



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Feidhmeannacht na Seirbhíse Sláinte, Seirbhís Aisíocaíochta Cúraim Phríomhúil
Bealach amach 5 an M50, An Bóthar Thuaidh, Fionnghlas
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Health Service Executive, Primary Care Reimbursement Service
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Circular 54-17

28th November 2017

High Tech Hub Ordering and Management System

Dear Pharmacist,

Further to circular 041-17, the High Tech Ordering and Management System (High Tech Hub) remains on track for go live on a phased basis, beginning on 4th December. The focus of the initial introductory phase remains the IVF therapeutic area.

There will be 160 pharmacies involved in this initial phase of the roll-out. These pharmacies will be contacted directly and provided with system access.

It is expected that access to the High Tech Hub will be rolled out to all remaining pharmacies in January 2018. You should continue to order all your High Tech Medications in the same manner as that used currently until you receive access to the High Tech Hub and instructions regarding its use.

The format of the High Tech Prescription is changing. I have attached a copy of the new prescription form for your information.

The support team in the High Tech Co-Ordination Unit can be contacted by email, pcrs.hitech@hse.ie or by phone 01 864 7135. If you need to fax the unit you can do so on 01 8914899.

Your continued cooperation regarding the High Tech Hub is greatly appreciated.

Yours sincerely,

Anne Marie Hoey
Assistant National Director
Primary Care Reimbursement & Eligibility

HIGH TECHNOLOGY MEDICATIONS PRESCRIPTION FORM



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SERIAL NUMBER

Please complete all sections in BLOCK CAPITALS where appropriate **MASTER COPY - STRICTLY CONFIDENTIAL**

PART 1 – HOSPITAL AND PATIENT DETAILS

Hospital Name:
 Address Line 1: Telephone No.:
 Address Line 2: Eircode:
 Lead Consultant:
 Speciality: Medical Council No.:
 Patient Name: PPSN:
 Address Line 1:
 Address Line 2: Eircode:
 Phone Number: Date of Birth: Gender:
 Card Type: GMS DPS LTI HAA HTS Card Number:
 (Please tick as appropriate)

PART 2 – PRESCRIBED DRUGS DETAILS

Please specify the Product, INN, Strength, Prescribing Form, Dosage and Quantity.

Product	INN	Strength	Form	Dosage	Quantity
DRAFT					
Comment					

Prescribing Doctor: Bleep:
 Medical Council No.: Mobile No:
 Doctor's Signature: _____ DATE: *

*Valid only for 6 months maximum from date of issue

PART 3 – NOMINATED PHARMACY DETAILS

Please give details of the nominated pharmacy in which the patient will collect the High Tech Drugs.

Pharm. Name: GMS No:
 Address 1:
 Address 2: Eircode:

Notes: 1) To Hospital: This form should be emailed to the High Tech Co-ordination Unit at pcrs.hittech@hse.ie or faxed to 01-8914899.
 2) To Patient: This is your prescription. It must be given to your nominated pharmacist.