



**APPLICATION FORM FOR ADMISSION  
OF A MEDICINE TO THE  
“HIGH-TECH” ARRANGEMENTS  
OCTOBER 2021**

I  of   
*Name* *Company*

hereby apply to have the following product admitted to the scheme for the dispensing of High-Tech medicines.

<b>NEW PRODUCT (Name, form &amp; strength)</b>	<b>PACK SIZE</b>	<b>PROPOSED DATE OF INTRODUCTION</b>

**Signed:** \_\_\_\_\_  
**MANAGING DIRECTOR / GENERAL MANAGER**

**Print Signature:** \_\_\_\_\_

**Please submit a copy of this Application Form to the**  
**Corporate Pharmaceutical Unit**  
**HSE Primary Care Reimbursement Service**  
**Exit 5 M50**  
**North Road**  
**Dublin 11**  
**D11 XKF3**  
**at least 3 months before the proposed date of introduction**



**PRICE APPLICATION FORM  
AGREEMENT ON THE SUPPLY TERMS, CONDITIONS &  
PRICES OF MEDICINES SUPPLIED TO THE HEALTH  
SERVICES EXECUTIVE OCTOBER 2021**

1.	Company Name:	
2.	Company Address:	
3.	Contact Name:	
4.	Telephone No:	
5.	Fax No:	
6.	Email Address:	
7.	Date of Notification:	

**Central Bank of Ireland Euro Exchange Rates on Date of Notification:**

€	=	:	Danish Krone (DKK)	<input type="text"/>
€	=	:	Swedish Krona (SEK)	<input type="text"/>
€	=	:	Pound Sterling (STG £)	<input type="text"/>

I hereby certify that the notified Irish Price(s) to Wholesaler, to take effect from  
comply with the above Agreement of October 2021.

/  / 20

**Signed:** \_\_\_\_\_

**MANAGING DIRECTOR / GENERAL MANAGER**

**Print Signature:** \_\_\_\_\_

Completion and submission of this form to the HSE means acceptance by the applicant of all the terms and conditions as set out in IPHA/HSE Agreement which came into effect on the **1<sup>st</sup> October 2021**.

**THIS FORM ALONG WITH A COPY OF THE MARKETING AUTHORISATION SHOULD BE SENT TO:**  
Corporate Pharmaceutical Unit, HSE Primary Care Reimbursement Service, Exit 5 M50, North Road,  
Finglas, Dublin 11. D11 XKF3. Tel No: 353-1-8915725 / E-mail: [CPU@hse.ie](mailto:CPU@hse.ie)

Type of Application		
GMS	<input type="checkbox"/>	High Tech <input type="checkbox"/> Hospital <input type="checkbox"/>
Regulatory Pathway		
New Chemical Entity (Small molecule)	<input type="checkbox"/>	Generic <input type="checkbox"/> Other: (please specify)
New Chemical Entity (Biologic)	<input type="checkbox"/>	Biosimilar <input type="checkbox"/> _____
Product Name: (Name, Form & Strength)		ATC Code
PACK SIZE	PROPOSED DATE OF INTRODUCTION	NEW IRISH PRICE TO WHOLESALE €

Current EU Prices to wholesaler of the above pack size in the reference states, converted where appropriate, to Euro at the exchange rate on the date of notification					
Austria		Belgium		Denmark - DKK <input type="text"/>	
€	A	€	B	€	C
Finland		France		Germany	
€	D	€	E	€	F
Greece		Italy		Luxembourg	
€	G	€	H	€	I
Netherlands		Portugal		Spain	
€	J	€	K	€	L
Sweden - SEK <input type="text"/>		UK - GBP <input type="text"/>		Average of A+B+C+D+E+F+G+H+I+J+K+L+M+N	
€	M	€	N	€	O

**Please Note:**

1. O is the average basket price of A to N
2. The New Irish Price to Wholesaler must be less than or equal to O
3. Price to Wholesaler = Price to Pharmacist less wholesale margin.
4. If product is not available in the list of 14 Basket Countries specify N/A.
5. If pack size is not identical, use equivalent pack price and specify E.P.P.
6. Provide Danish, Swedish and Sterling PTW and Euro conversions

The following documents must be enclosed with this Price Application Form (in softcopy and hardcopy format):

1) Company Cover Letter  2) Application Fee  3) Patient Information Leaflet  4) Product Artwork

5) Licence (EU and/or HPRA)  6) SPC  7) Rapid Review (if appropriate)