



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

Tel: (01) 864 7100  
Fax: (01) 834 3589

Circular No. 001/10

18<sup>th</sup> January 2010

Dear Pharmacist,

Further to Circular No 015/09 dated 20<sup>th</sup> October 2009 in relation to Tamiflu Capsules and Suspension, I wish to clarify the following -

1. Clients with eligibility under one of the Community Drug Schemes.

Claims in respect of Tamiflu Capsules dispensed from July to December 2009, which have **not** been claimed to date, should be forwarded to PCRS at your earliest convenience. These claims should be submitted under separate cover for manual processing. I can confirm that all previously rejected claims have been paid and the fees for Tamiflu are excluded for the purposes of co-payments under the DPS.

2. Clients with **no** established eligibility under the Community Drugs Schemes.

- a. Tamiflu dispensed from July to December 2009.

Where the patient does not have 'valid established eligibility' a 'dispensed drug' report should be generated from your computer system and submitted with the attached claim form to your local HSE Pharmacist after which payments will be made by the PCRS as appropriate. While you must send the complete dispensed drug report for validation purposes i.e. displaying all dispensings under all eligibilities to the HSE Pharmacist, you should only claim a dispensing fee for those patients who do **not** have valid established eligibility. Please highlight on the 'dispensed drug' report patients for whom you are claiming a dispensing fee.

- b. Tamiflu dispensed from January 2010 onwards.

Claims for patients without valid established eligibility may be forwarded with other claims for Tamiflu to the PCRS if the valid PPSN for the individual patient is submitted on the claim form. The PPSN should be inserted into the section for the patient number followed by an X as the patient code letter.

3. Oseltamivir Solution. The SPC for Tamiflu has been updated to include -

- a. the use of Oseltamivir in infants under 12 months during a pandemic influenza outbreak and
- b. the extemporaneous formulation of a suspension from Tamiflu capsule contents using water containing 0.1% Sodium Benzoate as a preservative.

In patients older than 12 months, who are unable to swallow intact capsules, the capsules can be opened and contents mixed directly with a small amount (max 1 teaspoon) of sweetened food product by a parent or carer immediately before administration to mask the bitter taste.

A consignment of Sodium Benzoate 500mg/5ml (10%) Solution in 100ml bottles (sufficient to make 10 litres of vehicle i.e. 0.1% w/v Sodium Benzoate Solution) has been purchased by the HSE and can be dispatched to a pharmacist who requires it by contacting [olive.osullivan@hse.ie](mailto:olive.osullivan@hse.ie) at the Corporate Pharmaceutical Unit - Tel 01 6352258 or their local HSE Pharmacist.

Where a pharmacist compounds Oseltamivir Solution, they should claim for reimbursement of the extemporaneous fee by entering the following relevant code number and the quantity dispensed -

99188 Oseltamivir Soln. – GMS

99189 Oseltamivir Soln. – DPS/LTI

No ingredient cost will arise as both the Tamiflu and Sodium Benzoate Solution have been made available to the pharmacist from the national stockpile.

4. Tamiflu from Commercial Stocks.

Pharmacists should indicate in the dispensed drug reports, referred to above and provided to their local HSE Pharmacist, if commercial stocks were used in any dispensings so that arrangements can be made for reimbursement where appropriate. Where this occurred, the pharmacist should include a copy of the relevant invoice to their local HSE Pharmacist with the dispensed drug report and attached claim form.

5. Relenza.

You will have received stocks from the National Stockpile. The HSE considered it important to ensure that Relenza would be readily available if required particularly for immunosuppressed or immunocompromised patients.

Where you dispense Relenza, Pharmacists should enter the code below and the quantity supplied on the GMS prescription form or claim form, depending on the Scheme, in order to receive the appropriate dispensing fee (ingredient cost reimbursement does not arise).

Relenza 5mg i.e. 1 Diskhaler / 5 Rotacaps Complete Pack (A) Code 43601.

Arrangements to collect excess stock of Relenza can now be made by contacting [olive.osullivan@hse.ie](mailto:olive.osullivan@hse.ie) at the Corporate Pharmaceutical Unit or Tel No 01 6352258.

6. Faxing copies of prescriptions to the HSE Pharmacist.

As the pandemic continues and stocks from the national stockpile are widely distributed, there is no longer a requirement to fax prescriptions to the HSE Pharmacist.

The HSE would like to thank you for your contribution in addressing the challenges that the Pandemic presents for the population as a whole. Your cooperation in these matters is much appreciated.

Yours faithfully,



Patrick Burke

Primary Care Reimbursement Service

**Claim Form for (a) Services to Clients without valid established eligibility  
(b) Use of Commercial Stock**

**Pharmacy Name:** \_\_\_\_\_

**GMS No** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Pharmacy Stamp**

\_\_\_\_\_  
\_\_\_\_\_



I wish to claim \_\_\_\_\_ (number) dispensing fees  
\_\_\_\_\_ for the dispensing of Tamiflu to  
established eligibility.

I wish to claim € \_\_\_\_\_ for the ingredient cost of Tamiflu dispensed from my  
commercial stock purchased prior to distribution of the National Stockpile.

I am attaching a Dispensed Drug Report which shows my complete dispensing history  
of Tamiflu to patients since July 2009.\*

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

**PSI Reg No** \_\_\_\_\_

**Supervising Pharmacist**

**\* Please highlight (i) patients for whom you are claiming a dispensing fee and (ii)  
where commercial stock was used. Where claiming for commercial stock, a copy  
of the relevant invoice must be provided.**

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**For HSE use only**

\_\_\_\_\_  
**HSE Pharmacist Name**

\_\_\_\_\_  
**Contact Number**

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

**HSE Pharmacist**

\_\_\_\_\_  
**Date**