



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Feidhmeannacht na Seirbhíse Sláinte
Seirbhís Aisíocaíochta Cúraim Phríomhúil
Bealach amach 5 an M50
An Bóthar Thuaidh
Fionnghlas
Baile Átha Cliath 11
D11 XKF3

Health Service Executive
Primary Care Reimbursement Service
Exit 5, M50
North Road
Finglas
Dublin 11
D11 XKF3

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

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

Circular 030 / 16

30 May 2016

Re: Clarification on Test Strips Limits and Gestational Diabetes

Dear Pharmacist,

I refer to previous correspondence of 16 March 2016 (Circular 11/16). I wish to draw your attention to important information regarding ladies with gestational diabetes.

Recognising that persons with Diabetes Mellitus have automatic eligibility for a LTI book, and responding to representations received from maternity outpatient clinics, the PCRS have adjusted the individual reimbursement system to allow DPS patients of a particular profile (women of childbearing age) to continue to receive reimbursement support **without registration** by their physician using the online application suite.

However, where women hold current GMS or LTI eligibility, their physician must register them using the online process for them to be identifiable to the HSE as persons with full access to diabetic strips without any threshold arising. I am enclosing a copy of the GP circular outlining the online system on their GP application suite for your information.

In reviewing our claims for April 16, we can see that not all pharmacies made the requisite adjustment for the appropriate number of diabetic strips on all occasions. To assist you in the coming months, you will find enclosed a complete list of products for persons with type 2 diabetes outlining the corresponding thresholds of diabetic strips attached to their supply. Claims for the dispensing of blood glucose test strips will be validated on a monthly basis.

I hope you will find this useful. Thank you for your cooperation on this initiative.

Yours sincerely,

Anne Marie Hoey
Primary Care Reimbursement & Eligibility

Patients managed on Sulphonylurea or Meglitinide drugs will be reimbursed for 2 boxes of test strips per month i.e. 1,200 test strips/annum.

Sulfonylureas - A10BB

A10BB01	Glibenclamide	19623	Daonil Tabs. 5 mg. 100	100
A10BB09	Gliclazide	14081	Diaclide Tabs. 80 mg. 60	60
A10BB09	Gliclazide	21123	Diabrezide Tabs. 80 mg. 60	60
A10BB09	Gliclazide	69523	Diamicron (P.C.O. Mfg.) Tabs. 80 mg. 60	60
A10BB09	Gliclazide	46902	Diacronal MR Modified Release Tabs. 30 mg. 60	60
A10BB09	Gliclazide	14096	Diaclide MR Tabs. 30 mg. 60	60
A10BB09	Gliclazide	21215	Diaglyc Modified Release Tabs. 30 mg. 60	60
A10BB09	Gliclazide	23251	Vitile MR Modified Release Tabs. 30 mg. 60	60
A10BB09	Gliclazide	69530	Diamicron MR (P.C.O. Mfg.) Modified Release Tabs. 30 mg. 56	56
A10BB09	Gliclazide	69515	Diamicron MR Tabs. 30 mg. 60	60
A10BB09	Gliclazide	69540	Diamicron MR (Imbat Ltd.) Tabs. 30 mg. 60	60
A10BB09	Gliclazide	46903	Diacronal MR Modified Release Tabs. 60 mg. 30	30
A10BB09	Gliclazide	46985	Diamicron MR Tabs. 60 mg. 30	30
A10BB12	Glimepiride	23432	Glimepiride (Accord Healthcare Ltd.) Tabs. 1 mg. 30	30
A10BB12	Glimepiride	12706	Amaryl Tabs. 1 mg. 30	30
A10BB12	Glimepiride	12713	Amaryl (Imbat Ltd.) Tabs. 1 mg. 30	30
A10BB12	Glimepiride	23433	Glimepiride (Accord Healthcare Ltd.) Tabs. 2 Mg. 30	30
A10BB12	Glimepiride	12711	Amaryl Tabs. 2 mg. 30	30
A10BB12	Glimepiride	12916	Amaryl (Imbat Ltd.) Tabs. 2 mg. 30	30
A10BB12	Glimepiride	12707	Amaryl (B & S Healthcare) Tabs. 2 mg. 30	30
A10BB12	Glimepiride	12918	Amaryl (B & S Healthcare) Tabs. 2 mg. 60	60
A10BB12	Glimepiride	23435	Glimepiride (Accord Healthcare Ltd.) Tabs. 4 mg. 30	30
A10BB12	Glimepiride	12738	Amaryl (Imbat Ltd.) Tabs. 4 mg. 30	30
A10BB12	Glimepiride	12728	Amaryl Tabs. 4 mg. 30	30
A10BB12	Glimepiride	23434	Glimepiride (Accord Healthcare Ltd.) Tabs. 3 Mg. 30	30
A10BB12	Glimepiride	12922	Amaryl (B & S Healthcare) Tabs. 3 mg. 30	30
A10BB12	Glimepiride	12576	Amaryl Tabs. 3 mg. 30	30
Meglitinide				
A10BX02	Repaglinide	76424	Repaglinide (Accord Healthcare Ltd.) Tabs. 0.5 mg. 30	30
A10BX02	Repaglinide	76425	Repaglinide (Accord Healthcare Ltd.) Tabs. 0.5 mg. 90	90
A10BX02	Repaglinide	76453	NovoNorm Tabs. 0.5 mg. 120	120
A10BX02	Repaglinide	13282	NovoNorm (B & S Healthcare) Tabs. 0.5 mg. 90	90
A10BX02	Repaglinide	76426	Repaglinide (Accord Healthcare Ltd.) Tabs. 1 mg. 90	90
A10BX02	Repaglinide	76474	NovoNorm Tabs. 1 mg. 120	120
A10BX02	Repaglinide	13283	NovoNorm (B & S Healthcare) Tabs. 1 mg. 90	90
A10BX02	Repaglinide	76427	Repaglinide (Accord Healthcare Ltd.) Tabs. 2 mg. 90	90
A10BX02	Repaglinide	76497	NovoNorm Tabs. 2 mg. 120	120
A10BX02	Repaglinide	13284	NovoNorm (B & S Healthcare) Tabs. 2 mg. 90	90
A10BX02	Repaglinide	79582	NovoNorm (Polyfarma) Tabs. 2 mg. 90	90
A10BX03	Nateglinide	45428	Starlix (BR Lewis Pharmaceuticals) Tabs. 120 mg. 84	84
A10BX03	Nateglinide	62094	Starlix Tabs. 180 mg. 84	84

Patients managed on oral hypoglycaemic drugs other than Sulphonylurea or Meglitinide drugs will be reimbursed for 1 box of test strips per month i.e. 600 test strips/annum.

Blood Glucose Lowering Drugs (Oral Hypoglycaemic Drugs) i.e. A10B but excluding A10BB, A10BX02, A10BX03 and excl. insulin -

A10BA02	Metformin	36825	Metformin TEVA Film Coated Tabs. 500 mg. 84	84
A10BA02	Metformin	36815	Metformin (Bluefish) Tabs. 500 mg. 84	84
A10BA02	Metformin	36806	Metformin Mylan (Gerard Labs.) Tabs. 500 mg. 84	84
A10BA02	Metformin	18832	Metophage Film Coated Tabs. 500 mg. 90	90
A10BA02	Metformin	27723	Glucophage Tabs. 500 mg. 84	84
A10BA02	Metformin	36816	Metformin (Bluefish) Tabs. 850 mg. 56	56
A10BA02	Metformin	36804	Metformin Mylan (Gerard Labs.) Tabs. 850 mg. 56	56
A10BA02	Metformin	36826	Metformin TEVA Film Coated Tabs. 850 mg. 56	56
A10BA02	Metformin	18895	Metophage Film Coated Tabs. 850 mg. 60	60
A10BA02	Metformin	27731	Glucophage Tabs. 850 mg. 56	56
A10BA02	Metformin	36817	Metformin (Bluefish) Tabs. 1000 mg. 30	30
A10BA02	Metformin	36827	Metformin TEVA Film Coated Tabs. 1000 mg. 60	60
A10BA02	Metformin	36820	Metformin (AuroBindo Pharma) Film Coated Tabs. 1000 mg. 60	60
A10BA02	Metformin	36805	Metformin Mylan (Gerard Labs.) Tabs. 1000 mg. 60	60
A10BA02	Metformin	27742	Glucophage Tabs. 1000 mg. 60	60
A10BA02	Metformin	33690	Metformin (Rosemont) Oral Soln. 500 mg./5 ml. 150 ml.	150
A10BA02	Metformin	30396	Glucophage Powder Sachets 500 mg. 30	30
A10BD05	Metformin And Pioglitazone	18301	Competact Tabs. 15 mg./850 mg. 56	56
A10BD05	Metformin And Pioglitazone	18306	Competact (Doncaster Ltd.) Tabs. 15 mg./850 mg. 56	56
A10BD05	Metformin And Pioglitazone	13245	Competact (B & S Healthcare) Tabs. 15 mg./850 mg. 60	60
A10BD07	Metformin And Sitagliptin	29765	Janumet Tabs. 50 mg./1000 mg. 56	56
A10BD07	Metformin And Sitagliptin	29705	Janumet (P.C.O. Mfg.) Tabs. 50 mg./1000 mg. 56	56
A10BD07	Metformin And Sitagliptin	19035	Janumet (Lexon UK) Film Coated Tabs. 50 mg./1000 mg. 56	56
A10BD07	Metformin And Sitagliptin	29710	Janumet (P.C.O. Mfg.) Tabs. 50 mg./850 mg. 56	56
A10BD07	Metformin And Sitagliptin	29751	Janumet Tabs. 50 mg./850 mg. 56	56
A10BD08	Metformin And Vildagliptin	24352	Eucreas Tabs. 50 mg./1000 mg. 60	60
A10BD08	Metformin And Vildagliptin	24314	Eucreas Tabs. 50 mg./850 mg. 60	60
A10BD10	Metformin And Saxagliptin	16768	Komboglyze Film Coated Tabs. 2.5 mg./1000 mg. 56	56
A10BD10	Metformin And Saxagliptin	16739	Komboglyze Film Coated Tabs. 2.5 mg./850 mg. 56	56
A10BD11	Metformin And Linagliptin	53876	Jentaducto Film Coated Tabs. 2.5 mg./1000 mg. 56	56
A10BD11	Metformin And Linagliptin	53875	Jentaducto Film Coated Tabs. 2.5 mg./850 mg. 56	56
A10BD15	Metformin And Dapagliflozin	36851	Xigduo Film Coated Tabs. 5 mg./1000 mg. 56	56
A10BD15	Metformin And Dapagliflozin	36850	Xigduo Film Coated Tabs. 5 mg./850 mg. 56	56
A10BD16	Metformin And Canagliflozin	36958	Vokanamet Film Coated Tabs. 150 mg./1000 mg. 60	60
A10BD16	Metformin And Canagliflozin	36957	Vokanamet Film Coated Tabs. 150 mg./850 mg. 60	60
A10BD16	Metformin And Canagliflozin	36956	Vokanamet Film Coated Tabs. 50 mg./1000 mg. 60	60
A10BD16	Metformin And Canagliflozin	36955	Vokanamet Film Coated Tabs. 50 mg./850 mg. 60	60
A10BD20	Metformin And Empagliflozin	32650	Synjardy Film Coated Tabs. 12.5 mg./1000 mg. 56	56
A10BD20	Metformin And Empagliflozin	32649	Synjardy Film Coated Tabs. 12.5 mg./850 mg. 56	56
A10BD20	Metformin And Empagliflozin	32648	Synjardy Film Coated Tabs. 5 mg./1000 mg. 56	56
A10BD20	Metformin And Empagliflozin	32647	Synjardy Film Coated Tabs. 5 mg./850 mg. 56	56
A10BF01	Acarbose	27780	Glucobay Tabs. 100 mg. 90	90
A10BF01	Acarbose	27745	Glucobay Tabs. 50 mg. 90	90
A10BG03	Pioglitazone	34875	Pioglitazone (Accord Healthcare Ltd.) Tabs. 15 mg. 28	28
A10BG03	Pioglitazone	34805	Pioglitazone (Rowex) Tabs. 15 mg. 28	28
A10BG03	Pioglitazone	34512	Pioglitazone (Actavis) Tabs. 15 mg. 28	28
A10BG03	Pioglitazone	10506	Actos (BR Lewis Pharmaceuticals) Tabs. 15 mg. 28	28
A10BG03	Pioglitazone	10797	Actos (Lexon UK) Tabs. 15 mg. 28	28

Patients managed on oral hypoglycaemic drugs other than Sulphonylurea or Meglitinide drugs will be reimbursed for 1 box of test strips per month i.e. 600 test strips/annum.

Blood Glucose Lowering Drugs (Oral Hypoglycaemic Drugs) i.e. A10B but excluding A10BB, A10BX02, A10BX03 and excl. insulin -

A10BG03	Pioglitazone	15565	Actos (G-Pharma) Tabs. 15 mg. 28	28
A10BG03	Pioglitazone	10756	Actos (P.C.O. Mfg.) Tabs. 15 mg. 28	28
A10BG03	Pioglitazone	10378	Actos Tabs. 15 mg. 28	28
A10BG03	Pioglitazone	10690	Actos (B & S Healthcare) Tabs. 15 mg. 28	28
A10BG03	Pioglitazone	10609	Actos (Doncaster Ltd.) Tabs. 15 mg. 28	28
A10BG03	Pioglitazone	34687	Pioglitazone (Actavis) Tabs. 30 mg. 28	28
A10BG03	Pioglitazone	34806	Pioglitazone (Rowex) Tabs. 30 mg. 28	28
A10BG03	Pioglitazone	34876	Pioglitazone (Accord Healthcare Ltd.) Tabs. 30 mg. 28	28
A10BG03	Pioglitazone	15566	Actos (G-Pharma) Tabs. 30 mg. 28	28
A10BG03	Pioglitazone	10568	Actos (BR Lewis Pharmaceuticals) Tabs. 30 mg. 28	28
A10BG03	Pioglitazone	10661	Actos (Doncaster Ltd.) Tabs. 30 mg. 28	28
A10BG03	Pioglitazone	10579	Actos (B & S Healthcare) Tabs. 30 mg. 28	28
A10BG03	Pioglitazone	10761	Actos (P.C.O. Mfg.) Tabs. 30 mg. 28	28
A10BG03	Pioglitazone	10798	Actos (Lexon UK) Tabs. 30 mg. 28	28
A10BG03	Pioglitazone	10594	Actos Tabs. 30 mg. 28	28
A10BG03	Pioglitazone	34858	Pioglitazone (Actavis) Tabs. 45 mg. 28	28
A10BG03	Pioglitazone	34807	Pioglitazone (Rowex) Tabs. 45 mg. 28	28
A10BG03	Pioglitazone	34877	Pioglitazone (Accord Healthcare Ltd.) Tabs. 45 mg. 28	28
A10BG03	Pioglitazone	15530	Actos (Lexon UK) Tabs. 45 mg. 28	28
A10BG03	Pioglitazone	10330	Actos Tabs. 45 mg. 28	28
A10BG03	Pioglitazone	15590	Actos (Doncaster Ltd.) Tabs. 45 mg. 28	28
A10BH01	Sitagliptin	19675	Januvia (Doncaster Ltd.) Tabs. 100 mg. 28	28
A10BH01	Sitagliptin	29725	Januvia (Pharmaram Ltd.) Tabs. 100 mg. 28	28
A10BH01	Sitagliptin	29720	Januvia (P.C.O. Mfg.) Tabs. 100 mg. 28	28
A10BH01	Sitagliptin	29714	Januvia Tabs. 100 mg. 28	28
A10BH01	Sitagliptin	13263	Januvia (B & S Healthcare) Film Coated Tabs. 100 mg. 28	28
A10BH01	Sitagliptin	15682	Januvia (Lexon UK) Film Coated Tabs. 100 mg. 28	28
A10BH01	Sitagliptin	23521	Januvia Film Coated Tabs. 25 mg. 28	28
A10BH01	Sitagliptin	13117	Januvia (LTT Pharma Ltd.) Film Coated Tabs. 25 mg. 28	28
A10BH01	Sitagliptin	15547	Januvia (Lexon UK) Film Coated Tabs. 50 mg. 28	28
A10BH01	Sitagliptin	23569	Januvia Film Coated Tabs. 50 mg. 28	28
A10BH02	Vildagliptin	71711	Galvus Tabs. 50 mg. 56	56
A10BH03	Saxagliptin	37535	Onglyza Tabs. 2.5 mg. 28	28
A10BH03	Saxagliptin	37526	Onglyza Tabs. 5 mg. 28	28
A10BH03	Saxagliptin	42941	Onglyza (P.C.O. Mfg.) Film Coated 5 mg. 28	28
A10BH05	Linagliptin	65482	Trajenta Tabs. 5 mg. 28	28
A10BX04	Exenatide	47515	Byetta Soln. for Inj., Pre-filled Pen 10 mcg. 60 Dose Pack 1	1
A10BX04	Exenatide	47523	Byetta (P.C.O. Mfg.) Soln. for Inj., Pre-filled Pen 10 mcg. 60 Dose Pack 1	1
A10BX04	Exenatide	47530	Bydureon Pdr. & Solv. for Prolonged Release Susp. for Inj. 2 mg. 4	4
A10BX04	Exenatide	13106	Bydureon (P.C.O. Mfg.) Pdr. and Solv. for Prolonged Release Susp. for Inj. 2 mg. 4	4
A10BX04	Exenatide	54347	Bydureon Pdr. & Solv. for Prolonged Release Susp. for Inj. in Pre-filled Pen 2 mg. 4	4
A10BX04	Exenatide	47510	Byetta Soln. for Inj., Pre-filled Pen 5 mcg. 60 Dose Pack 1	1
A10BX04	Exenatide	47522	Byetta (P.C.O. Mfg.) Soln. for Inj., Pre-filled Pen 5 mcg. 60 Dose Pack 1	1
A10BX07	Liraglutide	13221	Victoza (P.C.O. Mfg.) Soln. for Inj., Pre-filled Pen 6 mg./ml. 3 ml. 2	2
A10BX07	Liraglutide	47980	Victoza Soln. for Inj., Pre-filled Pen 6 mg./ml. 3 ml. 2	2
A10BX07	Liraglutide	47981	Victoza Soln. for Inj., Pre-filled Pen 6 mg./ml. 3 ml. 3	3
A10BX09	Dapagliflozin	18954	Forxiga Film Coated Tabs. 10 mg. 28	28
A10BX09	Dapagliflozin	18921	Forxiga Film Coated Tabs. 5 mg. 28	28

Patients managed on oral hypoglycaemic drugs other than Sulphonylurea or Meglitinide drugs will be reimbursed for 1 box of test strips per month i.e. 600 test strips/annum.

Blood Glucose Lowering Drugs (Oral Hypoglycaemic Drugs) i.e. A10B but excluding A10BB, A10BX02, A10BX03 and excl. insulin -

A10BX11	Canagliflozin	13489	Invokana Film Coated Tabs. 100 mg. 30	30
A10BX11	Canagliflozin	13490	Invokana Film Coated Tabs. 300 mg. 30	30
A10BX12	Empagliflozin	13256	Jardiance Film Coated Tabs. 10 mg. 28	28
A10BX12	Empagliflozin	13257	Jardiance Film Coated Tabs. 25 mg. 28	28
A10BX14	Dulaglutide	73580	Trulicity Once Weekly Soln. for Inj. in Pre-filled Pen 0.75 mg./0.5 ml. 4	4
A10BX14	Dulaglutide	73583	Trulicity Once Weekly Soln. for Inj. in Pre-filled Pen 1.5 mg./0.5 ml. 4	4



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Feidhmeannacht na Seirbhíse Sláinte
Seirbhís Aisíocaíochta Cúraim Phríomhúil
Bealach amach 5 an M50
An Bóthar Thuaidh
Fionnghlas
Baile Átha Cliath 11
D11 XKF3

Health Service Executive
Primary Care Reimbursement Service
Exit 5, M50
North Road
Finglas
Dublin 11
D11 XKF3

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

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

Circular 012/16

21 March 2016

Dear Doctor,

The National Clinical Programme for Diabetes has provided updated guidance on self testing for people with Type 2 Diabetes Mellitus. Research has indicated that blood glucose testing has a limited benefit for many patients who **do not** take insulin to manage their diabetes. Based on best evidence, the HSE is introducing changes to the number of blood glucose test strips it will provide for people with Type 2 Diabetes Mellitus while ensuring those who need test strips to help manage their diabetes will continue to have access to them. The new changes are based on recommendations from a review by the Medicines Management Programme (MMP). This review looked at international evidence and best practice guidelines along with national usage (available on www.HSE.ie/yourmedicines).

This initiative will reduce unnecessary consumption of test strips by funding their supply based on best practice guidelines while ensuring that those who need test strips to help manage their diabetes will continue to have access to them.

The National Clinical Programme for Diabetes has developed a leaflet on this initiative, a copy of which is enclosed. It can be downloaded from <http://www.hse.ie/eng/about/Who/clinical/natclinprog/diabetesprogramme/Selftesting/>. Further copies can be ordered from www.healthpromotion.ie to assist patients to understand the Guidelines.

The HSE will be implementing the recommendations from 1 April 2016. If you believe that any of your patients should receive reimbursement support for more than the recommended quantity of testing strips, you can register specific patients for exceptional arrangements through the online system, smoothly accessible through the GP application suite.

The GP suite already has a link to 'special drug request' which now hosts further functionality to enable you to register patients for extra reimbursement support for diabetic strips:



Doctor Application Suite

Username: [JC01 01](#)

Email address on your account is not unique ([Change email](#))

[Welcome](#) [Claiming](#) [Panel Management](#) [Account Details](#) [Reporting](#)

[Home](#)

[Claiming](#)

[Panel Management](#)

[Account Details](#)

[Reporting](#)

Claiming

[Patient Dispensing Records](#)

[STCS/SS Claim Entry](#)

[STC/SS Visit Class File Load](#)

[STC/SS Claim File Load](#)

[OOH Time Change File Load](#)

[Vaccination Services](#)

[Special Drug Request](#)

To register specific patients for exceptional arrangements, please provide the following details online:

1. GMS number, LTI number or Drugs Payment Scheme Number (where a patient is recently diagnosed or does not qualify for an LTI Book)
2. The category of diabetes treatment currently prescribed for the patient which will automatically populate the recommended quantity of test strips for that category
3. The reason for additional quantities (pregnancy, job safety etc)
4. The number of test strips you wish the patient to access on a monthly basis.

Where the patient is registered for exceptional arrangements, the patient will be approved for the extra reimbursement support requested.

Yours faithfully,



Anne Marie Hoey
Primary Care Reimbursement & Eligibility

8 March 2016

Reimbursement of Blood Glucose Test Strips (BGTS) for Patients with Type 2 Diabetes Mellitus

Dear Colleagues

The Medicines Management Programme (MMP) has recently reviewed international literature, guidelines and recommendations for self-monitoring of Blood Glucose (SMBG) for patients with non-insulin dependent diabetes mellitus. The National Clinical Programme for Diabetes (NCPD) has also recently published guidance on self-testing for people with Type 2 diabetes. The HSE, under the guidance of the Medicines Management Programme (MMP) and the NCPD, has updated its reimbursement arrangements for blood glucose test strips (BGTS). The MMP report is available on www.hse.ie/yourmedicines along with Frequently Asked Questions for healthcare professionals and patients. The NCPD guidance on self-testing for people with Type 2 diabetes can be downloaded from <http://www.hse.ie/eng/about/Who/clinical/natclinprog/diabetesprogramme/Selftesting/> or ordered from www.healthpromotion.ie to assist patients to understand the guidelines.

Following this review the MMP recommends that reimbursement of the Blood Glucose Test Strips for patients with Type 2 Diabetes Mellitus be revised as follows:

- **There will be no limit for patients treated with insulin.**
- **Patients managed on sulphonylurea or meglitinide drugs will be reimbursed for 2 boxes of test strips per month i.e. 1,200 test strips/annum.**
- **Patients managed on oral hypoglycaemic drugs other than sulphonylurea or meglitinide drugs will be reimbursed for 1 box of test strips per month i.e. 600 test strips/annum.**
- **Patients managed through diet alone will be reimbursed for 2 boxes of test strips per annum i.e. 100 test strips/annum.**

The recommendation was accepted by the HSE for implementation from the 1st April 2016.

It is appreciated that there are clinical situations where enhanced blood glucose monitoring may be required (e.g. acute illness, therapy changes, pregnancy) and in such cases extra reimbursement support is available via an on-line application system through the GP application suite. This service is available to allow immediate access to additional test strips reimbursed under the community drugs schemes.

With best wishes,



Prof Michael Barry
National Clinical Lead, Medicines Management Programme
<http://www.hse.ie/yourmedicines>