



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Feidhmeannacht na Seirbhíse Sláinte
Seirbhís Aisíoca Príomhchúraim
Bealach amach 5 an M50
An Bóthar Thuaidh
Fionnghlas
Baile Átha Cliath 11

Health Service Executive
Primary Care Reimbursement Service
Exit 5, M50
North Road
Finglas
Dublin 11

Guthán: (01) 864 7100
Facs: (01) 834 3589

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Circular 010/12

25th July 2012

Dear Doctor,

The HSE has approved reimbursement for Dabigatran and Rivaroxaban for their further indication(s) in circumstances where one of the products is used as a second line therapy when warfarin may not be appropriate.

These are the first of the new agents which probably represent the future for anticoagulation therapy. However they do present significant clinical, financial and operational challenges.

Warfarin remains the recommended first line agent reimbursed (including for newly diagnosed patients). Dabigatran or Rivaroxaban should be reserved for:

- 1. Existing patients on Warfarin with poor INR control despite adhering to monitoring and lifestyle requirements and documented attempts to optimise Warfarin therapy.**
- 2. Existing patients who require regular periodic treatment with medicines that are known to interact with Warfarin.**
- 3. Patients with a documented allergy to Warfarin.**

Patient specific applications for reimbursement will be required from the physician responsible for the management of the patient's anticoagulation in each 'de novo' case prior to reimbursement approval. An application form for individual reimbursement has been developed in conjunction with the Clinical Strategy & Programmes Directorate to capture pertinent information. The form to request Individual Reimbursement Approval can be accessed in the coming days from www.pcrs.ie (online services) or by emailing pharmacy.response@hse.ie. A copy is included for your information.

The requirement for individual applications prior to reimbursement in the first phase of introduction of these new agents is designed to manage the financial challenges faced. Your cooperation is requested to ensure sufficient funding is available to support existing services provided by the HSE whilst also managing the introduction of these new agents.

Clinical experts have been requested to develop appropriate national protocols to guide reversal of excess anticoagulation / overdose and management of planned and emergency procedures.

A separate communication has been issued to the hospital system. The HSE will continue to update you in relation to these matters.

Yours sincerely,

Patrick Burke
Primary Care Reimbursement Service

Application Form for Individual Patient Reimbursement of a New Oral Anticoagulant by PCRS

**All Sections must be completed in block capitals by the Prescriber responsible for Anticoagulation
All contact details must be provided so that formal decision notification can be issued
Form must be returned to the Primary Care Reimbursement Service, Exit 5, M50, Finglas, Dublin 11**

Patient Name																														
Patient Date of Birth (DDMMYYYY)																														
Patient Address																														
Patient Identifier (at least one must be provided)	GMS Number (Medical Card Number)																													
	DPS Number (Drugs Payment Scheme)																													
	PPS Number																													
Physician Responsible for Management of Anticoagulation																														
Medical Council Registration Number																														
Department / Speciality																														
Hospital																														
Address																														
Prescriber Contact Details	Landline:																													
	Mobile:																													
	Email Address:																													
	Signature																													
Name of Oral Anticoagulant being requested																														
Dose of oral anticoagulant																														
Duration of anticoagulant therapy																														
Specific Indication to be treated																														
Please indicate (✓) whether the patient has previously received Warfarin	Yes	No																												

