written on a dedicated form required for use under the scheme.

In the case of a prescription for Methadone or Buprenorphine/Naloxone, which is being issued for the treatment of a person for the purposes other than for or in connection with opioid dependence, the prescription shall not be issued unless:

- The prescription has been issued by a medical consultant (in hospital practice) or has been initiated by such consultant, whose name and address must be included on the prescription

And

- The prescription is written on a dedicated form required for use under the scheme.

In all cases the practitioner must be satisfied as to the identity of the person for whose treatment the prescription is being issued.

Pharmacists are equally obliged not to supply Methadone or Buprenorphine/Naloxone to any person unless the procedures and requirements outlined above are fully complied with. Pharmacist should also be satisfied as to the identity of the person for whose treatment the prescription has been issued and that the person in the event of opioid dependence is on the Central Treatment List and the pharmacy has been issued with a valid drug treatment card.

The information on the prescription forms must be clearly stated. Information that is incomplete, illegible or misleading will present difficulties to the pharmacist in attempting to dispense it to the patient, who may urgently require the medication, and to the prescribing doctor to whom the patient may be required to return to have the prescription appropriately completed.

3.9.2 Requisitions for Methadone/Suboxone for Professional Use

In certain rare instances, such as in the case of those doctors providing services to persons held in Garda stations, it will be necessary for practitioners to obtain supplies of Methadone or Buprenorphine/Naloxone for professional use. In those instances, the official prescription forms should be used and the words “Requisition ‘For professional use’” written in the place allocated on these forms for the name and address of the patient.

Unlike the prescription forms where the top copy (i.e. the original) must be submitted as the notification, in the case of requisitions, the carbon copy must be submitted. The top copy of the requisition (i.e. the original) must be retained by the pharmacist in order to comply with the record keeping requirements of the Misuse of Drugs Regulations, 1988 (S.I. No. 328 of 1988). The practitioners must pay for any supplies of Methadone or Buprenorphine/Naloxone obtained in this manner.

3.9.3 Hepatitis B Vaccinations – Pharmacy Staff Members

Arrangements are in place to facilitate the provision of a course of Hepatitis B Vaccinations to staff in pharmacies registered with the Opioid Substitution Treatment Scheme.

In order to avail of this facility the staff members must be registered under the Drugs Payment Scheme and the Pharmacist must complete a registration form in respect of each eligible staff member. Please note that all fields on the form must be completed in order for the staff member to receive the vaccinations.

Part 1 of the registration form should be sent to

Contract Support Unit

HSE-PCERS

Units 1-5 Ground Floor J5

North Park Offices North

Park Business Park Exit

5, M50,

Finglas,

Dublin 11

Registration forms should be sent by separate post from monthly claim bundles. It is important to note that the GP can only validate eligibility and provide the vaccination to your staff after the registration has been received in PCERS. Therefore, the fully completed registration forms should be forwarded to PCERS as soon as they are completed.

Part 2 should be retained by the Pharmacist for your own records.

Part 3 should be given to the staff member in order that it may be presented to a currently registered GMS doctor when attending to receive each vaccination.

The entire course consists of three vaccinations followed by a serology test, and is completed over a period of months.

If any staff member is the holder of a Medical Card they are entitled to the course of vaccinations under the arrangements for patients in at-risk categories and should avail of the service in the normal way through the Medical Card scheme.

3.10 Stock Orders

3.10.1 Dispensing Doctors' Stock Order Forms (White)

The Doctors' Agreement stipulates that a dispensing doctor shall obtain his/her requirements of GMS reimbursable items from a contractor pharmacist whose premises are in the doctor's normal area of practice. If there are no such premises in that area the doctor is to obtain his/her requirements from a reasonably convenient contractor pharmacist. Only GMS reimbursable items may be obtained on a Dispensing Doctor's Stock Order Form. Exempt Medicinal Products are not covered by these arrangements

A Dispensing Doctor's Stock Order Form consists of an original form and three self-carbonised copies:

- | | | |
|----------|---|---|
| Original | - | the pharmacist's claim form |
| Copy 1 | - | for the pharmacist's records |
| Copy 2 | - | for the HSE's records |
| Copy 3 | - | for the dispensing doctor's own records |

A dispensing doctor must submit Stock Order Forms to their Community HSE Office for prior approval by the relevant HSE Pharmacist. All entries in the yellow panels of the original form must be duly completed beforehand. The dispensing doctor detaches Copy 3 from each Stock Order Form before forwarding the original with Copies 1 and 2 attached to their Community HSE Office.

Stock Order Forms should be submitted at monthly intervals. Following approval the Community HSE Office will forward the original and Copy 1 of the Stock Order Form to the pharmacist nominated by the dispensing doctor. Pharmacists should not supply on the basis of unauthorized stock order forms to GP surgeries.

3.10.2 Completion of Stock Order Forms – Yellow Panels

In the appropriate yellow panels, Doctors must

- enter the name and address of the pharmacy
- write or stamp their own name and address on the original copies
- write their signature
- enter their contract number in the space provided
- insert the date on which the Stock Order was issued and
- clearly indicate in columns 1 and 2 the size, strength and quantity of the item(s) required.

3.10.3 Receipt of Stock Order Items from Pharmacy – Completion of Blue Panel

The Declaration at the foot of each Stock Order Form regarding receipt of stock items should **not** be signed and dated until doctors have checked the stock received (entered in column 3 – blue panel) against what was ordered (entered in columns 1 and 2 – yellow panel). Any discrepancies, such as items ordered but not supplied or supplied in part only should be identified at that stage. There should also be a check of the expiry dates of drugs received with a minimum shelf life of twelve months.

To enable pharmacists to prepare their claims for submission to the Primary Care Eligibility & Reimbursement Service it is required that supplies obtained on Stock Order Forms within any month would be checked and signed for before month end.

GENERAL MEDICAL SERVICES DISPENSING DOCTOR'S STOCK ORDER FORM

TO: PHARMACY ADDRESS DOCTOR'S NAME ADDRESS SIGNATURE

PLEASE SUPPLY ME WITH THE UNITS OF STOCK LISTED IN COLS. 1 AND 2 BELOW

ITEM	1 STOCK REQUIRED		3 Quantity Received	4 MONTH SUPPLIED		6 This Col is for Official Use (please leave blank)
	One Item per line, cancel unused lines			5 Drug Code	Computer Units Supplied	
1		2 Quantity Required				
2						
3						
4						
5						
6						
7						

RECEIVED THE STOCK ITEMS LISTED IN COL. 1 AND THE QUANTITIES SHOWN IN COL. 3

DOCTOR'S SIGNATURE: _____ DATE: _____

FOR OFFICIAL USE BY HSE

ORIGINAL OF THIS FORM AND COPIES 1 AND 2 TO BE SUBMITTED BY DISPENSING DOCTOR TO THE LOCAL HSE OFFICE.

CMSoc

3.10.4 Quantity of Stock Held

Medicines, drugs and appliances should only be supplied to a dispensing doctor on receipt of a stock order form fully completed by her/him that has received prior approval from the Community HSE Pharmacist.

Pharmacists should note that they are responsible for ensuring that the stock items supplied are of the description, specification and quantity as set out in the Stock Order Form and that

they are well within expiry date (with a minimum shelf life of twelve months), undamaged and otherwise of a quality and condition suitable for use.

3.10.5 Order Forms for Syringes, Needles and Dressings (Pink)

The Order Form should be used by all participating doctors to obtain supplies of Non-Insulin Disposable Syringes and Needles combined or separate. Dressings for use by doctors in their surgeries in respect of their GMS patients should be ordered on the Order Form from the list of Dressings reimbursable under the Scheme (PCRS Online Service > List of Reimbursable Items).

Order Forms must have the following entries completed before being given to a pharmacist. Doctors must

- have the name and address of the pharmacy entered in the space provided
- write or stamp their own name and address on the original and copy
- write their signature
- enter their computer sequence number in the space provided
- insert the date on which the special order form is issued and
- clearly indicate in columns 1 and 2 the size and quantity of the item(s) required.

The Declaration at the foot of each Order Form regarding receipt of stock items should **not** be signed and dated until doctors have checked the stock received (and completed column 3 – Quantity received) against what was ordered so that any discrepancies, such as items ordered but not supplied or supplied in part only, are identified at that stage.

GENERAL MEDICAL SERVICES
ORDER FORM FOR NON-INSULIN DISPOSABLE SYRINGES, NEEDLES AND DRESSINGS

TO: PHARMACY ADDRESS DOCTOR'S NAME ADDRESS SIGNATURE

PLEASE SUPPLY ME WITH THE UNITS OF STOCK LISTED IN COLS. 1 AND 2 BELOW

ITEM	1 STOCK REQUIRED		3 Quantity Received	4 MONTH SUPPLIED		5 Computer Units Supplied	6 This Col. is for Official Use (please leave blank)
	One item per line, cancel unused lines			4 Drug Code	5 Computer Units Supplied		
1		2 Quantity Required					
2							
3							
4							
5							
6							
7							

DATE: MONTH YEAR DAY MONTH YEAR DAY MONTH YEAR

PHARMACY SHOULD COMPLETE THIS ORDER FORM WITH

RECEIVED THE STOCK ITEMS LISTED IN COL. 1 AND THE QUANTITIES SHOWN IN COL. 3

DOCTOR'S SIGNATURE: _____

DATE: _____

FOR OFFICIAL USE BY LOCAL HEALTH OFFICE

THIS ORDER FORM SHOULD ONLY BE USED FOR OBTAINING SUPPLIES OF
 (a) 2ml, 2.5ml, 5ml AND 10ml NON-INSULIN DISPOSABLE SYRINGES, WITH OR WITHOUT NEEDLES AND
 (b) DRESSINGS FOR USE IN DOCTORS SURGERY WHICH ARE INCLUDED IN THE LIST OF DRESSINGS PAID FOR BY THE BOARD.
 IT SHOULD BE NOTED THAT PAYMENT WILL NOT BE MADE FOR ANY OTHER ITEM SUPPLIED

3.10.6 Termination of Pregnancy Service (Blue)

Termination of Pregnancy (ToP) Services in the community setting were commenced by the HSE on the 1st January 2019. The medicinal products, Mifepristone and Misoprostol are available to order by approved providers (GPs and designated centres) through the Stock Order system from Community Pharmacies. Approved providers are provided with the blue stock order form. It is essential that the quantities ordered are in line with the expectation of service needs at the medical practice.

Initial pharmacy authorisation by the HSE to access stock from the supplier can take a maximum of 48 hours. This is a once-off process and the pharmacy will be authorised to obtain

stocks of product thereafter. Pharmacies notify the HSE by forwarding the scanned copy of the blue stock order forms to pharmacy.response@hse.ie.

It is important that Stock Order Forms are completed correctly. The following must be in the spaces provided:

- The name and address of the pharmacy,
- The Doctor's name and address and GMS contract number or Clinic identifier,
- His/her signature, written in ink,
- The date on which s/he wrote the stock order,
- List the stock item(s), strength and quantity of the item(s) required. **Quantities should correspond to the pack size of the product and be such that they fulfil the service requirement in the surgery at that time.**
- The administrative code for each product supplied. Each line of a stock order form should be coded and only one item must be entered on each stock order line.
- The dispensing Doctor must at a later date sign and date the stock order form certifying that s/he has received the stock item(s) as ordered.

The top copy of the Stock Order Form should be submitted to PCERS for reimbursement and claimed as a 'Pink Stock Order Form' with invoice attached at the end of the month.

4. Reimbursement Arrangements

The PCERS maintains lists of items for which contractors are reimbursed in accordance with GMS and Community Drug Schemes. Lists of these items and the reimbursement price can be displayed and downloaded from the PCERS website at www.pcrs.ie > List of Reimbursable Items. Contractors should continue to refer to existing information sources for definitive rules regarding prescribing / dispensing eligibility.

A code number of five figures is assigned to a specific pack of each product or standard preparation. When this number is submitted electronically for payment it will identify the product or preparation dispensed and the pack from which it was dispensed. The quantity dispensed must also be indicated and correspond to the prescription.

4.1 Extemporaneous Preparations

4.1.1. General Medical Services Scheme Extemporaneous Preparations

For GMS extemporaneous preparations electronically submitted; the relevant code should be transmitted along with a description of the preparation, formula used, the quantity dispensed and the ingredient cost as per the Health Professionals (Reduction of Payments to Community Pharmacy Contractors) Regulations 2013. The claiming code will trigger the relevant extemporaneous fee and VAT amounts where applicable.

Codes	Description	Amount
99159	Oral Medication	€6.53
99160	Compounding of Dispensing Powders	€19.60
99161	Compounding of Ointments or Creams	€13.07

4.1.2 Community Drug Schemes Extemporaneous Preparations

For DPS/LTI/HAA extemporaneous preparations electronically submitted; the relevant code should be transmitted along with a description of the preparation, formula used, the quantity dispensed and the ingredient cost as per the Health Professionals (Reduction of Payments to

Community Pharmacy Contractors) Regulations 2013. The claiming code will trigger the relevant extemporaneous fee and VAT amounts where applicable.

Codes	Description	Amount
99166	Eye drops	€13.68
99167	Ear and nasal drops	€10.93
	Mixtures	
99168	Up to 100 ml	€10.94
99169	101 ml to 200 ml	€14.97
99170	201 ml to 300 ml	€17.04
99172	301 ml and over	€22.53
	Lotions	
99173	Up to 100 ml	€10.89
99174	101 ml to 200 ml	€15.24
99175	201 ml to 300 ml	€17.12
99176	301 ml and over	€22.74
	Ointments and Creams	
99177	Up to 30 g	€13.76
99178	31 g to 60 g	€18.64
99180	61 g to 120 g	€23.97
99181	121 g to 240 g	€28.90
99182	241 g and over	€34.27
	Powders	
99183	Up to 20 sachets	€20.44
99184	Thereafter per 20 sachets (pro rata)	€12.26

Extemporaneous codes must not be used for preparations that are coded and on the Reimbursement List, even though at times they may have to be prepared extemporaneously, e.g. reconstitution of an antibiotic medicinal product from dry powder to form an oral suspension.

4.2 Non GMS Listed Ostomy and Urinary Products, Incontinence Products, Infertility Drugs, and Unauthorised Medicines

Non GMS (i.e. DPS / LTI / HAA) listed Ostomy and Urinary Products, Incontinence Products, Infertility Drugs and Unauthorised Medicines should be submitted as exceptions with copy invoice attached and coded as follows:

Ostomy/Urinary	to pay 1 fee	VAT Code 1 (0%) 77770
	to pay 1 fee	VAT Code 3 (23%) 77771
Dressings	to pay 1 fee	VAT Code 3 (23%) 77720
Incontinence Products	to pay 1 fee	VAT Code 1 (0%) 77730
	to pay 1 fee	VAT Code 2 (23%) 77731
	to pay 1 fee	VAT Code 3 (23%) 77732
Infertility Drugs	to pay 1 fee	VAT Code 1 (0%) 77740
	to pay 1 fee	VAT Code 3 (23%) 77741
Unauthorised Medicines	to pay 1 fee	VAT Code 1 (0%) 77750
	to pay 1 fee	VAT Code 3 (23%) 77751
Food Supplement Products	to pay 1 fee	VAT Code 2 (13.5%) 77752

*VAT rates are correct as of January 2020

Where a Pharmacist wishes to claim in respect of one of these circumstances s/he will use the appropriate code and insert the quantity dispensed in the quantity field.

N.B. In addition the exact quantity of each item supplied must be specified in writing for clarification in the Drug Name and Strength panel.

A copy of the relevant invoice is required and must accompany such claims. In all cases where an invoice is not attached, the claim will be rejected for payment.

4.3 Exempt Medicinal Products

Certain Exempt Medicinal Products (EMPs) have been provided with administrative codes. Where the coded medicines are prescribed for Medical Card Patients on properly completed GMS prescription forms, you can dispense and claim for the products electronically using the

codes specified, submitting them in the normal manner with your monthly claims. In addition, the list of products with their claiming codes should be used for claims under the DPS and, where applicable, LTI and HAA schemes.

You are reminded that EMPs must be Consultant initiated. Pharmacists should document which Consultant initiated the therapy and the hospital that the patient attended. The HSE will accept a GP prescription where the Dispensing Pharmacist is satisfied that the product has been Consultant initiated.

Doctors and Pharmacists must ensure that the usage of EMPs is minimised to those situations where no suitable licensed alternative is available for the patient and should recognise the importance of using a licensed alternative where possible. Where an EMP needs to be prescribed, the Doctor and Pharmacist are asked to ensure the patient understands that their medicine is not licensed in Ireland.

The protocol for Supply of Exempt Medicinal Products (EMPs) under the GMS and Community Drugs Schemes is as follows:

- a) The medicinal product concerned should be an 'allopathic' medicinal product which has been industrially produced and which is appropriate for use in the Community
- b) The medicinal product concerned should be such that no authorised medicinal product of essential similarity is available for prescription and supply under the Community Drug Scheme concerned
- c) The prescription concerned should be written or initiated by a medical consultant who is aware of the unauthorised status of the medicinal product concerned and who has informed the patient of the situation
- d) The dispensing Pharmacist has also informed the patient of the unauthorised status of the medicinal product prescribed and that its quality, safety and efficacy has not been established in this country
- e) The medicinal product concerned is not being advertised or promoted in the State either as such or in any trade catalogue or price list in circulation in the State
- f) The application made for reimbursement is accompanied by a copy of the invoice in relating to the supply of the medicinal product to the Pharmacist concerned and, if necessary, is supported by an explanation of the special circumstances which required the supply of the unauthorised medicinal product
- g) The medicinal product concerned has been written on a prescription form as the only item on the form

- h) The cost of the medicinal product concerned should be reasonable in the context of medicinal products ordinarily supplied and used in the Community and be of a category which, if it were authorised, would be eligible for reimbursement in the Community Drug Scheme concerned
- i) The original prescription or a copy thereof, together with appropriate records of supply, is retained in the pharmacy and kept available for inspection as required.

Please note that EMPs not coded, where prescribed for a person with GMS eligibility by a Hospital Consultant, will require individual approval at local level and subsequent submission to that office for payment under the Discretionary Hardship Arrangements.

Approval should be sought via PCERS for EMPs not coded to ensure that payment will be authorised through exceptional ('777') arrangements under Community Drug Schemes (section 4.2). Novel items will require completion of an Individual Reimbursement Application Form (Appendix) by the hospital prescriber for consideration of reimbursement support.

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

If you have any queries in relation to EMPs, please contact PCRS.ExemptMed@hse.ie.

4.4 Phased Dispensing

There are a number of reasons previously agreed as appropriate for claiming phased dispensing fees.

1. At the request of a patient's physician;
2. Due to the inherent nature of a medicinal product i.e. product stability and shelf life;
3. Where a patient is commencing new drug therapy with a view to establishing patient tolerance and acceptability before continuing on a full treatment regime;
4. In exceptional circumstances where the patient is incapable of safely and effectively managing the medication regimen

Since 1st May 2017, prior approval for 'phased dispensing' claims are necessary for subsequent reimbursement claims to be paid under Reasons 1 and 4.

Prior approval is not required under Reasons 2 and 3, which are very occasional and specific in nature. The rate of such claims continue to be monitored and can be added to the arrangements if necessary.

Phased Dispensing Approval Request screens are available on the Pharmacy Application Suite for completion. For phased dispensing fees to be payable, Pharmacy users must first enter a valid Medical Card Number and identify either Reason 1 or Reason 4 as the reason that the patient requires a phased dispensing service. This must be done prior to providing a phased dispensing service to the patient.

Where the GP has made a request to the dispensing pharmacy by inserting the words 'phased dispensing' on the face of the prescription, Reason 1 should be chosen, with a copy of the GP prescription displaying the doctor's instruction for phased dispensing scanned or photographed and attached on the application suite before submission.

In exceptional circumstances where the patient is incapable of safely and effectively managing their medication regimen, it remains available for the Pharmacist to make that determination as a sole practitioner. However, in those circumstances where the Pharmacist has assessed the patient risk and made the determination that exceptional circumstances apply, Reason 4 must be chosen. Where the following criteria can be confirmed, it is highly likely that the patient will be approved in a very short timeframe:

- Patient is over 80 years
- Patient is on one or more psychotropic medicines (with the 5 digit codes of the relevant medicines provided)
- Patient is on 5 or more oral medicines in a month.
- PSI Registration of Pharmacist conducting the assessment
- Date of Pharmacist assessment of patient

The Phased Dispensing Application System can be found in the Pharmacy Application Suite under Claiming.

If one or more of the above confirmations cannot be provided, the application will require further assessment and it may be 24 hours (Monday to Friday, or the first working day after a

weekend) before approval or non-approval will be communicated back to the pharmacy by the PCERS through the application suite. While the application is under consideration, 'pending' will be displayed on the screen.

If an application for a phased dispensing service is 'Not Approved', and the Pharmacist wishes to appeal the HSE decision in this regard, an appeal can be registered by the Pharmacist by providing additional information on the patient's particular circumstances to the HSE Pharmacist in whose operational area of responsibility the pharmacy is located.

It is important for audit purposes that supporting documentation can be provided to the HSE on request or during inspections to substantiate such supply to include the dates of each multiple supply occasion.

4.4.1 Monitored Dosage Systems / Blister Packing

It is important to note that Monitored Dosage Systems (MDS) / blister packing and phased dispensing are two separate processes. Phased Dispensing requires the patient to present to the pharmacy on multiple occasions in the month e.g. each week for dispensing of medicines whereas blister packing is where the medication is given in one visit and is packaged to indicate when medication should be taken. MDS / blister packing are not reimbursable services by the HSE.

4.4.2 Phased Dispensing on Other Schemes

By express statutory provision, phased dispensing has been confined to the GMS Scheme by The Health Professionals (Reduction of Payments to Community Pharmacy Contractors) Regulations, 2013.

4.4.3 Patients Residing in Nursing Homes

You are reminded that where nursing supervision is available in a patient's residential setting, phased dispensing claims should not be submitted but in any event, will not be reimbursed. Some claims are presented as four separate prescriptions each for one week's supply. It

remains our position that such attempted circumvention of the HSE's previously stated policy regarding nursing home patients is not acceptable for reimbursement.

Frequently asked questions regarding Phased Dispensing are available in Circular 016/17.

4.5 Balance of Stock on Hand

Where, in order to meet the requirements of an expensive prescription, a contractor is obliged to purchase a larger quantity than prescribed and where a portion of that pack remains on hand after an agreed period, the full cost of the balance of the pack will be paid to the contractor. To comply with this regulation the cost of the balance of the pack must be in excess of €12.70 and must not have been dispensed within three months prior to the claim being made, unless circumstances warrant otherwise, such as dated products expiring within the time period.

The pharmacist should produce the pharmacy copy of the relevant prescription, endorsed with the balance of stock on hand and the value of the claim, and the relevant invoice to the Community HSE Office, who will in turn forward the documentation to the Primary Care Eligibility & Reimbursement Service for processing.

4.6 Monthly Quantities under the Drugs Payment Scheme

The packaging of some drugs and medicines in '28 days' packs appears to be causing difficulties for some Pharmacists when dispensing under the Drugs Payment Scheme. It is a condition of the scheme that no individual or family grouping will pay more than relevant co-payment as set out in Regulations, (i.e. co-payment x 12 in a full year). A second co-payment (in the same pharmacy) should only arise when a person is intentionally getting the next month's supply on the grounds that he/she will be away the following month or for other such reason. To ensure that an individual or family who are dispensed 28 days' supply each month make no more than 12 payments in a year, once in a 12-month period or periodically throughout the year a further 28-day supply can be given. The packaging will influence how this can be achieved. Quantities dispensed should correspond with the valid prescription recognising that clause 4(2) of the Community Pharmacy Contractor Agreement allows for professional judgement and discretion.

4.7 Special Drug Requests

Due to the budget impact associated with certain medicine, PCERS introduced a reimbursement application system. The following medicines require prior-approval to be in place before reimbursement status is granted;

Product	Who can submit the application?
Direct Oral Anticoagulants: <ul style="list-style-type: none"> • Dabigatran • Edoxaban • Rivaroxaban 	The physician responsible for the management of the patient's anticoagulation
Fampridine (Fampyra®)	Consultant Neurologist
Additional Blood Glucose Test Strips	Hospital (Consultant Endocrinologist or Diabetic Nurse Specialist) or GP
Lidocaine 5% Medicated Plaster (Versatis®)	Hospital Clinician or GP
Valsartan/Sacubitril (Entresto®)	The physician responsible for the initiation of treatment
FreeStyle Libre (Flash Glucose Monitoring) Sensor	Consultant Endocrinologist
Non-first line Standard Oral Nutritional Supplements	Hospital (Doctor or Dietician), HSE Dietician or GP
PrEP (Pre-exposure Prophylaxis)	PrEP prescriber approved by the HSE Sexual Health Programme

Approval can be confirmed through the 'Secure Scheme Checker' under 'Patient Specific Arrangements'. Pharmacies can dispense and claim for the approved item electronically using the administrative code for the product, submitting in the normal manner with monthly claims. Claims submitted for patients who are not approved will not be paid.

4.8 Tuberculosis (TB) Medication

In line with the Infectious Diseases Regulations 1981, medication for Notifiable Diseases such as TB are provided free of charge regardless of scheme. Community pharmacies can submit their claims to the relevant Local Health Office (LHO), which then submits the request to PCERS using screens at local level. The PPSN is not necessary. Some medicinal products, for example Rifater (rifampicin, pyrazinamide and isoniazid) are already GMS reimbursable and can be claimed in the normal manner under GMS and Community Drug Schemes. Other

drugs such as Ethambutol are provided with administrative codes under the Exempt Medicinal Products (EMP) List.

4.9 Third Party Verification

The person receiving the dispensed items under GMS and Community Drug Schemes should acknowledge receipt of the supply of the medications listed, on the dispensing date as stamped by the pharmacist on the form. The person signs the GMS Prescription or the Unified Claim Form in the section provided. There is no requirement to provide a copy of the signed GMS prescription form to the patient.

When a person other than the named person on the prescription is collecting their medicines, the patient's nominee should sign the GMS prescription or the Unified Claim Form and the relationship of that person to the named person on the prescription should also be recorded in the space provided.

4.9.1 Emergency Supply

Where it is necessary to invoke the emergency provisions of the Prescription legislation, the Pharmacist can annotate on the claim that it relates to an emergency supply. The number of occurrences of emergency supply should be low if the requirements of the relevant legislation is respected.

4.9.2 Relationship of Person Collecting

The pharmacist should be satisfied that the person collecting medication on behalf of a patient is acting on behalf of the patient. The relationship of the person collecting the medication could reflect that they are a relative; carer; neighbour; friend; partner etc. There is no minimum age specified in the Regulation of Retail Pharmacy Businesses Regulations 2008 or PSI guidelines at which a person can collect a prescription-only medicine either for themselves or on behalf of someone else, where they have been given authority to do so. However, the pharmacist has a professional and legal responsibility to ensure that medicines are supplied safely from a pharmacy to the relevant patient along with sufficient information on how to take the medicine safely and as prescribed, and that they know how to store the medicine. The Pharmacist must be satisfied that the person collecting the medicine has been authorised to

do so by the patient and is of a sufficient age and maturity to safely deliver the medicine to the patient with any relevant information.

4.9.3 Nursing Home GMS Residents

On admission to a nursing home, patients are normally asked to give consent for the supply of their medication from a named pharmacy. The HSE / PCERS will accept the signature of the person in charge of a nursing home or their nominated staff member to sign and acknowledge receipt of the medication listed, on the dispensing date as stamped by the pharmacist on the form.

4.9.4 Literacy Challenges

Literacy challenges arise in a number of circumstances for patients in their interaction with the health services. The following provisions apply for patients who are applicants for state schemes and these are acceptable for third party verification:

- The signature can be considered verified where the patient signs their name;
- The patient may nominate an advocate to act on their behalf and in this situation the advocate signs;
- A patient wishing to represent themselves may place their 'mark' on the space for signature.

This may be witnessed by a person who signs and dates the form.

It should be possible for pharmacists to secure a signature in the majority of instances. The HSE/PCERS will reimburse pharmacists who dispense prescribed medicines in good faith to eligible patients, and who have made reasonable efforts to obtain signatures from the patients and/or their representatives.

Please note that it is a requirement by the HSE under Community Schemes that third party verification is received, and third party verification is required in order to properly present a valid claim for reimbursement.

4.10 Data Protection

The General Data Protection Regulation (EU) 2016/679 (GDPR) and the Data Protection Act 2018 oblige the HSE to put in place a data processor agreement, to cover those specific circumstances when activities undertaken, under your contract with the HSE, constitute data processing on behalf of the HSE.

The Data Processor Agreement is visible on the Pharmacy Application Suite and you must confirm acceptance of the agreement for continuing access to the Pharmacy Application Suite.

Data protection breaches, relating to data under the control of the HSE must be notified, without delay to: PCRS.DataProtetion@hse.ie.

The PCRS Privacy Statement is available at www.pcrs.ie.

5. Prescription Information

5.1 Prescription Forms and Dispensing Requirements

Prescription forms must be completed in a clear and legible manner. Each Form must be dated and bear the name, address and valid medical card number of the patient. Name, strength, quantity and dosage of the preparation to be supplied must be clearly shown. Each form must bear the name, address and full signature of the prescribing doctor. Doctors should use their own personalised GMS prescription forms when prescribing for eligible patients of their partners or colleagues. The computer number of the doctor, shown in the space at the top right-hand corner of the prescription form, must not be obscured or obliterated. Incomplete or incorrect prescription forms may be rejected for payment to the pharmacist.

Prescriptions, whether for controlled preparations or otherwise, must conform to all legal requirements. Where any drug or preparation, the use of which is controlled by the Misuse of Drugs Regulations 1988 and 1993, is prescribed, the prescriber must comply with the requirements of Article 13 of the 1988 Regulations on the issuing of prescriptions for such drug or preparation. A prescription for items subject to the Medical Preparations (Prescription and Control of Supply) Regulations, 2003 (S.I. No. 540 of 2003) is required to “be in ink and be signed by the person issuing it with his usual signature and be dated by him.”

The prescriber must sign and date alterations and additions.

Where a prescription is incomplete, in that the prescriber has omitted one of the following: the quantity to be dispensed or the strength to be supplied where more than one strength is available or the dosage instructions from the prescription the prescriber should be contacted where this is possible and the prescription dispensed as follows:-

Where the prescriber can be contacted – the prescription should be dispensed in accordance with the prescriber’s wishes and the missing details inserted by the prescriber and signed by him/her.

Should it not be practicable to have the missing details inserted by the prescriber, the pharmacist may with the agreement of the prescriber, add the relevant details required, initial and date the endorsement, and indicate that the prescriber was contacted – PC (Prescriber Contacted).

Where the prescriber cannot be contacted: If the pharmacist has sufficient information to make a professional judgment s/he may dispense a sufficient quantity of the preparation for up to 7 days treatment depending on the nature of the prescribed item. Where, from experience of

the patient's previous requirements the Pharmacist is satisfied that a greater quantity is justified s/he may dispense up to one month's supply. The Pharmacist should then: - Add the relevant details required, Initial and date the endorsement, and Indicate that the Prescriber could not be contacted – PNC (Prescriber Not Contacted).

It must be emphasised that a claim should not be made where the prescription related to the claim is not submitted. Neither is it appropriate to add items to a prescription, even when it has been previously dispensed for the patient. Where claims have been paid and the relevant prescriptions have not been submitted and these matters come to light through post processing reviews or inspections, such monies will be automatically recouped. Such behaviour by a contractor may be found to constitute a fraudulent claim against the HSE.

Where the prescription is typed, the PCERS may not reimburse for items that are handwritten onto the prescription unless they are countersigned in the prescribers own handwriting. Where there is an unauthorised addition of an item (s), it will not be paid i.e. the addition of an item as opposed to a change in the strength / quantity of an item.

5.2 Community Registered Nurse Prescribers

Nurses and midwives can be authorised to prescribe medicinal products. The Irish Medicines Board (Miscellaneous Provisions) Act 2006 provided for amendment to the definition of practitioner for the purposes of nurse and midwife prescribing. Under the Nurses and Midwives Act 2011, the Nurses Rules, 2010 continue to have force as a statutory source of prescriptive authority: the Nurses and Midwives Rules, 2013 are supplemental to the Nurses Rules, 2010. The legislation allows registered nurses or midwives who have:

- 1 Completed an approved education programme;
- 2 Appropriate clinical experience;
- 3 Registered with An Bord Altranais (Irish Nursing Board) as a Registered Nurse Prescriber (RNP);
- 4 Authority from the health service provider who employs them to prescribe a range of medications within their scope of practice.

Personalised GMS Prescription Forms should be completed in the usual manner.

The Community RNP is issued with a Primary Care Prescription Pad in book format with an original and three copies with a facility to record the RNP's Professional Identification Number (PIN):

- Original – for presentation by the patient to the pharmacist
- Copy 1 – for the pharmacist records
- Copy 2 – for the GP records
- Copy 3 – for inclusion in the patients clinical notes maintained by the RNP

PRIMARY CARE PRESCRIPTION FORM										
NAME OF PATIENT					OPT OUT OF GENERIC SUBSTITUTION					PHARMACY SEQUENCE NO.
DATE		ADDRESS OF PATIENT			ITEM NO.	REASON				DISPENSING PHARMACIST'S PROFESSIONAL REG. NO.
NOT OPERATIONAL										
HEALTH ELIGIBILITY NO.					GMS	DPS	LT	HAA	UR	PRESCRIBER'S GMS NO.
PPS NUMBER					GMS	DPS	LT	HAA	UR	PRESCRIBER'S PROFESSIONAL REG. NO.
Name, Formulation, Prescribe Strength, Dosage & Quantity must be stated					Age if under 12 years	Years	Mths	PHARMACIST MUST COMPLETE THIS PART		
					Month Dispensed			Qty. Supplied		
					Drug Code			Qty. Supplied		
I CONFIRM THAT THE PRESCRIPTION ABOVE ADHERES TO CURRENT HSE GUIDELINES <input type="checkbox"/>					PHARMACY STAMP AND COMPUTER NUMBER					SERIAL NO.
PRESCRIBER'S SIGNATURE _____					RECEIVED BY _____ <small>TO BE SIGNED BY PATIENT (OR REPRESENTATIVE)</small>					

RNPs employed in: acute/specialist hospitals; mental health services; private hospitals; private nursing homes and general practice will not be issued with Primary Care Prescription Pads.

5.2.1 Prescribing of Controlled Drugs

Your attention is drawn to the particular restrictions on RNPs prescribing controlled drugs (Schedules 2 and 3), details of which are set out in the Misuse of Drugs (Amendment) Regulations 2007. This can be accessed inter alia on the Pharmaceutical Society of Ireland

Website, at www.thepsi.ie and alternatively on www.irishstatuebook.ie. It should be noted that RNPs are not authorised to prescribe methadone.

5.2.2 Prescribing and Dispensing Requirements

With regard to these prescriptions, the Misuse of Drugs Regulations, 2017 and the Medicinal Products (Prescription and Control of Supply) Regulations, 2003 and amendments apply in full.

1. Medicinal preparations containing a drug which is the subject of an entry in Schedule 1A of the Medicinal Products (Prescription and Control of Supply) Regulations, 2003 are not repeatable unless the doctor explicitly specifies in writing, "Repeat (once or twice)".

Prescriptions for Schedule 1A (S1A) Drugs which are not specifically so indicated cannot be repeated. Preparations containing or consisting of the following are among those covered by Schedule 1A: antibiotics, antidepressants and hypnotic drugs.

2. Controlled drugs in Schedules 2 and 3 of the Misuse of Drugs Regulations should not be written on, or dispensed on foot of, a repeat prescription under any circumstances.

5.3 Authentication of Prescriptions

There have been several instances when medicines were supplied in good faith on foot of GMS prescription forms where such forms were either, duly issued by a doctor and altered with intent to deceive, or, stolen from a doctor and issued with fraudulent intent by a person without authority to prescribe.

If any irregularity is suspected, pharmacists have the obligation and the entitlement to make enquiry of the person presenting the prescription. Pharmacist should satisfy themselves regarding the bona fides of persons presenting prescriptions (including GMS and other prescription forms) which have been issued, or purport to have been issued, by doctors in areas far removed from the pharmacists' own Community.

GMS panel doctors have been informed to report stolen GMS prescriptions/pads to the Gardaí as soon as possible. Once reported to the Gardaí GPs should report the incident to the

Business Performance Unit at the Primary Care Reimbursement Service or email StolenRX@hse.ie. The HSE will then contact local Pharmacies in the area.

The Primary Care Reimbursement Service can only accept for payment prescriptions that have been signed in full by the doctor in ink.

5.4 Unsigned GMS Prescription Forms

Unsigned GMS prescription forms submitted to the Primary Care Eligibility & Reimbursement Service will not be paid and will report on the Detailed Payment Listing, with the message **“Form not signed by doctor”**.

The procedure for reclaiming payment in respect of items dispensed on unsigned forms is as follows.

- In the case of prescriptions for S1A and S1B medicines, the corresponding pharmacy copy should be signed by the prescriber and submitted for payment.
- For Schedule 2, Schedule 3 and Schedule 4 Part 1 controlled drugs a standard GMS prescription form, written and signed by the prescriber in accordance with the requirements of the Misuse of Drugs Regulations, should be marked ‘DUPLICATE’ and submitted for payment together with the relevant Reclaim Listing. The pharmacist’s Sequence Number of the original form should be shown on the replacement form.
- Pharmacists should not accept prescriptions which are not written in compliance with Regulation 15 of the Misuse of Drugs Regulations 2017. There is no entitlement to payment for prescriptions which do not comply with legal requirements. Where a pharmacist suspects that a Medical Practitioner is abusing controlled drugs, the Medical Practitioner should be reported to the HSE and should co-operate with the HSE in that matter. The pharmacist can contact - benzoassist@hse.ie

5.5 Illegible Patient Numbers on GMS Prescription Forms

Prescription forms that have 'illegible' numbers in the patient number area make identification of such claims in a reject situation almost impossible. The majority of claims containing 'illegible' patient numbers arise on 'Repeat' forms. The incidence of Repeat Prescription Forms with illegible patient numbers could be reduced if pharmacists, when dispensing Part 1 or 2 of a Repeat Prescription Set, ensured that the carbonised entries in the Patient Number area are legible and that the patient number corresponds with the Patient Number on the original prescription form (Part 3). If necessary the Patient Number could be written on Part 1 or Part 2 by the pharmacist in a manner that would not obscure details entered by the doctor.

The use of any erroneous card numbers in the absence of a valid card number will not be accepted for payment.

5.6 Carbonised or Copied Prescriptions

Prescriptions that have been carbonised or copied from one GMS prescription form onto another GMS prescription form, apart from possible legal implications, do not meet Primary Care Eligibility & Reimbursement Service requirements and should not be dispensed. Post-dated prescription forms should be dispensed only in accordance with the doctor's instructions and submitted for payment to the Primary Care Eligibility & Reimbursement Service in the appropriate processing month.

The Primary Care Eligibility & Reimbursement Service may raise particular instances with the health professionals concerned.

Submitting Supporting Documentation at Month End:

- All prescriptions should be date stamped with the date of dispensing and must be within six months of the date of prescribing (other than controlled drugs which must be dispensed within 14 days of prescribing).
- The person collecting the dispensed items must sign for receipt of same in the space provided on the claim form. When a person other than the person named on the prescription is collecting drugs/medicines under this arrangement the

relationship of such person to the GMS named person should be recorded on the form.

- All paperwork must be submitted in form number order.
- In instances where there is no supporting paperwork, the value of these claims may be recouped.
- The Summary Form must be completed accurately in respect of all schemes.

5.7 Incomplete GMS Prescription/Stock Order Forms

Pharmacists are obliged to supply medicines and appliances on foot of a properly completed prescription or stock order form in accordance with the terms and conditions of the pharmacist's Agreement with the HSE.

The Primary Care Eligibility & Reimbursement Service has the obligation in calculating and making payments to verify the accuracy and reasonableness of claims and accordingly has the right to seek clarification or to require that a prescription form or stock order form be returned to the prescribing or dispensing doctor for completion and/or clarification as a prerequisite to payment.

Where a prescription presented to a pharmacist is incomplete, in that the prescriber has omitted *one* of the following:

- the quantity to be dispensed **or**
- the strength to be supplied where more than one strength is available **or**
- the dosage instructions from the prescription

Where possible the prescriber should be contacted and the prescription dispensed as follows:

1. Where the prescriber can be contacted:

The prescription should be dispensed in accordance with the prescriber's wishes and the missing details inserted by the prescriber and countersigned by him/her. Should it not be

practicable to have the missing details inserted by the prescriber, the pharmacist may with the agreement of the prescriber:

- Add the relevant details required.
- Initial and date the endorsement, and
- Indicate that the prescriber was contacted – P.C. (Prescriber Contacted).

2. Where the prescriber cannot be contacted:

If the pharmacist has sufficient information to make a professional judgement s/he may dispense a sufficient quantity of the preparation for up to seven days treatment depending on the nature of the prescribed item. Where, from experience of the patient's previous requirements the pharmacist is satisfied that a greater quantity is justified s/he may dispense up to one month's supply. However the smallest pack quantity must be dispensed in the case of combination packs (i.e. packs containing more than one medicinal product) and medicinal products for which pharmaceutical considerations dictate supply in the original unopened container. The pharmacist should then:

- Add the relevant details required.
- Initial and date the endorsement, and
- Indicate that the prescriber could not be contacted – P.N.C. (Prescriber not Contacted).

In the interest of patient care it is required that the pharmacist should subsequently inform the prescriber of the action he has taken.

5.8 Compliance with Statutory Requirements

A Controlled Drug may not be dispensed unless the appropriate statutory requirements are met. The Primary Care Reimbursement Service reserves the right to bring to the attention of the appropriate authorities serious breaches of statutory requirements that come to its notice.

5.9 Pack Sizes

- Where such terms as small, medium or large are used by the doctor in a prescription to indicate the quantity to be supplied, such prescription should be considered as being incomplete and dealt with as above or alternatively the smallest pack size should be dispensed.
- Where the quantity of a preparation prescribed does not correspond with an original pack size and it is **not feasible** to supply the exact amount prescribed the pharmacist may, in the exercise of his professional judgement and bearing in mind the nature of the product and his statutory obligations, supply the original pack size nearest to the quantity ordered.

5.10 Dressings and Appliances

- Where the size (but not the quantity) of any dressing has been omitted by the doctor from the order form, the most appropriate size should be supplied.
- Where the quantity (but not the size) of dressing has been omitted by the doctor from the order form, a single unit/piece/pack of the specified item should be supplied.
- In certain cases, such as ostomy appliances, units should be supplied unopened as received from the supplier.

5.11 Parallel Imported Products

Each of the parallel imported products on the List of Reimbursable Items has a separate unique GMS code number from the originator medicinal product pack. Where a parallel import

is dispensed the pharmacist must ensure that the correct GMS code number is entered on the claim form so that the appropriate payment is made.

5.12 Request for the Production of Invoices

From time to time the Primary Care Eligibility & Reimbursement Service requests pharmacists to submit copies of relevant invoices to clarify and/or substantiate claims for payment relating to items which do not appear to be completely in order for payment. The Primary Care Eligibility & Reimbursement Service has a duty relating to the reasonableness and accuracy of payments and may withhold payment until it is satisfied that a claim is correct in every respect. Accordingly, when requested, pharmacists should submit invoices without delay and facilitate the correct payment of their claims as soon as possible. Retention of Invoices of medicinal products, as records under the Medicinal Products (Prescription and Control of Supply Regulations 2003 (as amended), must be held on the premises for a period of two years. These records should be readily available for inspection on request.

When submitting products under '777' arrangements (see section 4.2) an invoice must be submitted with the claim.

5.13 Owings Management

Pharmacists should only present a claim for reimbursement by the HSE in respect of items which are supplied on foot of a properly completed prescription in accordance with the Community Pharmacy Contractor Agreement.

Circumstances may arise in practice where the full quantity of a prescription item is not filled and supplied and, as a result, the pharmacy will temporarily owe their patient a balancing quantity. Such a balancing quantity should only be submitted for reimbursement where the pharmacist has a genuine expectation that the patient will return in the near future in line with Clause 1(1) of the Contractor Agreement to collect the remainder of their prescription, which is awaiting collection in the pharmacy.

Each contractor is encouraged to make arrangements with their software vendor to implement transparency regarding their management of owing and ensuring that owings are managed appropriately to ensure that invalid claims are not submitted to the PCERS misrepresented as supplied to patients.

5.14 Non-Dispensing Fee Claim

Pharmacies can claim a fee in respect of the exercise of professional judgment resulting in a decision by a pharmacist not to dispense a reimbursable item on foot of a GMS prescription form, Pharmacists must use the code 79999 and submit a cogent reason for the non-dispensing.

Where it is not clear that the Pharmacist has exercised their professional judgement leading to a decision not to dispense a GMS Reimbursable item, the fee will not be paid.

In circumstances where there is a repeated pattern of Non-Dispensing Fee claims, over several months, for the same prescribed items in respect of an individual patient, it would be expected that the prescriber be contacted to draw attention to the redundant prescribed items.

The following reasons specified are not acceptable for payment of the Non-Dispensing Fee;

- The item is not available i.e. stock shortage or product discontinuation situations,
- The item is delisted,
- The item is an owing to the patient or marked as 'collect later',
- Supply is not a lawful option i.e. the prescription is not valid ,
- Supply is not a contractually valid option i.e. Nicotine Replacement Therapy on a GMS Repeat Form,
- Where it has been indicated that the patient is deceased,
- The item is not required by the Nursing Home,
- The supply frequency according to the Summary of Product Characteristics is such that monthly dispensing's should not occur e.g. Prolia®, Mirena®, Nebido®, Implanon®, Depo-Provera®,
- Medicines that require prior approval by PCERS and for which the patient has not been approved. For example; Entresto®, FreeStyle Libre®, Fampyra®, Xarelto®.
- The amount of blood glucose test strips dispensed to a patient has reached the maximum approved quantity and the Non-Dispensing Fee is requested to be paid for not dispensing above the threshold,
- The patient has purchased the product 'over the counter',

- The item has been claimed under another scheme i.e. LTI eligibility,
- A maximum quantity is specified and has been claimed in the same calendar month e.g. medication for erectile dysfunction, Victoza®, Zyban®.

The Non-Dispensing Fee does not apply to stock order forms, as these are not patient specific. Additionally, the Non-Dispensing Fee cannot be claimed under the Hospital Emergency Scheme.

Under the GMS Scheme, where a Pharmacist supplies a GMS reimbursable item against a properly completed GMS Prescription Form, the appropriate fee will be payable. Where the Pharmacist has exercised professional judgement leading to a decision not to dispense a GMS reimbursable item, the Non-Dispensing Fee may be claimed.

5.15 Nicotine Replacement Therapies (NRT)

The Department of Health approved the reimbursement of Nicotine Replacement Therapy (NRT) for eligible GMS persons only with effect from the 1st April 2001.

- The quantity to be prescribed and dispensed on the initial prescription should be limited to two weeks supply in order to evaluate the success of the individual therapy
- NRT must be prescribed on a single GMS form
- Patients are not limited to a maximum duration of therapy
- More than one formulation (e.g. NRT patch and chewing gum) may be prescribed as per research involving dual support
- Under community drug schemes reimbursement for NRT is limited to the GMS scheme

Varenicline and Bupropion, classified as drugs used in nicotine dependence are reimbursable under GMS and Drugs Payments Scheme (DPS). PCERS accept claims for combined treatment of either Varenicline or Bupropion with NRT.

5.16 Drugs for Erectile Dysfunction

The Department of Health approved the admission of certain **oral** dosage forms of drugs used in the treatment of erectile dysfunction to the list of reimbursable items on the GMS and Community Drug Schemes. To ensure availability for genuine need, but to reduce the possibility of inappropriate usage, the maximum reimbursable level for oral dosage forms of drugs used in the treatment of erectile dysfunction is a total of four per month. This will apply whether or not more than one such oral medicinal product has been prescribed and dispensed for a patient in the same calendar month. The Primary Care Reimbursement Service will not reimburse quantities in excess of this level.

On 1st April 2017, the HSE ceased reimbursement of Phosphodiesterase type-5 (PDE5) inhibitors for the treatment of erectile dysfunction with the exception of low cost referenced priced products.

This decision applied to both branded and parallel imported products. Formulations reimbursed under the High Tech arrangements for other indications (e.g. Pulmonary Arterial Hypertension) are not affected.

5.17 Prolia® (Denosumab)

The recommended dose of Prolia is 60 mg administered as a single injection every 6 months. Where a claim is submitted in a shorter timeframe than expected for a patient using this medication, Pharmacists will see an error message on their detailed payment listings. Where this occurs, an automatic mark-down will be applied.

5.18 Victoza® (Liraglutide)

The maximum quantity allowed under GMS and Community Drug Schemes is one box of Victoza® per month (or a maximum of three pens). Prescriptions for Liraglutide at doses in excess of 1.8 mg are outside the licensed indication and may not be reimbursed.

5.19 Non-Drug Items

Certain non-drug items are available on the Reimbursement List;

- Clinical Nutritional Products
- Urinary Products
- Ostomy Products
- Wound Management Products
- Personal Diagnostic, Monitoring and Delivery devices

The HSE is satisfied that there is a range of non-drug items available to sufficiently cover patient requirements in the community setting.

Whilst Wound Management Products (i.e. Dressings) are not available to patients on GMS prescriptions, certain items are provided on the Reimbursement List for GP Stock Orders (Pink). Where there are no local arrangements in place to make supplies through the Public Health Nurse / Community Health Nurse at local level, applications can be submitted under Discretionary Hardship Arrangements for approval supported by a GP prescription.

Wound Management Products considered as Normal Nursing Needs that would be expected to be available as stock in residential settings will not be reimbursed.

Since January 2018, compression hosiery products have been provided with administrative codes. This means that where such products on the Reimbursement List are prescribed, they can be dispensed and claimed for electronically. Compression Hosiery will no longer require individual authorisation by the Local Health Office under Discretionary Hardship Arrangements. Reimbursement support is provided for two pairs per calendar year. Claims submitted outside the approved yearly threshold will not be reimbursed. This arrangement applies to medical card holders under the GMS scheme only.

5.20 Economic Prescribing and Dispensing on the GMS Scheme

Pharmacists should be mindful of their obligations under Clause 9 of the Community Pharmacy Contractor Agreement to facilitate the prescribing doctor in establishing the most cost effective treatment for a patient.

Doctors have been asked for their co-operation in securing whatever economies are possible without reducing the effectiveness of the service or affecting the best interests of patients. They have been asked to consider, when prescribing, whether there is an equally effective but less expensive medicinal product available.

6. Submission of Claims

Claims should be submitted on a monthly basis. The electronic submission of claims is now standard and offers the following benefits.

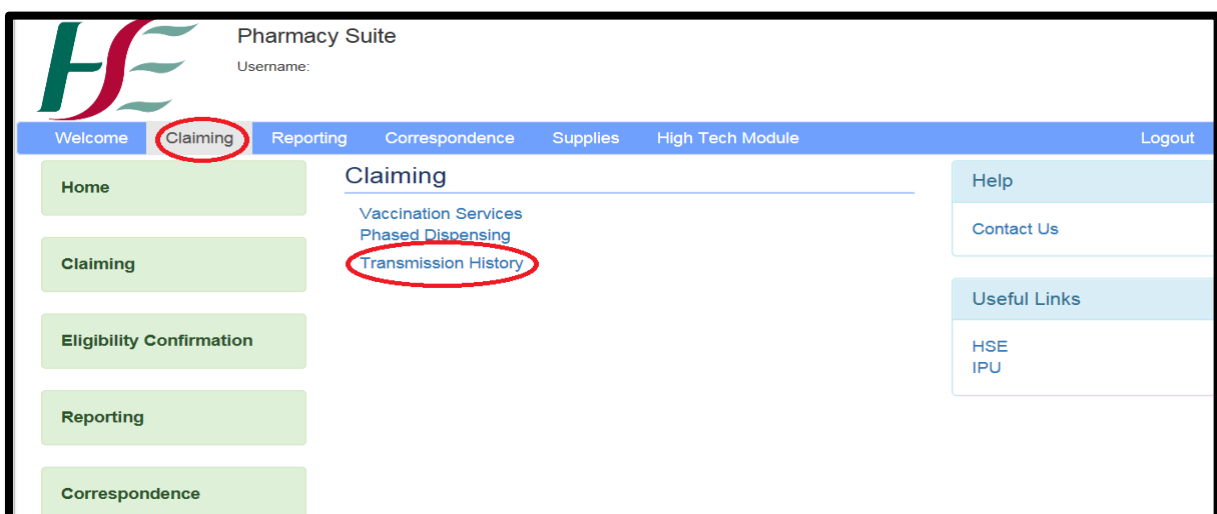
- Electronic submission and Early Pay of GMS, DPS, LTI, HAA and High Tech claims
- Integrated electronic correction claims
- Direct pharmacy to HSE claim submission
- SMS submission deadline reminders *
- SMS communication in event of Central Technical Issue at PCERS *

*To avail of SMS communication e-mail cert.info@hse.ie for a registration form.

6.1 Submission of 'Early Pay'

To qualify for early payment, electronic claims must be received by the PCERS no later than midnight on the **3rd working day of the month**.

Working days are defined as Monday to Friday, excluding public/bank holidays. As you submit your file, your software should confirm immediately that your file has been received by PCERS. If you are unsure if your file has been transmitted correctly a '**Transmission History**' file is available for review on the Pharmacy Application Suite.



In order to minimise the impact of unforeseen technical difficulties, either with telephone connections or technical problems with files or transmission issues, Pharmacists are advised to submit their initial claim file on the **1st day of the month**. For the fastest processing turnaround, avoid peak time queues during working hours. Where a Pharmacist leaves the transmission of their file until the last available day, they run the risk of unforeseen transmission issues that may result in their file not being received in the PCERS on time. PCERS will not accept files after the deadline for receipt has passed. In such an event the claims will not be processed in the early pay cycle. Claims submitted electronically and received at PCERS **after the 3rd working day and by midnight of the 7th day** of the month will be processed electronically and paid in the normal pay cycle.

Supporting paperwork must be received by close of business on the **5th of each month**. If the deadline falls on the weekend or bank holiday, it moves to the next available working day. Paperwork which is received after the close off date or not presented as requested will be put to one side and processed as time allows.

6.2 Submission of claims for 'Normal Pay'

Electronic claims must be received by the PCERS **by midnight on the 7th of each month**. Paperwork for electronic and manual claims must be received by close of business on **the 7th day**. If the deadline for paperwork falls on the weekend or bank holiday, it moves to the next available working day.

A schedule of submission dates for early and normal pay cycles is circulated annually. To ensure claims are submitted by the due dates it is recommended to place this calendar prominently within in your pharmacy.

Technical issues outside of the control of the PCERS are a matter for the Software vendor or the Pharmacist. PCERS cannot be held responsible for any technical issues that arise outside of our direct control. Pharmacy business should build a contingency into their submission schedule to deal with such unforeseeable technical problems that may arise from time to time. In addition, normal financial contingency arrangements are a matter for the pharmacist.

6.3 Exception Files

Exception files contain details of rejected claims for your examination, correction and re-submission. In the event that the whole file fails to load, the exception file will confirm this fact for your attention. Exception files are available for download **no later than 4 working days from receipt** and in most cases are available within 24 hours. There is no limit on the number of download and re-submission cycles. However, the final submission must be received in the PCERS **no later than midnight on the 8th working day**.

6.4 Submission of Supporting Paperwork

To ensure your claims are processed promptly, ensure the appropriate claim forms for the schemes are tagged together with a properly completed Summary of Claims Certificate at the top of the bundle.

FEIDhmeannacht Na Seirbhíse Sláinte
Health Service Executive
 Primary Care Reimbursement Service
 Unit 1-10 JS Plaza, North Park Business Park,
 Exit 5, M50, North Road, Finglas, Dublin 11, D11 PX70

CLAIM CERTIFICATE AND SUMMARY OF CLAIMS

GMS ONLY

Pharmacy Number: Month/Year:

	No. of forms
1. GMS Regular Claims (fully coded claims)	<input type="text"/>
2. GMS Exception Claims (Hospital emergency claims and all claims other than fully coded)	<input type="text"/>
3. GMS from previous month (Due to emergency dispensing)	<input type="text"/>
4. Stock Orders	<input type="text"/>
5. DTSS Regular Claims	<input type="text"/>

The items detailed on the claims referred to above have been dispensed by me in accordance with the prescribers instruction and have been supplied to the patient in the last claim month. I hereby claim the appropriate payment for supplies made to the patient or their agent.

Pharmacy Declaration:

Signed: _____ Date: _____

Pharmacy Name, Address and Stamp

Pharmacist Signature: _____ Date: _____

08/01/2018

FEIDhmeannacht Na Seirbhíse Sláinte
Health Service Executive
 Primary Care Reimbursement Service
 Unit 1-10 JS Plaza, North Park Business Park,
 Exit 5, M50, North Road, Finglas, Dublin 11, D11 PX70

CLAIM CERTIFICATE AND SUMMARY OF CLAIMS

DPS SCHEME ONLY

Pharmacy Number: Month/Year:

	No. of forms
1. DPS Regular Claims (fully coded claims)	<input type="text"/>
2. DPS Exception Claims (All claims other than fully coded)	<input type="text"/>

The items detailed on the claims referred to above have been dispensed by me in accordance with the prescribers instruction and have been supplied to the patient in the last claim month. I hereby claim the appropriate payment for supplies provided to the patient or their agent.

Pharmacy Name, Address and Stamp

Pharmacist Signature: _____ Date: _____

08/01/2018

HSE Feidhmeannacht Na Seirbhíse Sláinte
Health Service Executive

Primary Care Reimbursement Service
Unit 1-10 J5 Plaza, North Park Business Park,
Exit 5, M50, North Road, Finglas, Dublin 11, D11 PXT0

CLAIM CERTIFICATE AND SUMMARY OF CLAIMS

LTI, EEA and HAA SCHEMES ONLY

Pharmacy Number: Months/year:

1. LTI Regular Claims (Fully coded claims)	No. of forms <input type="text"/>
2. LTI Exception Claims (All claims other than fully coded)	<input type="text"/>
3. EEA Claims	<input type="text"/>
4. HAA Claims	<input type="text"/>

The items detailed on the claims referred to above have been dispensed by me in accordance with the prescribers instruction and have been supplied to the patient in the last claim month. I hereby claim the appropriate payment for supplies provided to the patient or their agent.

Pharmacy Name, Address and Stamp

Pharmacist Signature: _____ Date: _____

026300-1004

HIGH TECH SCHEME

HSE
PRIMARY CARE REIMBURSEMENT SERVICE
UNIT 1 – 10 J5 PLAZA, NORTH PARK BUSINESS PARK
EXIT 5, M50, NORTH ROAD, FINGLAS, DUBLIN 11, D11 PXT0

**SUMMARY OF CLAIMS UNDER THE HIGH TECH
MEDICINES SCHEME**

PHARMACY NUMBER

MONTH / YEAR

NUMBER OF FORMS

PHARMACY NAME ADDRESS AND STAMP

Yellow bags, treasury tags, summary certificates and elastic bands are required to submit your supporting paperwork. The address should be clearly visible on the yellow bag and the Pharmacy number should be inserted in the box provided.

Within the yellow bag provided submit claims in two separate bundles as follows:

Bundle 1: GMS Regular, GMS Repeat, Hospital Emergency, Stock Order and Dental Claims secured using elastic bands.

Bundle 2: DPS, LTI, High Tech, HAA and EC Claims secured using elastic bands.

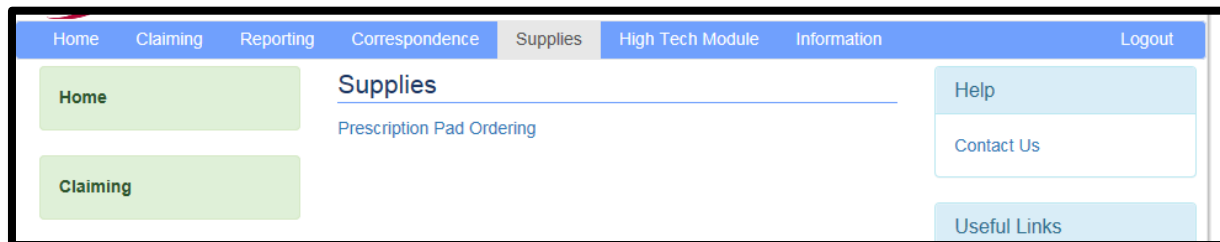
Please ensure no sharp objects are used to secure the content in the yellow bag(s) as staples and other sharp material can present a hazard when opening the bag(s).

Supporting paperwork which is received after the close off date or not presented as requested will be put to one side and processed as time allows.

We have enhanced services available on our Pharmacy Application Suite on www.pcrs.ie to enable you to order additional supplies of the following items:

- Unified Claim Forms
- GMS Summary Forms
- DPS Summary Forms

- LTI/EEA/HAA Summary Forms
- Methadone Summary Forms
- High Tech Summary Forms
- Treasury Tags



If you require additional yellow bags please email PCRS.Supplies@hse.ie or fax your order to 01-8343535.

6.5 Change of Contract and Contractor Data Maintenance

Where a pharmacy changes contract mid-month, the PCERS will accept one file per month per contract agreement. The PCERS system will validate claim dates and only pay where the contract is valid.

The following changes need to be routinely notified in writing to the HSE (see circular 007/18 for further details):

- **Changes in supervising pharmacist**
- **Change in beneficial ownership** (this results in the termination of the Agreement and a new agreement to be signed as per Clause 22 (2))
- **Change in Directors** (where they have signed the SEPA form – a copy of which is enclosed for ease of reference. It is important to note that unless these details and signatures are kept up to date, monies may not be released if there is a request to change bank accounts etc.)
- **Changes to Company Registration Number**
- **Changes to the PSI RPB registration number**
- **Changes in opening hours** (which as per clause 8 of the Contractor Agreement must be agreed with the HSE).

6.6 Payments

Payment is made by Credit Transfer to the Bank Account most recently identified on the Pay Mandate form received by the Primary Care Eligibility & Reimbursement Service. It is the contract holder's responsibility to keep the Primary Care Eligibility & Reimbursement Service advised of the correct bank account details. Occasionally for exceptional reasons PCERS may change payment method to cheque.

Where claims qualify for early payment, the bank file is submitted into pharmacy accounts on the **15th working day** of a month.

Where claims qualify for Normal/manual DPS payment, the bank file is submitted into pharmacy accounts between the **5th and the 7th** of the following month.

Where claims qualify for Normal/manual GMS payment, the bank file is submitted into pharmacy accounts between the **19th and 21st** of the following month.

Details of claims paid are reported on a 'Detailed Payment Listing' which is available online within a week of payment to each pharmacist paid in that month

A Form F45-1 (Withholding Tax Certificate) is also issued, under separate cover, in respect of each pharmacist paid in a particular month.

Errors encountered in the processing of data entered on a form will result in the non-payment of such claims. These will be reported on a Reject/Reclaim Listing, which form part of the monthly Detailed Payment Listing issued by the Primary Care Eligibility & Reimbursement Service.

The reason for the rejection will be given and where applicable the claimant will be asked to insert additional/corrected information on the listing/ Pharmacy exception file and return same to the Primary Care Eligibility & Reimbursement Service for processing.

From July 2018 Detailed payment Listings are only available online via the Pharmacy Application Suite. In the event a replacement listings is requested a fee of €12.70, per listing, is applicable in order to arrange a reprint.

Queries should be submitted using the Pharmacy Query Form which is available for download on the Pharmacy Application Suite and also at www.pcrs.ie > Online Services > Services for Pharmacists Only > Query Form for Pharmacists

Query Forms may be scanned and sent to our dedicated email address at pcrs.ppuqueries@hse.ie. Reclaims should not be sent in using this method of communication.

Payments to community pharmacy contractors can be found within S.I. No. 279/2013 - Health Professionals (Reduction of Payments to Community Pharmacy Contractors) Regulations 2013 at <http://www.irishstatutebook.ie/eli/2013/si/279/made/en/pdf>.

6.7 Reclaims and Queries

For electronic pharmacies, if a claim fails to meet the criteria for payment an exception file providing the reason for rejection is sent approx 24 hours after the electronic payment file is transmitted to PCERS. Reclaims should be updated and resubmitted on the final exception file no later than midnight on the 8th working day.

In order to submit reclaims after this timeframe (and if your software allows) you must ensure your final exception file is downloaded. For further information regarding reclaim submission and to check if your software provides this facility, contact should be made directly with your software vendor.

Reclaims where additional information is required to generate reimbursement should be submitted to:

Pharmacy Processing Unit

P.O Box 7062

Finglas

Dublin 11

Eircode: D11 PXT0

Queries can be submitted using the Pharmacy Query Form which is available for download on the Pharmacy Application Suite and also at www.pcrs.ie > Online Services > Services for Pharmacists Only > Query Form for Pharmacists . Reclaims should not be sent in using this method of communication.

6.8 Withholding Tax from Payments for Professional Services

Under the terms of the Finance Act, the Primary Care Eligibility & Reimbursement Service is obliged to deduct Withholding Tax (currently 20%) from all payments for professional services by pharmacists under all Schemes administered by the Primary Care Eligibility & Reimbursement Service.

Each pharmacy is required under the relevant legislation to furnish the Primary Care Eligibility & Reimbursement Service with his/her income tax reference number on their contract. The Primary Care Eligibility & Reimbursement Service will issue completed Form F45-1 showing details of the taxable element of their payment and tax deducted to each pharmacist who has submitted a Tax Reference Number – such information is also shown on monthly Detailed Payment Listings.

Where a pharmacist fails to furnish a tax reference number the Primary Care Eligibility & Reimbursement Service will be obliged to deduct the tax but no Form F45-1 will issue until the tax reference number provided. Upon receipt and provision of the relevant tax number a Form F45-1 will issue. It appears that in such circumstances a pharmacist would be unable to make a claim to the Inspector of Taxes in respect of Withholding Tax paid.

In the event F45-1 is misplaced a fee of €12.70, per month, is applicable in order to arrange a reprint. In these cases and F43 will issue.

Any queries a pharmacist may have in relation to Withholding Tax should be directed to the Inspector of Taxes for the pharmacist's own region.

6.9 E-Tax Clearance

Tax Clearance Status for all suppliers and service providers who receive payments in excess of €10,000 within a twelve-month period must be confirmed prior to release of each payment. Contractors must satisfy themselves, they have a valid Tax Clearance Certificate (TCC). Full details on how to apply for e-Tax Clearance are available directly from the Irish Revenue website on www.revenue.ie.

FAQs in relation to e-Tax Clearance can be found at: <http://www.revenue.ie/en/online/etax-clearancefaqs.html#section18>, The Tax Clearance Status of all relevant recipients will be

checked on a monthly basis through online data upload. It is important to note that until Tax Clearance Status has been confirmed payments will be held.

7. Pharmacy Services

7.1 Seasonal Flu Vaccination Campaign

In 2011 the administration of vaccines with the required training by community pharmacists was introduced to deliver the Flu Vaccination for a specified target population.

In the context of the Covid 19 pandemic a number of changes are being made to the groups who will be able to access the seasonal Influenza Vaccination Programme for winter 2020/21 as follows;

- All those aged 6-23 months and 13-64 years in a risk group can receive the vaccine and have it administered by their GP or Community Pharmacy of choice free of charge, regardless of their eligibility status
- All those aged 65 years and over regardless of (i) whether they are in a risk group and (ii) their eligibility status can receive the vaccine and have it administered by their GP or Community Pharmacy of choice free of charge
- All healthy children aged 2-12 years regardless of (i) whether they are in a risk group and (ii) their eligibility status can receive the vaccine and have it administered by their GP or Community Pharmacy of choice free of charge. Certain children in at risk groups will require a second vaccination and this is also covered and payable as a separate vaccination.
- Each GP will be eligible for a further payment of €100 for every 10 unique patients to whom he/she administers the QIV Influenza vaccination.
- Each GP will be eligible for a further payment of €150 for every 10 unique patients to whom he/she administers the LAIV Influenza vaccination.

Children aged from 2-12 years inclusive should receive the vaccine intra-nasally (LAIV) unless they are contraindicated, while all others will receive it via the usual intra-muscular route (QIV).

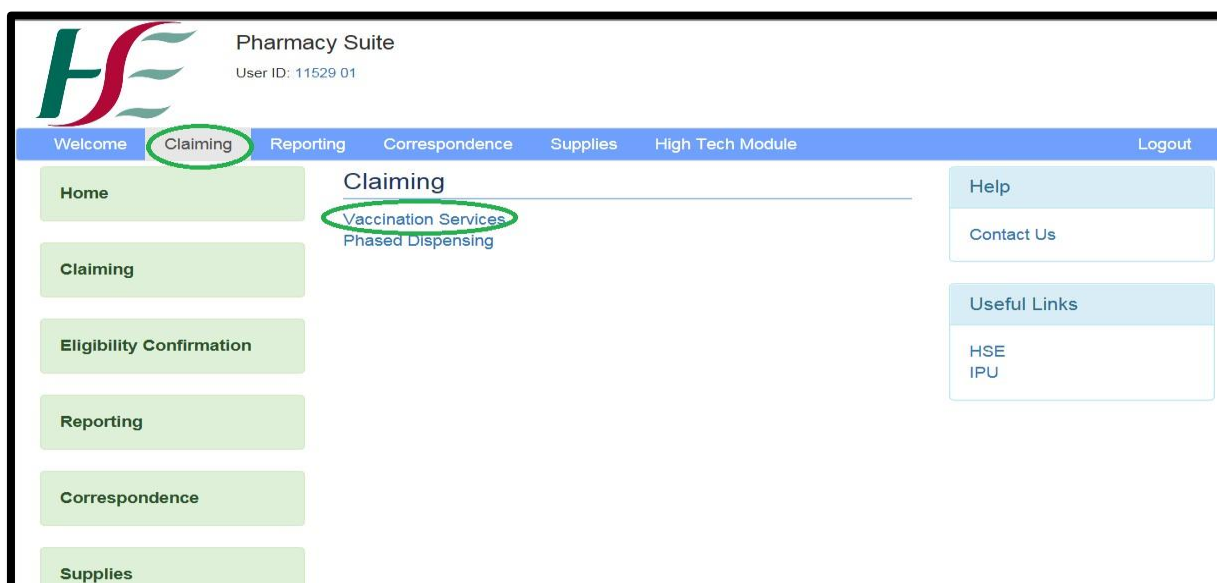
At-risk groups are defined as the following:

A	Chronic Respiratory Disease (including COPD, Cystic Fibrosis, moderate to severe asthma or bronchopulmonary dysplasia)
B	Pregnant Women (vaccine can be given at any stage of pregnancy)
C	Chronic Heart Disease (this includes anyone who has a history of having a “heart attack” or unstable angina)
D	Chronic Renal Failure
E	Chronic Liver Disease
F	Chronic Neurological Disease (including MS, hereditary and degenerative disorders of the central nervous system)
G	Immunosuppressed due to disease or treatment (these include anyone on treatment for cancer)
H	Household contacts or out of home carer (to persons with increased medical risk)
I	Diabetes Mellitus
J	Morbidly Obese (i.e. body mass index over 40)
K	Haemoglobinopathies

M	Residents of a nursing home or other long stay facility (only when vaccinated within the Pharmacy setting)
O	Carers (the main carers of those in the at risk groups)
P	People in close contact with pigs, poultry or water fowl
R	Health Care worker - Medical/Dental
S	Health Care worker - Nursing
T	Health Care worker - Health and Social Staff
U	Health Care worker - Management/Administration
V	Health Care worker - General Support Staff
W	Other Health Care worker
X	Age 65 and over
AL	Down Syndrome
AN	Aged 2+ and over

The online browser has been enhanced to allow pharmacies to record details of Pneumococcal Polysaccharide vaccination and Herpes Zoster vaccines administered to private patients.

Reimbursement for vaccination claims is made via the 'Vaccination Services' link under the claiming option on the 'Pharmacy Application Suite'. Details of claims which have paid will be identified on your GMS Detailed Payment Listings



Claims which fail to meet the criteria for payment may only be updated via the online browser. In order to edit a claim please follow the following procedure.

- Click on Previous Claim tab on top of screen
- Use the drop down 'Filter by date' to retrieve claims for a specific period.

Pharmacy Vaccination Claiming
User ID:

Welcome Enter Vaccination **Previous Claims** Emergency Form Help Pharmacy Suite Logout

View Previously entered claims.

Filter by date: All

Search:

Claim Number	PPSN	Submission Date	Patient Name	Claim Status	Claim Type
No data available in table					

Showing 0 to 0 of 0 entries

First Previous Next Last

- If you know the claim number you may enter this in Search field (top right of screen) and enter
- Click on the 'pencil' icon on the right hand side of screen to edit to alter the claim or the 'Trash' icon to delete the claim.

Pharmacy Vaccination Claiming
Username: C00124

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Welcome Enter Vaccination Previous Claims Emergency Form Help Logout

View Previously entered claims.

Filter by date: Current Day

Search:

Claim Number	PPSN	Submission Date	Patient Name	Claim Status	Claim Type
31773786		04/02/2016 12:00:13		Incomplete Service	Influenza

Showing 1 to 1 of 1 entries

First Previous 1 Next Last

Details of the approved batch numbers of Influenza, Pneumococcal and Herpes Zoster vaccines will be available on the drop down selection list of the online Pharmacy Vaccination Claiming system.

The regulations require that all vaccinations, whether with HSE-supplied vaccine stock or other stock, must be notified to the HSE. This can be completed through the online portal.

The Secure Checker has recently been enhanced to allow Pharmacists and GPs to see the last record date of Influenza and Pneumococcal vaccinations. This is listed under 'Vaccination Services'.



Vaccination Services		
Pneumococcal Vaccination:	Vaccination by GP	12/2015
Influenza Vaccination:	Vaccination by GP	09/2018

Those pharmacies who registered previously and hold an account with the National Cold Chain Service are not required to register again. However, if your pharmacy has not registered for a National Cold Chain account, you must complete the form provided by National Cold Chain Service and return directly to vaccines@udd.ie.

7.2 Emergency Hormonal Contraception (EHC) Service

From 1st July 2017, female medical card holders are able to obtain Emergency Hormonal Contraception (EHC) directly from their pharmacist, without a GP prescription, following a pharmacist delivered consultation. No prescription charge is incurred by the patient.

The Health Professionals (Reduction of Payments to Community Pharmacy Contractors) (Amendment) Regulations 2017, Schedule 2 sets out the payment of €11.50 plus dispensing fee as applicable per provision of EHC service without a prescription from a GP under the GMS scheme.

7.2.1 Claiming for the EHC Service

The Pharmacist is paid a consultation fee where they have exercised their professional judgement in respect of EHC. There are two professional service reimbursable codes:

Code to Claim Professional Service Fee	Pharmacist EHC Service	Product Dispensed (Y/N)
79996	Payment for provision of emergency hormonal contraception service without a prescription from a general practitioner (Product supplied)	€11.50 (Y)
79997	Payment for provision of emergency hormonal contraception service without a prescription from a general practitioner (Product not supplied)	€11.50 (N)

It is recognised that in a very limited number of circumstances following Pharmacist consultation, supply of emergency contraception is not appropriate and therefore the service fee can be claimed using the code assigned to non-supply of product.

The service is recorded through the normal GMS claims procedure with the relevant reimbursement code(s) provided.

- 1) The Pharmacy Contract Number must be inserted in the 'Prescriber' field. The pharmacist enters code for consultation (a) with supply or (b) without supply. If a consult results in supply, pharmacist states the product dispensed.
- 2) The patient must sign the Unified Claim Form (UCF) to confirm that they have received the service.
- 3) The Pharmacist confirms using the following text on the UCF that they have provided the service in line with the relevant protocol:

- (ii) *'I confirm that I have counselled the patient and provided the service and/or product listed in compliance with the relevant protocol'*
 - (iii) Pharmacist signature and PSI Registration Number of the Pharmacist
- 4) The top copy of the UCF is submitted with GMS claims bundle as supporting paper documentation using form number format.

You are reminded that this service is applicable to valid medical card holders and is exempt from prescription charges. A prescription charge will not be deducted from your GMS payment in respect of this service.

7.3 HIV Pre-Exposure Prophylaxis (PrEP)

HIV Pre-Exposure Prophylaxis (PrEP) is the pre-emptive use of oral antiretroviral therapy (ART) in HIV negative people to reduce the risk of HIV infection. Since 4th November 2019, the HSE approved reimbursement for a fixed dose combination of oral emtricitabine/tenofovir under GMS and DPS for HSE approved persons only.

No prescription charge is incurred by the patient when they are approved by the HSE as the product is exempt from prescription charges. Approved patients can also access these medicines under their DPS eligibility without charge.

A reimbursement application system is in place to ensure appropriate patients access the programme in line with national guidelines from approved prescribers.

Service users are being informed by relevant HSE services that PrEP will be dispensed through community pharmacies and that they will need GMS or DPS eligibility to access free PrEP from the HSE. However, there may be clinically eligible and physician approved service users who have not yet received or applied for their DPS when they present with a PrEP prescription. While pharmacies can assist in registering patients for express DPS, the patient must complete the eligibility process for their 'patient specific' approval information to become visible on the Secure Checker. Approval can be confirmed through the 'Eligibility Confirmation' on the Pharmacy Application Suite under 'Patient Specific Arrangements'.

HIV Pre-Exposure Prophylaxis (PrEP): Approved Show / Hide List			
SDA Detailed Drug List for HIV Pre-Exposure Prophylaxis (PrEP)			
Category	Drug Code	Drug Name	
HIV Pre-Exposure Prophylaxis (PrEP)	77101	Emtricitabine and Tenofovir Disoproxil (TEVA) Film Coated Tabs. 200 mg./245 mg. 30	
HIV Pre-Exposure Prophylaxis (PrEP)	77100	Emtricitabine and Tenofovir Disoproxil (Mylan) Film Coated Tabs. 200 mg./245 mg. 30	

Pharmacies can claim for Emtricitabine/Tenofovir electronically using the relevant administrative claiming code as set out below, submitting with monthly claims.

Administrative Code	Product	Price to Wholesaler	Reimbursement Price
77100	Emtricitabine/Tenofovir disoproxil Mylan 200mg/245mg Film Coated Tablets x 30	€45.00	€48.60
77101	Emtricitabine/Tenofovir disoproxil Teva 200mg/245mg Film Coated Tablets x 30	€48.50	€52.38

Reimbursement Claims submitted for patients who are not HSE approved will not be paid.

7.4 Pharmacy Training Grant

Only courses approved for the Training Grant are eligible.

Course Code	Description of Course	Maximum Payable
IPU 01	The former IPU Medicines Counter Assistant Course 1 (MCA 1)	€550
IPU 02	The former IPU Medicines Counter Assistant Course 2 (MCA 2)	€550
IPU 03	The current IPU Medicines Counter Assistant (MCA) Course	€550
IPU 04	Year 1 IPU Pharmacy Technicians Course	€1270
IPU 05	Year 2 IPU Pharmacy Technicians Course	€1270
IPU 06	IPU Pharmacy Interact Course	€260
IPU 07	IPU Pharmacy InterLink Course	€260

PTG 11	Cardiovascular Risk Assessment Training	€250
PTG 12	CPR course (Multiple Providers)	€95
PTG 13	Parenteral Administration of Medicines (Hibernian Healthcare Delivered)	€365

**This list is subject to change*

These arrangements extend to any staff member who is employed in a pharmacy on a continuous basis. The Training Grant covers course fees only. Ancillary costs such as locum, travel and accommodation expenses are not covered by the grant.

A single application should be submitted by the 31st March each year in respect of courses completed by pharmacy staff in the previous year. The annual application should include the completed Pharmacy Training Grant Summary Form, and the individual Pharmacy Training Grant Claim Form(s) covering all relevant staff in the pharmacy. Each application, which should be forwarded to the relevant HSE Pharmacist at Community level, should also include the pharmacy staff training plan for the current year.

A Pharmacy Training Grant Claim Form should only be submitted in respect of a course when evidence of satisfactory course completion is available to support the claim. For modular courses, a claim may be submitted based on the successful completion of each individual module, or a number of completed modules. The maximum amount payable per pharmacy contractor in respect of a calendar year is €1,270.

8. Supporting Tools

8.1 Pharmacy Application Suite

All contractors have access to the Pharmacy Application Suite. The services available on the suite are:

Claiming

- Vaccination Services
- Phased Dispensing
- Transmission History
- Claim Enquiry

Eligibility Confirmation

Reporting

- GMS Listings
- DPS Listings
- Methadone Listings

Correspondence

- Drug Payment Scheme & Prescription Charge
- Pharmacy Query Form
- Circulars

List of Reimbursable Items

Supplies (stationary, unified claims forms etc.)

High Tech Module

- High Tech Stock Return System
- High Tech Stock Take
- High Tech Hub

Express DPS

Information

- Termination of Pregnancy

Express LTI

LTI Drug Request

Access to the suite requires a digital certificate and must be installed on the user's PC. Certificate codes are issued by I.T Operations at PCERS. The URL to access the Pharmacy Application Suite is <https://secure.sspcrs.ie/portal/pharmsuite/sec>

If you are interested in registering or if your certificate codes are nearing expiration please complete and forward the application form which is available on www.pcrs.ie>onlineservices>servicesavailabletopharmacists to our IT Support dedicated email at cert.info@hse.ie

Alternatively you can fax your application form to 01-8343589. Please note a separate registration is required per PC and or GMS Panel Number.

For further queries please contact the pharmacy Processing Unit directly via phone or email on 01-8647100 or pcrs.ppuqueries@hse.ie.


8.2 Secure Scheme Checker

Online Eligibility Confirmation is available under the 'Online Services' link at www.pcrs.ie. A further tool which assists eligibility verification is the 'Secure Checker'. This facility is accessed via the 'Pharmacy Application Suite'.

The PCERS has gradually enhanced the secure checker facility in order to assist you at patient level. Some of the enhancements include:

- A search function to retrieve all patient specific eligibility using the client's PPSN
- A Family Grouping option, which displays details of persons in family grouping in order to retrieve family member specific eligibility
- A Patient Specific Arrangements option which can be used to check if a patient is approved for;
 - Phased dispensing
 - Special drugs requests (e.g. additional diabetic test strips, Fampridine, Lidocaine 5% medicated plasters, FreeStyle Libre, DOACs, Entresto, ONS)
- The patient's Prescription Charge Status.
- LTI Information: LTI illness code(s) and a link to the Core List(s) directly from Secure Checker. A further development is also in place which provides the confirmation of items which have specific individual approval outside of the Core List(s) for a particular patient.
- Application for additional items to be added to the LTI card for an individual.
- Pharmacists and GPs to see the last record date of Influenza and Pneumococcal vaccinations. This is listed under 'Vaccination Services'.

As further developments are planned Pharmacists will be kept informed accordingly. Your vendor may have already integrated their system in-line with HSE services. Contact should be made with your vendor for further information.



Secure Scheme Checker
User ID:

Check Client Logout

Find Patient Details

Enter the Client Identifier

Or

Enter the Client PPSN

Reset Check

Results will appear here

Please enter a search above

Family Group			
No family group found			
Patient Specific Arrangements			
Phased Status:	Patient is NOT approved for phased dispensing		
Special Drug Approvals:	This Patient has no Special Drug Approvals		
LTI Information			
Listed below are the LTI illness codes for this patient. You can view the core list of these illness codes here			
Illness Code	Illness Code Description		
A	Intellectual Disability (Described in legislation as Mental Handicap.)		
Show / Hide Patient Specific Drugs			
Drug Code	ATC	Drug Name	Effective Date
777--	A02BC01	Omeprazole	30/06/2012
81458	V06DB81	INFATRINI 200 ML. PACK	30/07/2013
777--	A11JA99	Combinations Of Vitamins	16/09/2015
777--	A06AB06	Senna glycosides	03/02/2017
To request addition drugs for this patient click here			

8.3 Pharmacy Circulars

Pharmacy Circulars are available on the PCERS website at www.pcers.ie > Circulars for Contractors > Pharmacy Circulars. Going forward all circulars issued to pharmacy will only be published online via Pharmacy Suite and HSE website.

8.4 Frequently Asked Questions

<p>How can I confirm a patients medical card eligibility at point of service?</p>	<p>To assist contractors a specific tool to verify a client's eligibility prior to providing services has been deployed. This facility is available at</p> <ul style="list-style-type: none"> • www.pcrs.ie > Online Services > Online Eligibility Confirmation <p>An SMS facility is also available. To use the tool enter the word 'check' followed by a space then the client identifier, i.e. card number and client code letter (for GMS, DPS and HAA) with no spaces to 087 9097867.</p> <ul style="list-style-type: none"> • For Example check 1234567A <p>Confirmation may also be obtained via the 'Pharmacy Application Suite' which can be accessed through</p> <ul style="list-style-type: none"> • www.pcrs.ie > Online Services > Services For Pharmacists only <p>Please note GP Visit Card holders are not entitled to receive prescribed medicines and appliances under GMS Scheme.</p>
<p>How do I access the 'Pharmacy Application Suite'?</p>	<p>The PCERS Pharmacy Application suite may be accessed at: www.pcrs.ie > Online Services > Pharmacy Application Suite</p> <p>Please note a security cert must be downloaded prior to access. A User Access Registration Form may be ordered by emailing cert.info@hse.ie</p>
<p>My security certificate has expired, who is the contact in PCERS?</p>	<p>Contact cert.info@hse.ie quoting your GMS panel number and a member of our Information and Communications Department will contact you.</p>
<p>What information/tools are available to me on the 'PCERS Application Suite'?</p>	<p>The 'Pharmacy Application Suite' allows the pharmacists access to:</p> <p>Claiming</p> <ul style="list-style-type: none"> • Vaccination Services • Phased Dispensing • Transmission History • Pharmacy Claim Enquiry <p>Eligibility Confirmation</p> <p>Reporting</p> <ul style="list-style-type: none"> • GMS Listings • DPS Listings • Methadone Listings <p>Correspondence</p> <ul style="list-style-type: none"> • Drug Payment Scheme & Prescription Charge • Pharmacy Query Form

	<p>Supplies (stationary, unified claims forms etc.)</p> <p>High Tech Module</p> <ul style="list-style-type: none"> • High Tech Stock Return System • High Tech Stock Take • High Tech Hub <p>Express DPS</p> <p>Information</p> <ul style="list-style-type: none"> • Termination of Pregnancy <p>Express LTI</p> <p>LTI Drug Request</p>
<p>Which drugs/services may be applied for online via the Pharmacy Application Suite?</p>	<ul style="list-style-type: none"> • Phased Dispensing • High Tech Ordering and Management • Express DPS Registrations • Ordering of Supplies • Vaccination Services • Express LTI • Special Drug Requests - LTI <p>Queries in relation to Special Drug/Phased approval requests are managed by the Pharmacy Function Unit on 01 864 7100.</p>
<p>Are EU Claims applicable as hospital emergency claims?</p>	<p>A hospital emergency claim from a qualifying hospital may be made for EU patients. The pharmacist can submit an EU Hospital emergency claim subject to a maximum of a 7 day supply. The claim should be submitted on a unified claim form and in all cases a copy of the Irish hospital prescription should accompany the claim.</p> <p>See Circular 35/17 for full details of qualifying hospitals.</p>
<p>How do I find the drug code for a specific item?</p>	<p>An up to date list of reimbursable drugs is available for review at: www.pcrs.ie > List of Reimbursable Items</p> <p>You may search for details of items which are payable under GMS and DPS. Please be aware only licensed drugs show on the list.</p>
<p>Explain the error code message “Withdrawn drug”.</p>	<p>Drug code is no longer valid and will not be reimbursed by PCERS.</p>
<p>Can I submit duplicate claims/codes for reimbursement?</p>	<p>Under no circumstances should a duplicate claim be submitted to PCERS for reimbursement. Only one of the same drug code should be listed as a line item on a claim form. Items should not be split into separate items to facilitate multiple flavours.</p>

	<table border="1"> <tr> <td colspan="4">DATE PRESCRIBED</td> <td rowspan="2">Precise strength, quantity and dosage must be stated</td> <td rowspan="2">Age if under 12 years</td> <td rowspan="2">Years</td> <td rowspan="2">Mths</td> <td rowspan="2">NP</td> <td colspan="2">PHARMACIST MUST COMPLETE THIS PART</td> </tr> <tr> <td>Q</td> <td>1</td> <td>1</td> <td>0</td> <td>1</td> <td>7</td> <td>Month Dispensed</td> <td></td> <td></td> </tr> <tr> <td colspan="8"></td> <td colspan="2">DRUG CODE</td> <td>QTY. SUPPLIED</td> </tr> <tr> <td colspan="8">Ensure Plus</td> <td>8</td> <td>1</td> <td>1</td> <td>6</td> <td>5</td> <td>6</td> <td>0</td> </tr> </table>	DATE PRESCRIBED				Precise strength, quantity and dosage must be stated	Age if under 12 years	Years	Mths	NP	PHARMACIST MUST COMPLETE THIS PART		Q	1	1	0	1	7	Month Dispensed											DRUG CODE		QTY. SUPPLIED	Ensure Plus								8	1	1	6	5	6	0
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Ensure Plus								8	1	1	6	5	6	0																																	
<p>Explain the error code message “not participating in scheme on date of claim”.</p>	<p>This confirms the claiming contractor was not participating in the scheme on date of dispensing.</p> <p>If contract number has recently changed please ensure claim was submitted under correct GMS Panel number.</p>																																														
<p>Explain the error code message “No paperwork received please provide original claim”</p>	<p>Supporting documentation for a specific claim has not been received at PCERS.</p>																																														
<p>Explain the error code message “no claim made on form” on Dental/EU claims.</p>	<p>This error message issues to advise that the prescription had no drug codes on the claim form.</p>																																														
<p>Explain the error code “Unable to claim service code with prescription”.</p>	<p>This error relates to Emergency Hormonal Contraception and occurs where the patient’s GP number has been submitted on claim. The Pharmacy Contract Number must always be inserted in the ‘Prescriber’ field.</p>																																														
<p>How do I proceed with a blue Termination of Pregnancy stock order form?</p>	<p>Pharmacy authorisation by the HSE to access stock from the supplier must be received prior to proceeding and can take a maximum of 48 hours. This is a once-off process and the pharmacy will be authorised to obtain stocks of product thereafter.</p> <p>Please continue to notify the HSE by forwarding the blue stock order forms to pharmacy.response@hse.ie.</p> <p>See circulars 040/18 & 003/19 for further details.</p>																																														
<p>Are Controlled Drugs/Nicotine Replacement Products/ONS reimbursed on GMS claims for repeat prescription?</p>	<p>No</p>																																														
<p>Are Bandages and Dressings (Wound Management Products) allowed on GMS scripts?</p>	<p>No</p>																																														
<p>Is Nicotine Replacement Products (NRT) covered on DPS?</p>	<p>No</p>																																														

Is Compression Hosiery covered on DPS?	No
How do I submit an express DPS claim?	<p>Since November 2018, a new process was introduced for online DPS express applications by the Community Pharmacist. This online application is available on the Pharmacy Suite under “Emergency DPS”.</p> <p>When submitting a claim for reimbursement please ensure to include an X as the patient code letter after the express DPS Card No. (EDPS). For example the below card number should be submitted in the following format 1234567A X .</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> 1234567A EDPS VALID 25/10/2018 25/01/2019 </div> <p>This process will facilitate DPS eligibility on a temporary basis only. Failure on behalf of the patient to register for the DPS scheme will result in losing DPS eligibility after 3 months.</p> <p>An ‘Emergency DPS Pharmacy User Guide’ is also available on the Pharmacy Application Suite for Review.</p> <p>Patients may apply online for the Drugs Payment Scheme either online at www.myDPS.ie or, by completing an application form and posting to:-</p> <p style="text-align: center;">Drugs Payment Scheme Client Registration Unit PO Box 12966 Dublin 11 D11 XKF3</p>
What is maximum reimbursable quantity per month for Zyban?	A maximum quantity of 60 Zyban is reimbursed by PCERS.
What is the maximum reimbursable level for erectile dysfunctional products?	<p>The maximum reimbursable level on the GMS & Community Drugs Schemes is four tablets per month.</p> <p>See Circular 9/17 for details of reimbursable products.</p>
What is the maximum reimburseable quantity of Blood Glucose Test Strips for patients with type 2 Diabetes?	<p>There is no limit for patients treated with insulin.</p> <p>Patients managed on sulphonylurea or meglitinide drugs will be reimbursed for 2 boxes of test strips per month i.e. 1,200 test strips/annum.</p> <p>Patients managed on oral hypoglycaemic drugs other than sulphonylurea or meglitinide drugs will be reimbursed for 1 box of test strips per month i.e. 600 test strips/annum.</p> <p>Patients managed through diet alone will be reimbursed for 2 boxes of test strips within a 12 month period.</p>

	For further queries refer to Circ11/16 or contact the Pharmacy Function Unit on 01 864 7100.
What is the maximum reimbursed quantity of Victoza® (Liraglutide) per month?	The maximum quantity allowed under GMS and LTI is one box of Victoza® per month (or a maximum of three pens). Prescriptions for Liraglutide (Victoza®) at doses in excess of 1.8 mg are outside the licensed indication and may not be reimbursed.
What are the reimbursement arrangements for Prolia® ?	The recommended dose of Prolia is 60 mg administered as a single injection every 6 months. Where a claim is submitted in a shorter timeframe than expected for a patient using this medication, Pharmacists will see an error message on their detailed payment listings. Where this occurs, an automatic mark-down will be applied.
How do I know if a patient qualifies for phased dispensing?	<p>All patients must now be approved for phased dispensing. Approval can be sought by the GP or Pharmacist. Once the patient is approved, they can attend any pharmacy for a phased dispensing service .</p> <p>The Phased Applications System is found in the Pharmacy Application suite under: Claiming> Phased Dispensing.</p> <p>Eligibility in relation to patient approval for phased dispensing may be viewed on the Secure Scheme Checker under 'Patient Specific Arrangements'.</p>
Is phased dispensing permitted for Nursing Home patients?	Phased dispensing for Nursing Home patients is not permitted. See Circular 019/07.
Who do I contact with queries in relation to Special Drug Requests or Phased dispensing?	Contact should be made with the Pharmacy Function Unit on 01 864 7100.
What are the requirements for a 'Do Not Substitute' prescription?	<p>From 1 August 2014, the HSE will reimburse the notified reference price for relevant interchangeable products unless 'Do Not Substitute' is handwritten on the prescription by patients GP.</p> <p>Pharmacists are asked to record how the medical practitioner has prescribed by confirming one of the following:</p> <ol style="list-style-type: none"> INN prescribed Branded Generic Prescribed Proprietary Prescribed Do Not Substitute invoked. <p>If a patient presents a Non GMS prescription where the prescriber has written 'Do Not Substitute' please ensure that a photocopy of the prescription is retained on your premises for audit purposes.</p>

<p>Who do I contact with queries in respect of Hepatitis B vaccinations for pharmacy staff?</p>	<p>Only pharmacies registered for Methadone/Suboxone dispensing or needle exchange may avail of this service. Queries are managed via the Contract Support Team at 01 8647100.</p>
<p>How do I claim for an exempt medicinal product?</p>	<p>Claims for Unlicensed Medicines on the Exempt Medicinal Products List can be submitted to PCERS using the codes specified, in the usual manner. (Ref Circular 039/16).</p> <p>Unlicensed Medicinal products not included on the Exempt list where prescribed for persons with GMS eligibility will require individual approval at Community Health Organisation level. Payment will subsequently issue locally under the Discretionary Hardship Arrangements.</p> <p>Unlicensed Medicinal Products not included on the Exempt List that are approved under the DPS/LTI & HAA scheme are submitted through the established arrangements using 77750 codes (no VAT) & 77751 / 77752 (VAT). A copy of the relevant invoice is required and must accompany such claims. In all cases where an invoice is not attached, the claim will be rejected for payment.</p> <p><u>Please note not all unlicensed medication are covered.</u></p> <p>Hand priced codes such as 44444, 55555 & 66666 are no longer to be used when submitting claims. Claims submitted in this fashion will also be rejected for payment.</p>
<p>In relation to extemporaneous claims, what does error message ‘Please provide detailed breakdown’ involve?</p>	<p>A full breakdown of all components used must be submitted to PCERS in order to proceed with reimbursement for claim.</p>
<p>How do I claim reimbursement for BMX mouthwash?</p>	<p>BMX mouthwash is claimed using the extemporaneous code 99XXX for oral medication depending on the scheme. A full breakdown of all components used must be submitted for payment. See Circular 11/09 for full list of codes and further details.</p>
<p>Is it necessary for patients to sign prescription claim forms?</p>	<p>It is a requirement under all schemes that third party verification is received. It is also required in order to properly present a valid claim for reimbursement.</p>
<p>Who can collect medication on behalf of a patient?</p>	<p>The pharmacist should be satisfied the person collecting medication on behalf of a patient is acting on behalf of the patient. The relationship of the person collecting the medication could reflect that they are a relative, carer, neighbour, friend, partner etc.</p>

	<p>The pharmacist must be satisfied that the person collecting the medicine has been authorised to do so by the patient and is of a sufficient age and maturity to safely deliver the medicine to the patient with any relevant information.</p>
<p>Under DPS Scheme what is the 13th dispensing process?</p>	<p>The 13th dispensing process under the Drugs Payments Scheme ensures no individual or family group with a valid DPS card will pay more than €124*(current threshold amount) in a calendar month, i.e. €124* x 12 in a full year, for approved medicines & appliances.</p> <p>The payment of a second €124* in any month for the same pharmacy should only arise where a person is intentionally receiving the next month's supply on the grounds that he/she will be away the following month or for other such reason. In this situation, a second co-payment for the next month's medicines should be paid to the Pharmacist for these items.</p> <p>The only exception to this is where the packaging of a particular medicine or appliance is such that a client requires 13 dispensing in a 12 month period, example 28 day packs. In this situation, to ensure that no individual or family makes more than 12 payments in a year, it is suggested that, where appropriate, once in a 12 month period, or periodically throughout the year, more than a 28 day supply is given. The packaging will influence how this can be achieved.</p> <p>Quantities dispensed should correspond with a valid prescription recognising that clause 4(2) of the Community Pharmacy Contractor Agreement allows for professional judgement and discretion.</p>
<p>Explain the procedure to follow when a supplier is unable to provide an Unlicensed Medicinal Product at the price specified on the HSE list.</p>	<p>Contact should be made with the HSE by emailing PCRS.ExemptMed@hse.ie. See Circular 039/16 for full details.</p>
<p>Where is the list of reimbursable items on Pink Stock orders found?</p>	<p>The list of GMS reimbursable products is available for download or review at: www.pcrs.ie > List of Reimbursable Items > Dressings (Pink Stock Order Forms).</p>
<p>Where can I access the list of drugs which are reimbursable under DTSS?</p>	<p>The list of GMS reimbursable products is available at: www.pcrs.ie > List of Reimbursable Items > Dental Prescribable Items.</p>
<p>What medicines are reimbursable under the</p>	<p>Only medicines on the core list which are approved for specific medical conditions are reimbursed seamlessly by PCERS.</p>

<p>Long Term Illness Scheme?</p>	<p>The core list is available for review and download using the following URL: www.hse.ie/eng/services/list/1/schemes/lti/approved/</p> <p>When patients approved medicines are changed or additional items are prescribed for their Long Term Illness(es), approval must be sought from the PCERS.</p>
<p>How do I submit my Reclaims/Queries</p>	<p>For electronic pharmacists if a claim fails to meet the criteria for payment an exception file providing the reason for rejection is sent approx 24 hours after the electronic payment file is transmitted to PCERS.</p> <p>Reclaims should be updated and resubmitted on the final exception file no later than midnight on the 8th working day.</p> <p>In order to submit reclaims after this timeframe (and if your software allows) you must ensure your final exception file is downloaded. For further information re reclaim submission and to check if your software provides this facility, contact should be made directly with your software vendor.</p> <p>Reclaims where additional information is required to generate reimbursement should be submitted to: Pharmacy Processing Unit P.O Box 7062 Finglas Dublin 11</p> <p>Queries can be submitted using the Pharmacy Query Form which is available for download on the Pharmacy Application Suite and also at www.pcrs.ie > Online Services > Services for Pharmacists Only > Query Form for Pharmacists</p>
<p>How do I order Yellow Bags?</p>	<p>Yellow bags may be ordered by emailing PCRS.Supplies@hse.ie or, alternatively, you may fax an order to 01 8343535.</p>
<p>What are medical card prescription charges.</p>	<p>With effect from the 1st of April 2019 Prescription charge rates for patients over 70 reduced to €1.50 per line item with the monthly cap reduced to €15. This reduction will also apply to thier dependants.</p> <p>The Secure Checker curently available on the Pharmacy Application Suite will identify the amount payable per patient/family.</p> <p>Further information in relation to family groupings and FAQ's are available on www.medicalcard.ie .</p>
<p>What is the threshold for DPS payments per month?</p>	<p>Under the Drugs Payment Scheme, an individual or family in Ireland currently will pay €124 each month for approved prescribed drugs, medicines or rental costs for CPAP/oxygen,for</p>

	<p>use by that person or his or her family. A family is an adult, their spouse or partner and any dependents. You can include any family member, regardless of age, who can't fully maintain themselves and has:</p> <ul style="list-style-type: none"> • A physical disability • An intellectual disability • An illness <p>An medical report is required for the applicants who cannot maintain themselves.</p> <p>Dependents over 18 years and under 23 years of age who are in full time education may also be included.</p> <p>Bi-annually where a patient has paid in excess of the monthly threshold as they attended multiple pharmacies, the PCERS refund the patient/family automatically without the need to apply.</p>
<p>How do I access the most up to date circulars issued by PCERS?</p>	<p>All circulars issued are available for review and download on www.pcrs.ie > Circulars for Contractors > Pharmacy Circulars</p> <p>A link to the above is also available via the Circulars tab on the Pharmacy Application suite.</p>
<p>What if a patient presents with a prescription who has no medical card eligibility?</p>	<p>Only patients who have a valid GMS card may receive certain treatments free (except for the statutory prescription charge) under the GMS Scheme. Eligibility can be confirmed 24 hours a day using the PCERS Secure Checker.</p> <p>Those who do not fall into this category should be treated under the Drugs Payment Scheme.</p> <p>A letter should be provided to patients with invalid/expired eligibility which will redirect them to contact the PCERS National Medical Card Unit. A template letter can be downloaded and provided to them for their information. This form is available at www.pcrs.ie > Online Services > Services for Pharmacists Only > Incomplete Claims Protocol – Letter to Medical Card Holder</p>
<p>I have submitted a claim for a patient whose card is expired. Will the claim pay?</p>	<p>Under the current term of the Incomplete Protocol, only claims where the claiming patient had full GMS eligibility within 2 months of the date of claim <u>and</u> the claiming pharmacy Incomplete Claims Percentage is decreasing progressively <u>or</u> the percentage is 0.1% or less will process for payment.</p> <p>Your Incomplete Claims Progress Report is available to view on your Detailed Payment Listings.</p>

9. Appendix

Individual Reimbursement Application Form

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<i>Case Reference</i>	<i>Date Received</i>
-----------------------	----------------------

Individual Reimbursement Request Application Form

Name of Prescribing Consultant	
Contact Details:	Address:
	Telephone:
	Email:

Name of person completing form	
Contact Details:	Address:
	Telephone:
	Email:

Patient Details

Patient name			
Date of birth			
GMS / DPS / LTI Number <small>(Please tick and insert number)</small>	GMS	DPS	LTI
	Number:		
Co-morbidities and other relevant factors			

Requested Treatment Details

Generic Name	
Brand (if relevant)	
Form	
Strength	
Planned duration of therapy	

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Page 1 of 2

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Indication for treatment	
Rationale for use including details of the published evidence	
Do you wish to highlight any areas of unmet need	
Additional Information <small>(Please add separate sheet if more space is required)</small>	

Purchasing Details

Cost	
Supplier	

Conditions of Reimbursement

- There is published clinical evidence as set out above to support the proposed treatment for the patient.
- Prescription has been initiated by a Consultant Medical Doctor
- I confirm that I have ensured that the details on this form are correct and that the above conditions of reimbursement have been understood.

Authorisation of request

Signature of prescribing consultant	
Institution	

Completed forms should be submitted to:

Kate Mulvenna MPSI
Head of Pharmacy Function
Primary Care Reimbursement Service
Exit 5, M50,
North Rd.,
Finglas
Dublin 11

DATA PROTECTION NOTICE

- The information on this form will be used by the Health Service Executive (H.S.E.) to assess the suitability of the items listed to be provided under Section 23 of the Health (Pricing and Supply of Medical Goods) Act 2013.
- Details of prescription items dispensed to the named person may be notified to the H.S.E. by the dispensing pharmacist to ensure that the named person receives the items required.
- The named person may access information relating to themselves only, on prescription claims processed in their name by the H.S.E.
- We may share information with the Department of Health, healthcare practitioners and other health bodies.
- We may also disclose information to other parties if the law requires us to do so.
- The PCRS Privacy Statement can be located at www.pcrs.ie

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Page 2 of 2