

Application for individual reimbursement approval of Revestive® (teduglutide)

<i>For MMP Use Only</i>	
Case Reference	Date Received

Date of Application	Nominated Community Pharmacy (Name & address - <i>leave blank if uncertain</i>)
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Part 1: Patient Details			
Name of patient			
Date of birth			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Address			
GMS / DPS / PPS Number (Please tick and insert number)	GMS <input type="checkbox"/>	DPS <input type="checkbox"/>	PPSN <input type="checkbox"/>
	Number:		

Part 2: Prescriber Details	
Name of prescribing consultant	
Medical Council number	
Contact details:	Hospital:
	Address:
	Telephone:
	Email:

<p>Please refer to the HSE-Managed Access Protocol for Revestive® when completing part 3 of this application form.</p> <p style="text-align: right;">Version 1.0 Dec 2020</p>

Part 3: Patient Clinical History

Please indicate whether the patient meets the following criteria:

Patient has a diagnosis of short bowel syndrome with Type III intestinal failure (SBS-IF) Yes No

Patient is aged >1year of age at time of application Yes No

Patient condition is currently stable Yes No

Patient is currently on long term parenteral nutrition (PN) Yes No

Date of initiation of PN or current duration of use _____

Outline current Parenteral nutrition regimen including frequency of administration and days per week and volume

Completed forms should be emailed to:

HSE Medicines Management Programme

Email: mmp@hse.ie

Authorisation of Request

Signature of Prescribing Consultant

Institution

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.