Application for transferring reimbursement approval of acoramidis (BEYONTTRA®) or tafamidis (Vyndaqel®)

For MMP Use Only	
Case Reference	*Date Received*

ALL SECTIONS OF THIS FORM MUST BE COMPLETED

Part 1: Patient Details

Name of patient:				
Date of birth:				
Address:				
GMS / DPS / PPS Number: (Please tick and insert number)	GMS	DPS	PPSN	Number:

Part 2: Prescriber Details

Name of Approved Consultant:	
Medical Council Number:	
Contact Details:	Hospital:
	Address:
	Telephone:
	Email:

Please refer to the *HSE-Managed Access Protocol-Medicines used in transthyretin amyloidosis in adult patients with cardiomyopathy* when completing this form

Part 3: Patient details for switching medication

1.The patient currently has reimbursement approval for:

Acoramidis (BEYONTTRA®) ☐ Tafamidis (Vyndaqel®) ☐

Please confirm the proposed **discontinuation** date: ☐

2. I wish to apply to transfer reimbursement approval to:

Acoramidis (BEYONTTRA®) ☐ Tafamidis (Vyndaqel®) ☐

Please confirm the proposed **initiation** date: ☐

3. I confirm that the patient does not meet the discontinuation criteria as outlined in section 3.2 of the Managed Access Protocol (i.e. has not progressed to NYHA Class IV). ☐

Data Protection Notice

- The information on this form will be used by the Health Service Executive (HSE) to assess the suitability of the items listed to be provided under Section 20 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 HSE 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 HSE.
- We may share information with the Department of Health, healthcare practitioners and other healthcare 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.

Completed forms should be returned to:

Scan the completed form and return via a secure email (e.g. HSE email or healthmail) to: mmp@hse.ie

Authorisation of Request

Signature of Consultant	
Institution	