

Identification of preferred high-protein oral nutritional supplement(s)

Cover Page for Submissions

For all submissions relating to a particular high-protein oral nutritional supplement (ONS), section A must be completed and included as the cover page for the submission. All high-protein ONS included in the submission must be listed in the table below.

In addition, suppliers of high-protein ONS must also complete section B, and include as the cover page for the submission.

Section A:

Product name	PCRS reimbursement code

Section B:

I, the undersigned, confirm compliance with the HSE-PCRS Clinical Nutritional Products Guidelines for Manufacturers/Distributors/Suppliers 2023¹ (or previous versions). I also confirm that distribution arrangements are in place to enable all products listed in the table in section A to be dispensed by a pharmacist.

Managing Director Signature: _____

Managing Director Name: _____

Company name: _____

Date of submission: _____

Submissions can be emailed to mmp@hse.ie. Alternatively, the MMP can provide access to a secure file transfer system for submissions, please contact the MMP for further details. The MMP will issue confirmation of receipt of submission within 72 hours. Please contact the MMP if you do not receive confirmation of receipt after this time.

¹HSE-Primary Care Reimbursement Service (PCRS) Clinical Nutritional Products. Guidelines for Manufacturers/ Distributors/ Suppliers V3 December 2023. Available: <https://www2.healthservice.hse.ie/organisation/national-pppgs/hse-primary-care-reimbursement-service-pcrs-clinical-nutritional-products-reimbursement-guidelines-for-manufacturersdistributors/>