HSE
Primary Care Reimbursement Service (PCRS)

Information and Administrative Arrangements for Pharmacists (Pharmacy Handbook)

Revision Number	Date	Description
1	2020	Document set-up
2	2025	Updates to administrative arrangements in line with published Pharmacy Circulars. Inclusion of the Medical Cannabis Access Programme, Free Contraception Scheme and HRT Arrangements.

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1. HSE Primary Care Reimbursement Service (PCRS)

1.1 What is the role of the PCRS?

The Primary Care Reimbursement Service (PCRS) is part of the Health Service Executive (HSE). It is responsible for processing payments to healthcare professionals; GPs, Dentists, Pharmacists and Optometrists/Ophthalmologists who provide free or reduced cost services to the public.

In addition to the processing and making of payments on a national basis to healthcare professionals, the PCRS compiles statistics and trend analyses which are provided to other areas within the HSE, the Government, customers, stakeholders and to members of the public.

Almost all payments for services provided in the community by General Practitioners, Community Pharmacies, Dentists and Optometrists/Ophthalmologists are made by the PCRS. Claim data is processed and payments are made by the PCRS under the following Schemes:

- General Medical Services (GMS)
- Drugs Payment Scheme (DPS)
- Long Term Illness (LTI)
- Dental Treatment Services Scheme (DTSS)
- European Economic Area (EEA)
- High Tech Arrangements (HT)
- Primary Childhood Immunisation Schedule
- Health (Amendment) Act 1996
- Opioid Substitution Treatment Scheme
- Health Service Executive Community
- Ophthalmic Services Scheme (HSE-COSS)

Further information including reporting and open data is available at www.pcrs.ie.

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2. Schemes, Eligibility and Schemes Administration

2.1 General Medical Services (GMS) Scheme

Anyone who lives in the Republic of Ireland and plans to live there for at least 1 year can apply for a medical card. Being eligible for a medical card depends on the persons circumstances. If a person does not automatically qualify for a medical card, an assessment is carried out and is based on income, expenses, marital status and dependants.

A person may automatically qualify for a medical card if:

- They are participating in certain government schemes
- They have been affected by the drug Thalidomide
- They have had a surgical Symphysiotomy
- They are a child diagnosed with cancer within the last 5 years
- They are in foster care
- They live in direct provision
- They qualify under EU Regulations.

Once eligibility is confirmed, patients are entitled to receive certain Doctor, Dentist, Clinical Dental Technicians (CDT's), Optometrists or Ophthalmologists treatments/services and prescribed medicines from pharmacists as set out under each scheme.

The eligible person registers with the doctor of his/her choice and is entitled to receive free doctor visits, dental checks and eye tests and certain prescribed medicines and appliances other than the relevant prescription charge from the list approved by the Minister for Health.

Each GMS eligible person is issued with a laminated plastic medical card by the HSE, which contains the person's name, medical card number and other information embossed on it. All cards are valid for a particular period of time and contain a 'valid to' date. Where the patient's circumstances change the card may be withdrawn prior to the 'valid to' date on the card. Third generation computer systems conduct this seamlessly.

Adding a child to a medical card

To add a child to a medical card, the parent/guardian can phone 0818 22 44 78 or email clientregistration@hse.ie with the child's name, date of birth and PPSN. They will also need to provide a copy of the child's birth certificate.

If the child does not yet have a PPSN the parents/guardian can phone the Department of Social Protection on 0818 927 999 or email cis@welfare.ie.

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Medical Cards redress for women resident in certain institutions

The Mother and Baby Institutions Payment Scheme provides financial payments and health supports (in the form of a medical card or for those living outside of Ireland a once-off payment of €3,000 in lieu of the card) to eligible persons who spent time in mother and baby or county home institutions in Ireland.

The medical card from the Mother and Baby Institutions Payment Scheme works in the same way as a medical card that is provided based on means or age, giving an entitlement to the same services except the card provided under this scheme is a life-long, non-means tested card.

The medical card provides an entitlement to the following health services free of charge:

- General Practitioner (GP) services
- Approved prescribed drugs, medicines, aids and appliances
- All inpatient public hospital services in a public ward (including consultant services)
- All outpatient public hospital services in a public ward (including consultant services)
- Maternity and infant care services
- Certain dental/ophthalmic and aural services – please contact your HSE local office
- No prescription charges (for the person named on the card only)
- Home nursing - please contact your HSE local office
- Home support - please contact your HSE local office
- Counselling (following a referral made in that regard by a registered medical practitioner or registered nurse to any HSE funded provider)
- Chiropody/podiatry (following a referral made in that regard by a registered medical practitioner or registered nurse to any HSE funded provider)
- Physiotherapy (following a referral made in that regard by a registered medical practitioner or registered nurse to any HSE funded provider).

For more information on the Mother and Baby Institutions Payment Scheme visit the Payment Scheme website at https://www.gov.ie/paymentscheme.

2.1.1 GMS Scheme Administration

Persons with medical card eligibility are issued with a GMS prescription form where medically indicated by a doctor with a GMS panel number. These prescriptions are dispensed and

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claimed under the GMS scheme. Whilst Healthmail is the main form of prescription in operation at present, GMS Paper Prescriptions, as shown below, are still a legally permissible option for prescribing.

Only current eligible medical card numbers should be submitted for reimbursement. Only claims where the claiming patient had full GMS eligibility within 2 months of the date of claim and the claiming pharmacy Incomplete Claims Percentage is decreasing progressively or the percentage is 0.1% or less will process for payment.

The Health (Amendment) (No 2) Act 2010 provides that a person who is supplied by a pharmacy who is contracted to provide services on behalf of the HSE, with a drug, medicine or medical or surgical appliance on the prescription of a Registered Medical Practitioner, Registered Dentist or Registered Nurse Prescriber, will be charged a fee per prescription item. Fees are capped at a certain amount per person/family per month according to current legislation. Charges are recouped from payments due to the pharmacy. Community pharmacies are obliged by law to collect this prescription charge.

A spouse or a cohabiting partner, children under 16 and children aged over 16 and under 21 who are in fulltime education and wholly or mainly maintained by another adult person who has full eligibility will constitute a ‘family’ for the purposes of applying the charges.

To avoid paying charges above the monthly limit the ‘family’ should register for a family certificate and give this to the pharmacist. Prescription charges are visible to the dispensing pharmacist via the Secure Scheme Checker.

Patients, who have their medicines changed on a weekly/daily basis, including palliative care patients, will be subject to the charge. However, for ‘Phased Dispensing’ the phased element of the dispensing, where such applies, does not attract a separate prescription charge. For completeness, the Non Dispensing Fee will not attract a prescription charge.

Persons who are homeless and not in a residential centre and who have their own medical card will be required to pay the charges. In the case of persons who are homeless and who live in a residential setting the provider of the accommodation will be required to pay the charge on behalf of each resident and make the necessary arrangements for collection of the charge from the residents.

For persons who hold a medical card and are residing in nursing homes, either HSE or Private, or a Residential Disability Centre, the provider of the accommodation will be required to pay the charge on behalf of each resident and make the necessary arrangements for collection of the charge from the residents.

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A prescription charge will also apply for patients accessing products:

- using Hospital Emergency Scheme
- using Dental Prescriptions under the Dental Treatment Scheme
- under the EEA Scheme
- under the Discretionary Hardship Arrangements
- any claimed strength of a particular product e.g. Levothyroxine, Warfarin.

There are a limited number of exemptions from prescription charges that include:

1. Children who are in the care of the HSE under the Child Care Acts 1991 to 2013. All other GMS clients will be subject to prescription charges. Carers responsible for children in care will pay the prescription charge to the pharmacy and claim a full refund from the HSE PCRS.
2. The supply of Methadone/Suboxone/Zubsolv to Opiate Dependent Clients. OST clients will be required to pay the charge on prescription items other than the opioid substitution treatment. The supply of methadone for non-opiate dependent clients is not exempted.
3. Persons with full eligibility, i.e. valid medical card living in Direct Provision.
4. High Tech products. As the supply of High Tech medicines operates on the basis of a patient care fee, a prescription charge will not apply.
5. Persons affected by the National Cervical Check Service (and their dependents).
6. Holders of a Redress for Women Resident in Certain Institutions Act 2015 Services Card.
7. Health Amendment Act Card holders.
8. HIV Pre-Exposure Prophylaxis (PrEP)
9. HRT Arrangements.

A prescription charge will not be deducted from your GMS payment in respect of persons confirmed as exempt from prescription charges. Enhanced visibility under Patient Specific Arrangements on the Secure Checker will assist in verifying if a person is exempt from prescription charges.

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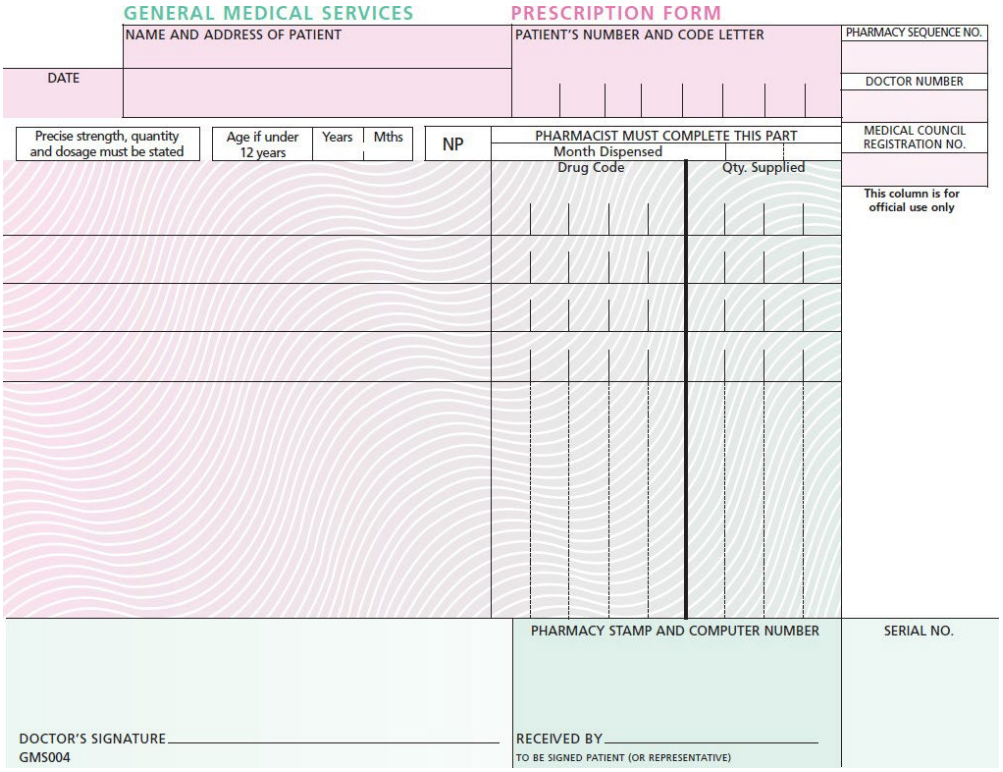
Traditional GMS Prescription Form:



2.1.2 GMS Repeat Paper Prescription Forms

Repeat prescription sets are for use by participating doctors when they intend that a particular item or items be repeated. Whilst Healthmail is the main form of prescription in operation at present, GMS Repeat Paper Prescriptions are still a legally permissible option for repeat prescribing.

The paper form "Repeat Prescription Set" consists of three "two-part" sets of self-carbonising forms, the top copy of which is the original prescription. When a doctor wishes to have a prescription for a GMS patient repeated once the patient should be issued with Part 2 and Part 3, i.e. two "two-part" sets - the remaining Part 1 should be shredded - if 2 repeats are required the complete set should be issued. It is important that all parts of forms issued are legible.

Each "Repeat Prescription Set" must have the patient's name, address and current medical card number entered thereon. Only current eligible medical card numbers should be submitted for reimbursement. Only claims where the patient had full GMS eligibility within 2 months of the date of claim and Incomplete Claims Percentage is decreasing progressively or the percentage is 0.1% or less will process for payment.

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Each original form (white) must be signed by the doctor.

Schedule 2 and 3 Controlled Drugs must not be written on a repeat prescription form under any circumstances.

A patient who has been issued with a Repeat Prescription Set is required to present the complete set to a pharmacist for dispensing.

On first dispensing the forms comprising Part 1 (i.e. the last two forms of the set) pharmacist's Claim Form and a Pharmacy Copy should be detached from the set in the dispensing pharmacy where the dispensing pharmacist will stamp and date the original prescription form with the pharmacy name and address and the date of dispensing in the space provided marked '1st dispensing'. The remaining forms should be returned to the patient. On second dispensing the forms comprising Part 2 of the set should be used and the same sequence as for the first dispensing should be followed.

On third and final dispensing the forms comprising Part 3 i.e. the original prescription form and a pharmacy copy should be used. The pharmacist will retain both parts of the set and will stamp and date the original form in the space provided for '3rd dispensing'.

The patient should not receive a repeat supply earlier than the doctor expressly provides, or, sooner than intervals the pharmacist may reasonably infer from the quantity and/or dosage stated on the prescription. If an earlier supply is necessary in any other circumstances, the pharmacist should set out the reasons for the departure from normal procedure.

Oral Nutritional Supplements (ONS) and Nicotine replacement therapy (NRT) are not permitted to be prescribed on GMS Repeat Prescription Forms.

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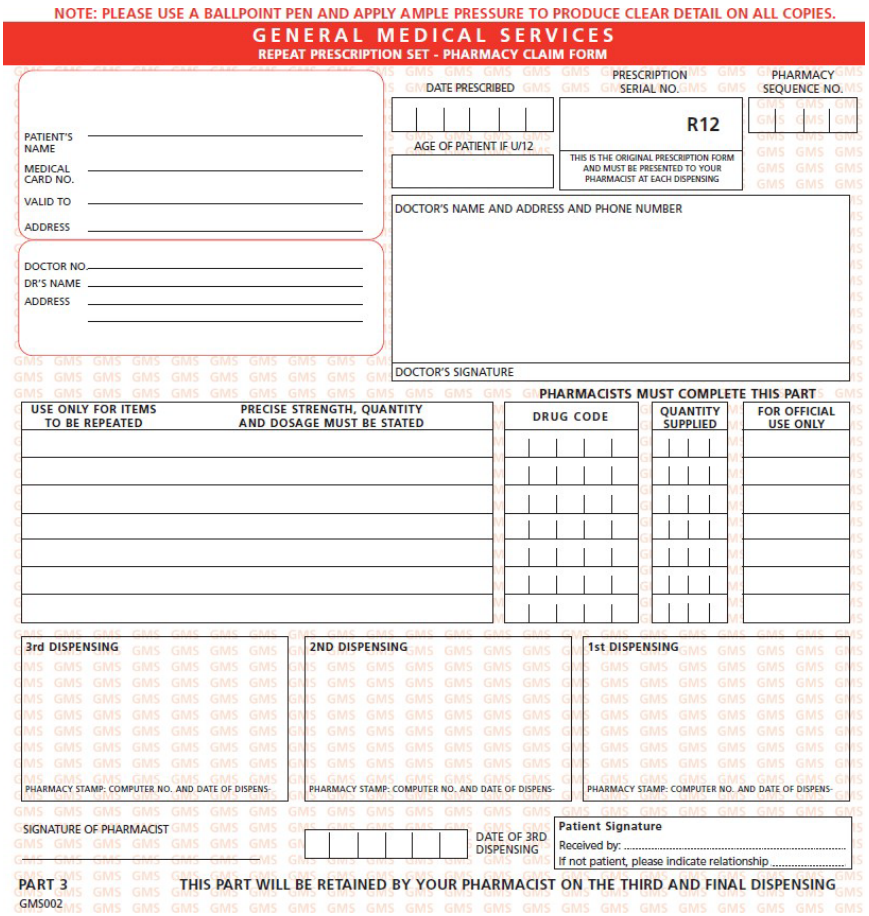
Traditional GMS Repeat Prescription Form:



NOTE: PLEASE USE A BALLPOINT PEN AND APPLY AMPLE PRESSURE TO PRODUCE CLEAR DETAIL ON ALL COPIES.

GENERAL MEDICAL SERVICES

REPEAT PRESCRIPTION SET - PHARMACY CLAIM FORM

PATIENT'S NAME

MEDICAL CARD NO.

VALID TO

ADDRESS

DOCTOR NO.

DR'S NAME

ADDRESS

DATE PRESCRIBED

PRESCRIPTION SERIAL NO.

R12

PHARMACY SEQUENCE NO.

AGE OF PATIENT IF U/12

THIS IS THE ORIGINAL PRESCRIPTION FORM AND MUST BE PRESENTED TO YOUR PHARMACIST AT EACH DISPENSING

DOCTOR'S NAME AND ADDRESS AND PHONE NUMBER

DOCTOR'S SIGNATURE

PHARMACISTS MUST COMPLETE THIS PART

USE ONLY FOR ITEMS TO BE REPEATED	PRECISE STRENGTH, QUANTITY AND DOSAGE MUST BE STATED	DRUG CODE	QUANTITY SUPPLIED	FOR OFFICIAL USE ONLY

3rd DISPENSING	2ND DISPENSING	1st DISPENSING
PHARMACY STAMP: COMPUTER NO. AND DATE OF DISPENS-	PHARMACY STAMP: COMPUTER NO. AND DATE OF DISPENS-	PHARMACY STAMP: COMPUTER NO. AND DATE OF DISPENS-

SIGNATURE OF PHARMACIST

DATE OF 3RD DISPENSING

Patient Signature

Received by: .....

If not patient, please indicate relationship .....

PART 3 THIS PART WILL BE RETAINED BY YOUR PHARMACIST ON THE THIRD AND FINAL DISPENSING

GMS002

2.1.3 Hospital Emergency Scheme

Those with GMS eligibility who are provided with a prescription on their discharge from a Hospital or residential palliative care setting (hospice) can obtain a 30-day supply without undue delay through the Hospital Emergency Scheme. The following arrangements are in place for this scheme;

1 A dispensing pharmacist must be satisfied that a named authorised person, is at the time of dispensing, eligible under the GMS scheme,

2 The medical card number of the person prescribed for and the hospital doctor code '61559' must be inserted in the space provided on the claim form,

3 Dispensing of a hospital emergency supply shall be on the day of issue of a hospital/hospice prescription in special circumstances a hospital emergency supply may be dispensed on the following day,

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4 GMS reimbursable items only may be claimed for under this arrangement.

A valid hospital (public or private) prescription for a patient with GMS eligibility is accepted under the Hospital Emergency Scheme for the purposes of reimbursement. However, the list of hospices accepted for the purposes of reimbursement under GMS remain as listed in Circular 35/17.

2.1.4 GP Visit Card

A GP visit card is a card that gives patients free visits to a participating family doctor (GP). They will have to pay for medicines and other services. If a patient is not eligible for a medical card, they may be eligible for a GP visit card, additionally if a patient has a medical card, then they don't need a GP visit card.

General GP visit card
Anyone age 8 to 69 can apply for a GP visit card.

Over 70s GP visit card
Patients over 70 can register for an over 70s GP visit card.

Under 8s GP visit card
Parents with a child under 8 can register for an under 8s GP visit card.

Carers GP visit card
People who receive Carer's Benefit or Carer's Allowance, at full or half rate, can register for a carers GP visit card.

2.2 Dental Treatment Services Scheme (DTSS)

The Dental Treatment Services Schemes (DTSS) is available to medical card holders over 16 years. Dentists will prescribe for GMS persons on specially designed prescription forms. The DTSS prescription form is a two-part set. The top copy is the original prescription form and the duplicate is the pharmacy copy. The payment of DTSS claims is based on the reimbursement price and the relevant GMS dispensing fee.

Since November 2022, the PCRS can accept files submitted electronically for the Dental Treatment Service Scheme (DTSS). This scheme is no longer required to be claimed manually

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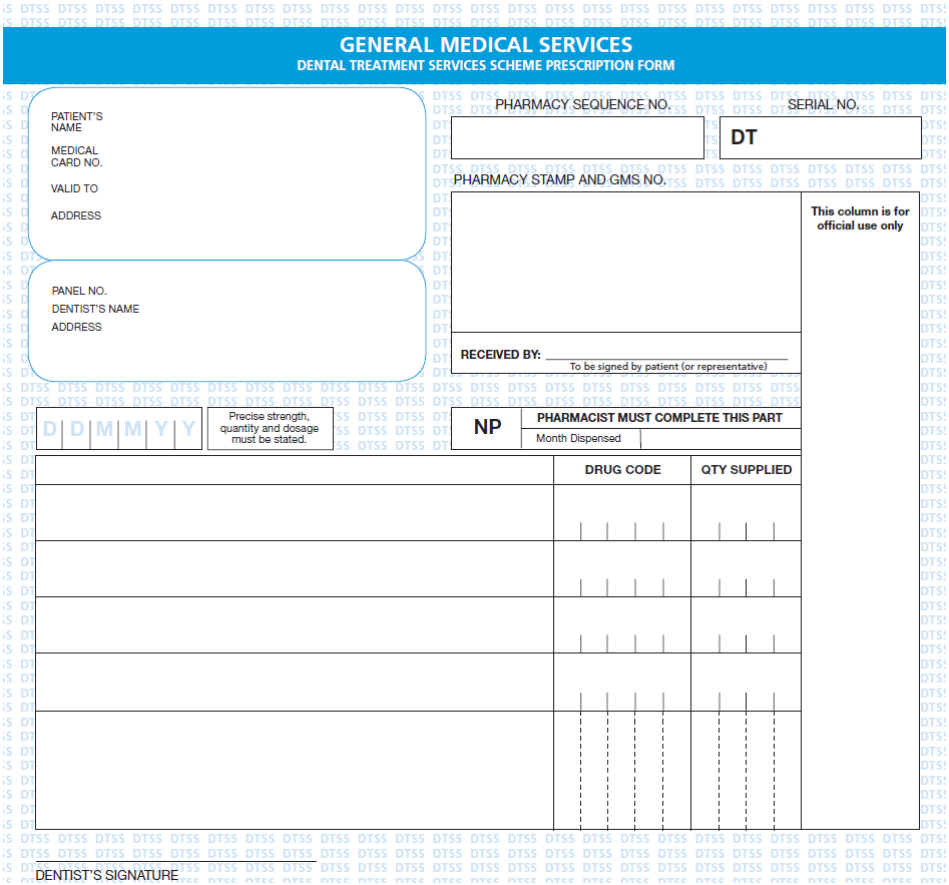
and therefore a paper bundle should not be submitted in addition to the electronic claim unless requested by the PCRS.

For dental claims, a valid DTSS Contract Number should be submitted to the PCRS. Under this scheme, claims will be marked as 'DE' for identification.

The List of Dental Prescribable Items is available at www.pcrs.ie > PCRS > List of Reimbursable Items.

DTSS Prescription Form:



GENERAL MEDICAL SERVICES
DENTAL TREATMENT SERVICES SCHEME PRESCRIPTION FORM

PATIENT'S NAME
MEDICAL CARD NO.
VALID TO
ADDRESS

PANEL NO.
DENTIST'S NAME
ADDRESS

PHARMACY SEQUENCE NO. | SERIAL NO. | DT

PHARMACY STAMP AND GMS NO.

This column is for official use only

RECEIVED BY: _____ To be signed by patient (or representative)

D D M M Y Y | Precise strength, quantity and dosage must be stated.

NP | PHARMACIST MUST COMPLETE THIS PART | Month Dispensed

	DRUG CODE	QTY SUPPLIED

DENTIST'S SIGNATURE

2.3 Drugs Payment Scheme (DPS)

Under the Drugs Payment Scheme (DPS) an individual or family will pay no more than the amount set out in the Regulations each calendar month for:

- approved prescribed drugs and medicines
- rental costs for a continuous positive airway pressure (CPAP) machine
- rental costs for oxygen.

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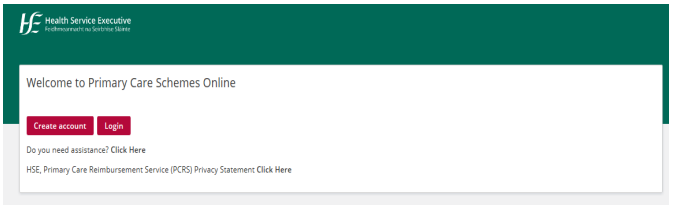
Anyone living in Ireland and intends to live here for at least 1 year can apply. There is no means test for a DPS card.

2.3.1 Submitting Applications

Applications for the DPS can be undertaken either online at www.myDPS.ie using our dedicated online application facility or, by completing an application form and posting to:-

Drugs Payment Scheme,
Eligibility Unit,
PO Box 12966,
Dublin 11.



Or emailing a scanned copy or clear photo of the completed application form to pcrs.applications@hse.ie.

2.3.2 Family Applications

A family is an adult, their partner and any children or dependants. When applying any family member who cannot maintain themselves and has:

1) a physical disability
2) an intellectual disability
3) an illness

can be included. A medical report for any family member who cannot maintain themselves should also be included with the application.

To add a new baby or a dependant, patients can email nmcu.cod@hse.ie or call 0818 22 44 78.

Anyone aged between 18 to 23 in full-time education can be included in a family application. Anyone over the age of 18 not in full-time education must apply for their own card.

2.3.3 Emergency DPS Registration

There is a process for online emergency DPS applications by the Community Pharmacist. This online application is available on the Pharmacy Suite named “Emergency DPS”. Once this module is selected you will be able to launch the application and read the user guide.

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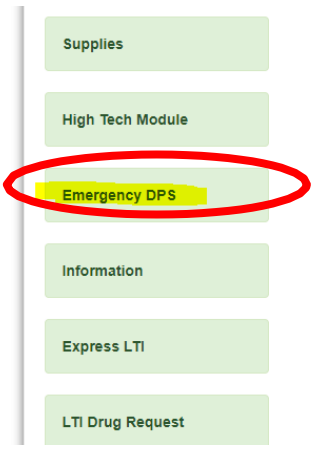
While this process will facilitate DPS eligibility, this is on a temporary basis only. Pharmacists should advise the customer to apply for ongoing eligibility online via mydps.ie or complete an application form.

Failure to register for the DPS scheme will result in losing DPS eligibility after 3 months. The 'Emergency DPS Pharmacy User Guide' is accessible within the 'Emergency DPS' module on your pharmacy suite.



2.3.4 DPS Administration

Persons with DPS eligibility are issued with a prescription where medically indicated from the doctor. These prescriptions are dispensed and claimed electronically under the DPS. The patient and/or family grouping does not pay over the co-payment as set out in legislation in respect of approved reimbursable items. The claim is submitted at the end of the calendar month to the PCRS for payment. The Pharmacist receives payment from the PCRS for the balance over the monthly co-payment threshold in respect of each family group.

In exceptional circumstances where additional supplies are required due to travel, a DPS co-payment is applicable to each month.

Products must belong to a category eligible for reimbursement under the DPS Scheme. The List of GMS Reimbursable Items can be found at www.pcrs.ie.

Note: Compression hosiery, GLP-1 agonists for the treatment of Diabetes Mellitus and Nicotine Replacement Therapy (NRT) are not reimbursable under the DPS.

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2.4 Long Term Illness (LTI) Scheme

Anyone who is living in Ireland and intends to live here for at least 1 year and suffers with one of the conditions listed below can apply for the LTI scheme.

The conditions covered by the Scheme are very specific as set down in legislation. Only the following illnesses and disabilities can be authorised for approval under this scheme.

Illness Code	Illnesses and Disabilities
A	Intellectual disability (This is described in the legislation as 'mental handicap')
B	Hydrocephalus
C	Cerebral Palsy
D	Muscular Dystrophy
E	Haemophilia
F	Diabetes Mellitus (does not include Gestational Diabetes)
G	Diabetes Insipidus
H	Epilepsy
J	Multiple Sclerosis
K	Parkinsonism
L	Cystic Fibrosis
M	Phenylketonuria (PKU)
N	Acute Leukaemia
Q	Spina Bifida
P	Mental Illness – only for persons under the age of 16 years
R	Thalidomide - for conditions arising from the use of this drug

A completed long-term illness scheme application form is sent to the PCRS. The application form can be downloaded from the HSE website and posted to;

***Long-Term Illness Scheme**,*
Client Registration Unit,
PO Box 12962,
Dublin 11,
D11
XKF3.

For queries contact: Phone 0818 22 44 78

2.4.1 Express LTI Registration

Pharmacists have the facility to express register LTI applications for certain long-term illnesses where the medications prescribed confirm the diagnosis. The online registration facility is available on the Pharmacy Suite named 'Express LTI'.

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While there are 16 illnesses and disabilities covered by the LTI scheme, there are certain illnesses where it is clear that the medications prescribed confirm the diagnosis. Pharmacists can apply for the following under the LTI scheme;

Illness Code	Illnesses and Disabilities
F	Diabetes Mellitus (does not include Gestational Diabetes)
H	Epilepsy
K	Parkinsonism
M	Phenylketonuria

Note: The LTI scheme does not include a diagnosis of Gestational Diabetes or those with Pre-Diabetes

These represent the vast majority of LTI applications. All other illnesses and disabilities cannot be applied for by the pharmacist using the express LTI registration.

Once the patient has been registered, an LTI number will be provided with the confirmation of registration. Claims for Core List and approved products on the Reimbursement List can be submitted under the LTI scheme using this number. All applications made can be viewed in the 'Application History' tab.

The pharmacy should advise the patient to complete the application form and submit to the PCRS. They will have 2 months to complete this process. Further claims will not be paid if registration has not been completed in this timeframe.

Eligibility can be confirmed online through the Secure Scheme Checker.

2.4.2 LTI Scheme Administration

Drugs, medicines and non-drug items reimbursable under the LTI Scheme are intended for the treatment of the primary condition. Core Lists were developed following detailed consultation with Medical Officers, HSE Pharmacists and HSE Medicines Management Programme. The HSE is satisfied that all medicines that should be necessary for the treatment of each primary LTI condition are provided on these Core Lists.

Approved medicines and appliances can be found online at https://www2.hse.ie/services/schemes-allowances/lti/approved-medications/. A link is also

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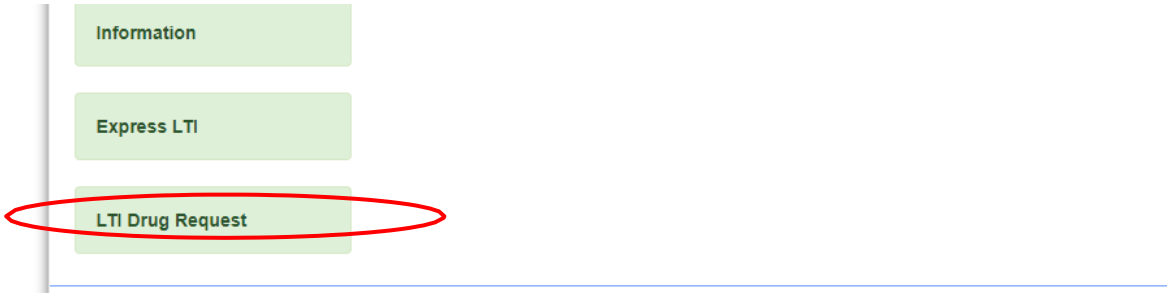
available to pharmacists through the Secure Scheme Checker. These lists will be updated when changes are made.

LTI prescriptions are dispensed and claimed electronically under the LTI scheme. The patient must have an LTI number in order to submit a valid claim.

Since April 2019, the Secure Scheme Checker allows pharmacies to see the products that a patient has specific individual approval for outside of the Core List(s). These items can be claimed for seamlessly under the patient's LTI eligibility.

The Secure Scheme Checker system also has the facility for the pharmacist to seek reimbursement approval for a product on the Reimbursement List under LTI. This will appear on the screen as *'To request additional drugs for this patient click here'* or in the Pharmacy Suite under 'LTI Drug Request':



In this facility, the pharmacist must select the product they wish to apply for, upload a copy of the hospital prescription and any supporting documentation for consideration.

The application will remain at pending approval until a reimbursement decision has been made and communicated back to the pharmacist through the system. Once the item has been approved it will appear in the list of LTI product specific approvals for that patient on the Secure Scheme Checker.

Where medicinal products that are not on the approved list are prescribed for the first time for a person with any of the LTI conditions, the patient should be informed that the products are not on the Core List approved under the LTI Scheme and must be paid for under the Drugs Payment Scheme where the patient does not hold medical card eligibility.

Applications will require pharmaceutical assessment and it may take up to 3 working days (Monday to Friday, or the first working day after a weekend) before approval or non-approval will be communicated back to the pharmacy by the PCRS through the Secure Scheme Checker. While the application is under consideration, 'pending' will be displayed on the screen. The reason for a negative reimbursement decision will be communicated back through the system.

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Applications are made on an individual patient basis. Where insufficient clinical information is provided to enable a positive reimbursement decision, an application will not be approved. It must be clear that the medicine requested is treating the primary LTI condition. Queries in relation to LTI Drug Requests can be submitted to PCRS.LTIQueries@hse.ie.

2.5 Health (Amendment) Act, 1996

The Government has provided in the above Act, for the making available without charge of particular health services to certain persons who have contracted Hepatitis C directly or indirectly from the use of Human Immunoglobulin-Anti-D or the receipt within the State of another blood product or blood transfusion. GP services, pharmaceutical services, dental services and optometric/ophthalmic services provided under the Act are paid for by the PCRS.

Persons eligible under Section 2(1) (b) of the Act are entitled to receive drugs, medicines on and medical and surgical appliances, which are prescribed by a medical practitioner, without charge. A valid prescription must be in place for all product claims presented for reimbursement. Arrangements similar to those in place under the Drugs Payment Scheme (DPS) apply in relation to this service but without the need for the person to pay a contribution towards the cost of medication and appliances supplied. There is no requirement for the person concerned to have their prescriptions dispensed from the same pharmacy in respect of the same month.

Homeopathic Medicines or Herbal Medicines are not reimbursed by the PCRS. Cosmetic type toiletries are not covered under the HAA card. The Hepatitis C Liaison Officer can advise patients whether or not certain items are available under the HAA card.

2.6 European Economic Area (EEA) Entitlements

A resident of a State in the European Union or European Economic Area, on a temporary visit to Ireland and who has a valid European Health Insurance Card (EHIC) from that State is entitled to receive necessary general medical services including Doctor, emergency Dental and prescribed medications. In addition, Ireland has a reciprocal arrangement with the UK, which entitles UK residents on a temporary visit to Ireland to receive necessary services on production of the specified documentation. Necessary service covers the treatment required to allow the visitor continue his/her temporary stay in Ireland and return home as previously planned.

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The HSE, as the competent institution in Ireland for the provision of health services under EU Regulations 883/04 and 987/09, is required to recoup the costs of provision of health services in Ireland for EHIC holders from other EU/EEA States.

Should you have any queries on the gathering or use of EHIC information, please contact the HSE EU Regulations Office at euregulations@hse.ie.

Such persons who are moving to Ireland on a permanent/long term basis should be advised to apply for a medical card under EU Regulations.

For a person who is just visiting on a temporary basis such as a holiday the linkage is established by the production of a European Health Insurance Card (EHIC) or a Temporary Replacement Certificate (TRC)

EU/EEA persons presenting for Dental treatment should in the first instance be referred to a HSE Dental Clinic. The HSE may in certain circumstances make special arrangements for private practitioners to provide treatment to such persons but the resulting claim must be made directly to the HSE Community Health Office concerned. Hence, if dental treatment becomes necessary contact should be made with Community health office first.

Please note a European Health Insurance Card only provides entitlement to services when the holder of the card is travelling within the EU/EEA and outside of their own State. These arrangements do not cover persons who come to the Country specifically for the purpose of obtaining medical treatment.

Example Format of EHIC

The format of the EHIC is as follows:-

Position	Required Value	Definition
1-2	80	Fixed for all EHIC numbers
3-5	372	Country of Issue –e.g. Rep. of Ireland is 372
6-10		Issuing Institution
11-20		Unique Number

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2.6.1 European Health Insurance Card (EHIC) Prescriptions

Since November 2022, the PCRS can accept files submitted electronically for the EU (European Health Insurance Card (EHIC) Prescription) Scheme and claims are no longer required to be conducted manually.

The HSE is required to submit a detailed account in respect of the costs incurred for each patient to the Member State responsible for that patient, for the provision of health care in order to claim a refund.

To enable the HSE prepare these accounts in line with the EU approved protocols, and attain a refund, it is necessary to collect the required information at the point of provision of service to eligible persons. The information required to submit a valid claim includes, the patient identification data from the individuals European Health Insurance Card (EHIC) as follows:

- State Identifier
- Identification Number of the EHIC

In the case of a UK resident there is a separate arrangement for the calculation of costs which requires confirmation of the identity of persons from the UK receiving a service. If the person does not have an EHIC, this can be achieved by recording the following information:

- NHS Number i.e. numeric in the form of 123 456 7899 or
- Passport Number i.e. numeric in the form of 123456789 or
- Driving License Number i.e. alpha numeric in the form of MURPHMA123456789 or 123456789 or
- National Insurance Number i.e. alpha numeric in the form of AB123456C.

If a person from the UK presents with an EHIC, the number of the card should be recorded as outlined above.

Only approved medicines with GMS codes are covered under the EU Prescription Form.

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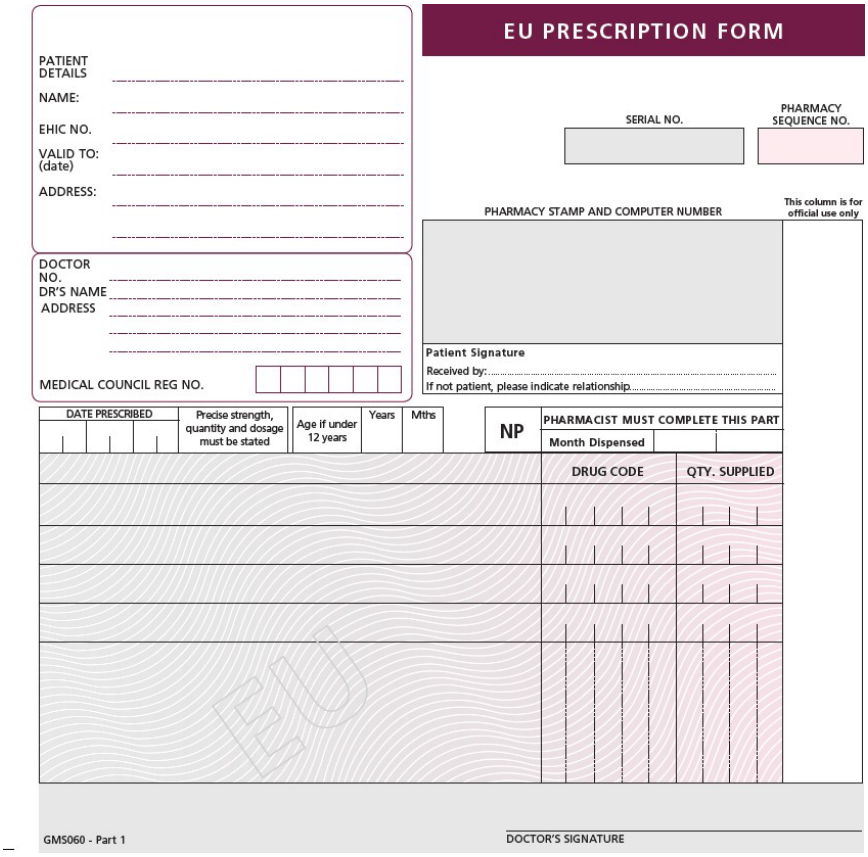
EU Prescription Form:



2.7 High Tech Arrangement

Commenced in November 1996, the High Tech Arrangement provides for the supply and dispensing of High Tech medicines through Community Pharmacies. Examples of High Tech drugs are: anti-rejection drugs for transplant patients, chemotherapy and growth hormones.

The medicines are purchased by the HSE and supplied through Community Pharmacies for which pharmacies are paid a patient care fee by the PCRS each month.

These arrangements are designed to provide a quality community based service to patients by ensuring the active involvement of community pharmacists in the dispensing of High Tech medicines. Where a patient is an inpatient in a private or public hospital, it is the responsibility of the Hospital to purchase the medicine for the patient.

A patient who is prescribed one or more High Tech item(s) will be asked to nominate a community pharmacy where they propose to obtain the prescribed High Tech Medication. In order to register newly initiated patients on High Tech Medicines a copy of the prescription

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must be sent to the High Tech Co-ordination Unit (pcrs.hitech@hse.ie). If a patient is changing pharmacy they must complete the 'Change of Nominated Pharmacy' form available at www.hse.ie/eng/staff/PCRS/Online_Services or in the 'Help' tab of the High Tech Ordering and Management System. The fully completed form should be forwarded by email to pcrs.hitech@hse.ie. Once all medications have been dispensed to the patient by their existing nominated pharmacy, HSE will update the change of nomination.

The High Tech hub was introduced to streamline administration for pharmacists and to provide enhanced visibility of stock management and spending on this scheme to the HSE. All patients must have established eligibility and a valid High Tech prescription. Orders are per person, per drug, per month (28 day supply). Reimbursement is supported in line with the licencing of the medicine for the indication for which HSE approval has been granted.

Reimbursement will only be facilitated for orders placed through the hub for the listed 'hub only' High Tech medications. The list of the 'hub only' drugs are located on the 'Help' tab of the High Tech Hub. Any High Tech drug available for ordering through the Hub but ordered via a separate mechanism will be treated as a private transaction and will result in the pharmacy being liable for payment. For non-hub drugs, a pharmacist will obtain High Tech medication(s) from their pharmaceutical wholesaler directly.

There are certain High Tech medicines which are only available for reimbursement support subject to approval through a managed access protocol. Further information on these medicines can be found at https://www.hse.ie/eng/about/who/cspd/ncps/medicines-management/managed-access-protocols/.

Medicines covered under the High Tech Arrangement are high cost items and should be ordered when requested by the patient ensuring 'just in time' delivery service is maximised. Pharmacies may be liable for the cost of High Tech orders that were placed without a corresponding patient request.

2.7.1 High Tech Non-Dispensing

Because of the need for on-going monitoring by community pharmacists of a patient's overall drug therapy, it is accepted that situations will arise where a pharmacist may claim a patient care fee even though no High Tech items have been dispensed in a particular month. Such situations would include, for example, drug regimens/pack sizes that require less than monthly dispensing or intermittent admission of patients to hospital. However, in these circumstances, payment will only be made to the patient's nominated pharmacy where a brief explanation is given on the form to the reason why no High Tech Drug has been dispensed and a care fee

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is due, pharmacies must use the code 88999 when claiming a non-dispensing patient care fee.

It has been agreed that, in the interests of public accountability, the maximum number of consecutive months for which a pharmacist may claim a patient care fee in respect of a particular patient, where there has been no dispensing of High Tech medicines for that patient shall be three months in line with the Regulations. Such a fee may not be claimed in respect of a deceased person. Where a pharmacist becomes aware that a patient no longer requires High Tech medication they should inform the HSE.

2.7.2 Patient Entitlement Categories

Patients must be prescribed the High Tech medication in line with the existing protocol, if relevant, in order to be entitled to services under the High Tech Drugs Arrangements.

Patients will be categorised under one of the following categories:

- Medical cardholders are entitled to all High Tech items from the agreed list free of charge
- Persons covered under the Health (Amendment) Act, 1996 are entitled to all High Tech items from the agreed list free of charge
- LTI persons are entitled to item(s) from the agreed High Tech list free of charge only if the item has been authorised for their particular Long Term Condition
- DPS cardholders will continue to pay relevant copayment as set out in Regulations, towards the total cost of all their medication (High Tech and regular medicines)
- T-numbers are approved in exceptional circumstance such as an emergency where a patient is stranded in Ireland and requires a High Tech medicine. T-numbers are issued by the High Tech Co-ordination Unit.

A patient with entitlement under any other Scheme will retain his/her existing authorisation number, e.g. Medical Card Number/DPS Card Number; the relevant Patient Numbermust be included on the pharmacy claim.

When a pharmacist collects the relevant co-payment as set out in Regulations from a DPS person under the Drugs Payment Scheme and where High Tech medicines and DPS

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medicines to the value of the co-payment or more are dispensed to such person, in the same calendar month, such pharmacists would be due the full amount of the patient care fee.

The following examples illustrate High Tech Arrangements with regard to the Drug Payment Scheme.

- An individual or family receives items under the Drugs Payment Scheme in a calendar month on the same card grouping to the value of the co-payment or more, pays the relevant co-payment as set out in Regulations, to the pharmacist under that scheme. If High Tech items are also dispensed in the same calendar month to the same card grouping in the same pharmacy, the PCRS will credit the pharmacy with the patient care fee.
- A person with DPS entitlement who has items dispensed under the High Tech Arrangements only, will pay the relevant co-payment as set out in Regulations, to the pharmacy. The pharmacy account with the PCRS will be credited with the patient care fee amount, which will result in a balance due to the PCRS of the difference between the patient care fee and the relevant co-payment as set out in Regulations in respect of such transaction.
- Where the cost of the High Tech product is less than the co-payment, the pharmacy account will be credited with the patient care fee amount and any excess balance will be credited to the PCRS.

The remittance advice to the pharmacist will contain a reconciliation of amount paid to the pharmacy by eligible persons and the total of patient care fees paid by the PCRS.

Where there is a negative net balance owed to the PCRS by the pharmacy such balance will be recouped from other payments that may be due under this Scheme or from any other payment due to the contractor.

Any clinical queries that a Pharmacist has relating to the prescription should be directed to the prescribing doctor.

2.7.3 Annual Stock Take

For audit purposes community pharmacies must complete a High Tech Stock Take electronically. The PCRS will provide a list of high tech drugs ordered to assist in compiling the data for the stock take enabling pharmacists to confirm the quantity (by the number of units) of each drug held in the pharmacy at year end. Stock Take User Guide and FAQ are

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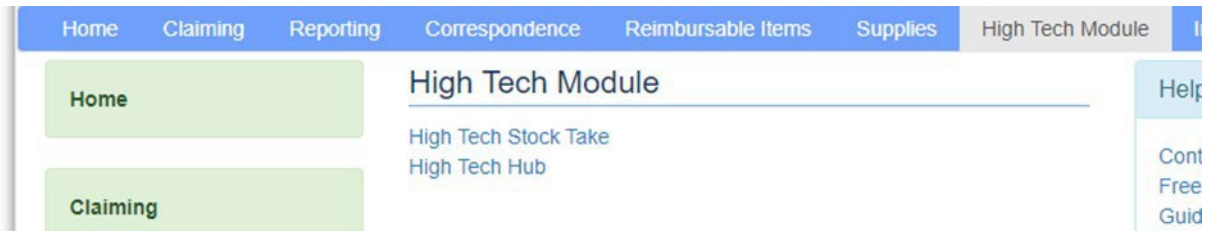
available on the ‘Help’ tab of the Stock Take application. Pharmacies who fail to discharge this duty may not be authorised to participate in the High Tech Arrangement.

The High Tech Co-Ordination Unit are available to support community pharmacy teams via email PCRS.hitech@hse.ie or telephone 01-8647135 and living documents such as High Tech Hub User Guide and FAQ documents are available under the ‘Help’ section on the High Tech Hub application.



2.8 Opioid Substitution Treatment Scheme

The Opioid Substitution Treatment (OST) Scheme (previously known as the Methadone Treatment Scheme) commenced in October 1998. Under the Scheme Methadone/Suboxone®/Zubsolv® is prescribed and dispensed by doctors and pharmacists for approved patients. Patient Care fees under this Scheme are paid to participating doctors and pharmacists.

Persons who present to the registered medical practitioner for treatment must be notified to the HSE and placed on the Central Treatment List (01-6488640, 9am to 5pm Monday to Friday). The HSE issue an ‘opioid substitution treatment card’ in respect of a person participating in a programme of treatment in accordance with the regulations.

2.8.1 Central Treatment List

The Central Treatment List contains information on all persons for whom opioid substitution treatment has been prescribed. The information contained in this list is based on information that must be supplied by doctors under Regulation 3 of the 2017 Regulations. Information contained in the Central Treatment List is confidential.

2.8.2 Drug Treatment Card

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An opioid substitution treatment card is issued in respect of all patients notified to the Central Treatment List. The card contains the name and photograph of the relevant patient and the name of the patient's doctor and pharmacy. The card will have a treatment card number beginning with PH which is unique to the patient. The card is sent directly to the patient's pharmacy where it is held on behalf of the patient.

Prescriptions for the treatment of opiate dependent patients may only be dispensed for patients for whom a treatment card has been issued and remains valid.

2.8.3 Opioid Substitution Treatment Scheme Arrangements

The Misuse of Drugs (Supervision of Prescription and Supply of Methadone and Medicinal Products containing Buprenorphine Authorised for Opioid Substitution Treatment) Regulations 2017 (S.I No 522 of 2017) came into effect on the 22 November 2017. This has extended certain Buprenorphine medicinal products authorised for opioid substitution treatment to the Schedule of products that fall within the scope of these Regulations. These regulations replace the Misuse of Drugs (Supervision of Prescription and Supply of Methadone) Regulations 1998 (S.I. No 225 of 1998).

The previous Methadone Treatment Prescription Form was updated to the Opioid Substitution Treatment Prescription Form as a result of the new legislation.

Patients being treated with products containing Buprenorphine/Naloxone for opioid dependence must have their names and relevant information recorded on a designated part of the Central Treatment List. Patients attending community pharmacies must have an opioid substitution treatment card, which is held by the dispensing pharmacy, which includes their treatment card number, for example PH12345.

General practitioners who are contracted by the HSE to provide treatment on the basis of one of two levels – Level 1 or Level 2 can issue an OST Form. A registered medical practitioner cannot issue a prescription for a medicinal product set out in the Misuse of Drugs (Supervision of Prescription and Supply of Methadone and Medicinal Products containing Buprenorphine authorised for Opioid Substitution Treatment) Regulations 2017 other than on an OST Prescription Form which is the HSE prescribed format. The person for whom the opioid substitution treatment is prescribed must have a valid opioid substitution treatment card.

OST Prescriptions are for a supply period of not greater than seven days. Where 'Additional Bank Holiday Supply' is required and indicated on the prescription under 'Supervision Instructions', a total of eight days duration can be provided.

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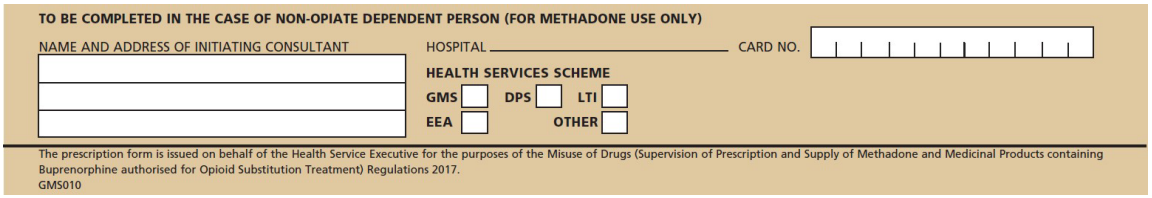
The prescription details are inserted on the prescription according to the Misuse of Drugs Regulations 2017 (S.I. No. 173 of 2017). The dosage in units i.e. the quantity per day of the preparation and the number of days at that dose must be written in the boxes specified on the prescription form. The total dosage in units as appropriate, must also be supplied in both words and figures.

You are reminded that the pharmacy section of the OST Prescription Forms must be legible and completed in full for payment processing.

In the case of a prescription for methadone, for purposes other than opiate dependence, the pharmacist should also complete the bottom section of the form:


TO BE COMPLETED IN THE CASE OF NON-OPIATE DEPENDENT PERSON (FOR METHADONE USE ONLY)

NAME AND ADDRESS OF INITIATING CONSULTANT

HOSPITAL _____ CARD NO.

HEALTH SERVICES SCHEME

GMS ☐ DPS ☐ LTI ☐

EEA ☐ OTHER ☐

The prescription form is issued on behalf of the Health Service Executive for the purposes of the Misuse of Drugs (Supervision of Prescription and Supply of Methadone and Medicinal Products containing Buprenorphine authorised for Opioid Substitution Treatment) Regulations 2017.

GMS010

Methadone supplied in circumstances other than opiate dependence do not require the patient to be on the Central Treatment List and hold a opioid substitution treatment card. Pharmacies who do not already have authority to supply methadone must contact the Department of Health Controlled Drugs Department (01 635 4279, Mon-Fri 9am-5pm) in order to supply methadone for palliative care.

Note: Subutex® is not currently reimbursed under schemes for the Addiction Services Programme. Reimbursement arrangements to pharmacy contractors for Opioid Substitution Prescription Forms applies to Methadone 1mg/ml, Suboxone® and Zubsolv® products on the Reimbursement List

Nyxoid® 1.8 mg Nasal Spray Solution was added to the GMS Reimbursement List on 1 March 2021. Nyxoid® is a medicine used for emergency treatment in case of known or suspected overdose of opioid drugs.

Due to the nature of the product and training requirement, it is currently restricted for prescribing under GMS to those GPs in Addiction Services (Level 1/Level 2). Therefore, the product has been inserted on Opioid Substitution Treatment (OST) Prescription Forms as those prescribers with the required training have access to OST prescription forms. However, the product is a GMS reimbursable product and is submitted in the normal manner with monthly GMS claims. Claims for Nyxoid® are not required to be submitted as part of Opioid Substitution Treatment (OST) claims (i.e. Methadone/Suboxone®/Zubsolv®).

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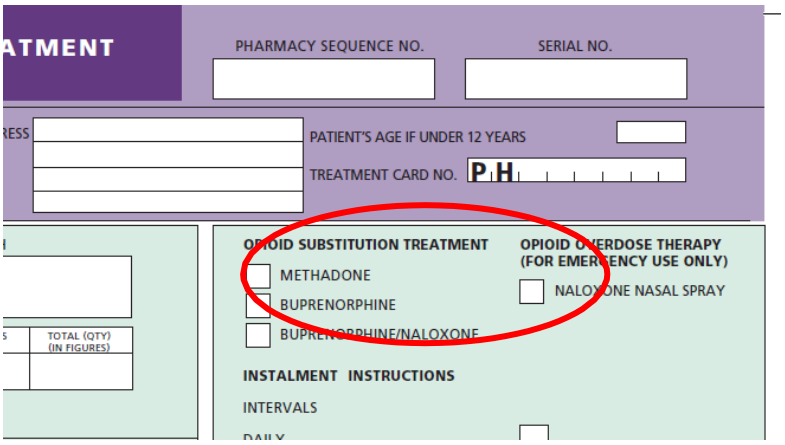

Claims are processed and paid by the Primary Care Reimbursement Service. Prescriptions must be forwarded to the HSE no later than **14 days after the last day of the month** in which the supply was completed. Claims should be posted to:

Health Service Executive (HSE),

Primary Care Reimbursement Service (PCRS),

P.O. Box 6422,

Finglas,

Dublin 11.

2.8.4 Opioid Substitution Treatment Prescription Writing Requirements

All prescriptions must be written on an Opioid Substitution Treatment Prescription form. It is unlawful for a practitioner to issue, or a pharmacist to dispense, a prescription for a Schedule 2 or 3 controlled drug unless it complies with the following requirements:

The prescription must:

- Be in ink or printed and include the IMCN of the practitioner and dated by him/her.
- Contain the full name and address of the patient for whose treatment it is issued. This should be clearly displayed at the top of the Prescription.
- The patient's Opioid Substitution treatment card Number should be entered into the space provided for 'Treatment Card Number'. The letter's PH, example PH12345, precedes the Treatment Card Number. (*In the case of a non-opiate dependant patient*

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the correct patient identification should be used e.g. medical card number, EEA number etc.).

- Clearly indicate the name of the practitioner issuing it, except in the case of a health prescription (GMS), and specify his/her name and address.
- State that the person issuing it, is a registered medical practitioner, and the prescription details have been completed in full by the prescriber prior to dispensing. This includes Date Prescribed, Drug Name, Form and Strength, Treatment period (from – to), Daily Dosage, Number of days at dose, Total quantity dispensed should be completed, Total in Words, Doctor's Signature (in accordance with legal requirements), Doctors Number and Doctors' Name, Address and Telephone Number or The pharmacy section of the forms must be completed in full and include Pharmacy Number, Drug code, Quantity, Number of instalments, Supervised Y/N, Days Supervised and Dates dispensed.
- In the case of Buprenorphine/Naloxone (Suboxone®, Zubsolv®), if a patient is prescribed both strengths, a separate prescription form must be issued for each. Please ensure that the quantities dispensed are clearly marked in the 'Quantity' section.
- The form must be stamped and signed by the pharmacist.
- The patient must sign the form in the space provided.
- In the case of a prescription for Methadone or Buprenorphine/Naloxone, for purposes other than opioid dependence, the pharmacist should also complete the bottom section of the form (yellow).

In the case of a prescription for Methadone or Buprenorphine/Naloxone, which is being issued for or in connection with the treatment of opioid dependence, the prescription shall not be issued unless:

- The person for whom it is issued is the holder of a valid Opioid Substitution treatment card

And

- The prescription is written on a dedicated form required for use under the scheme.

In the case of a prescription for Methadone or Buprenorphine/Naloxone, which is being issued for the treatment of a person for the purposes other than for or in connection with opioid dependence, the prescription shall not be issued unless:

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- The prescription has been issued by a medical consultant (in hospital practice) or has been initiated by such consultant, whose name and address must be included on the prescription

And

- The prescription is written on a dedicated form required for use under the scheme.

In all cases the practitioner must be satisfied as to the identity of the person for whose treatment the prescription is being issued.

Pharmacists are equally obliged not to supply Methadone or Buprenorphine/Naloxone to any person unless the procedures and requirements outlined above are fully complied with. Pharmacist should also be satisfied as to the identity of the person for whose treatment the prescription has been issued and that the person in the event of opioid dependence is on the Central Treatment List and the pharmacy has been issued with a valid drug treatment card.

The information on the prescription forms must be clearly stated. Information that is incomplete, illegible or misleading will present difficulties to the pharmacist in attempting to dispense it to the patient, who may urgently require the medication, and to the prescribing doctor to whom the patient may be required to return to have the prescription appropriately completed.

2.8.5 Requisitions for OST for Professional Use

In certain rare instances, such as in the case of those doctors providing services to persons held in Garda stations, it will be necessary for practitioners to obtain supplies of Methadone or Buprenorphine/Naloxone for professional use. In those instances, the official prescription forms should be used and the words “Requisition ‘For professional use’” written in the place allocated on these forms for the name and address of the patient.

Unlike the prescription forms where the top copy (i.e. the original) must be submitted as the notification, in the case of requisitions, the carbon copy must be submitted. The top copy of the requisition (i.e. the original) must be retained by the pharmacist in order to comply with the record keeping requirements under the Regulations. The practitioners must pay for any supplies of Methadone or Buprenorphine/Naloxone obtained in this manner.

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2.8.6 Hepatitis B Vaccinations – Pharmacy Staff Members

Arrangements are in place to facilitate the provision of a course of Hepatitis B Vaccinations to staff in pharmacies registered with the Opioid Substitution Treatment Scheme.

In order to avail of this facility, the staff members must be registered under the Drugs Payment Scheme and the pharmacist must complete a registration form in respect of each eligible staff member. Please note that all fields on the form must be completed in order for the staff member to receive the vaccinations. Forms are accessed from the Contract Support Unit.

Part 1 of the registration form should be sent to

Contract Support Unit

HSE PCRS,

J5 Plaza,

North Park Business Park,

Exit 5, M50,

Finglas,

Dublin 11.

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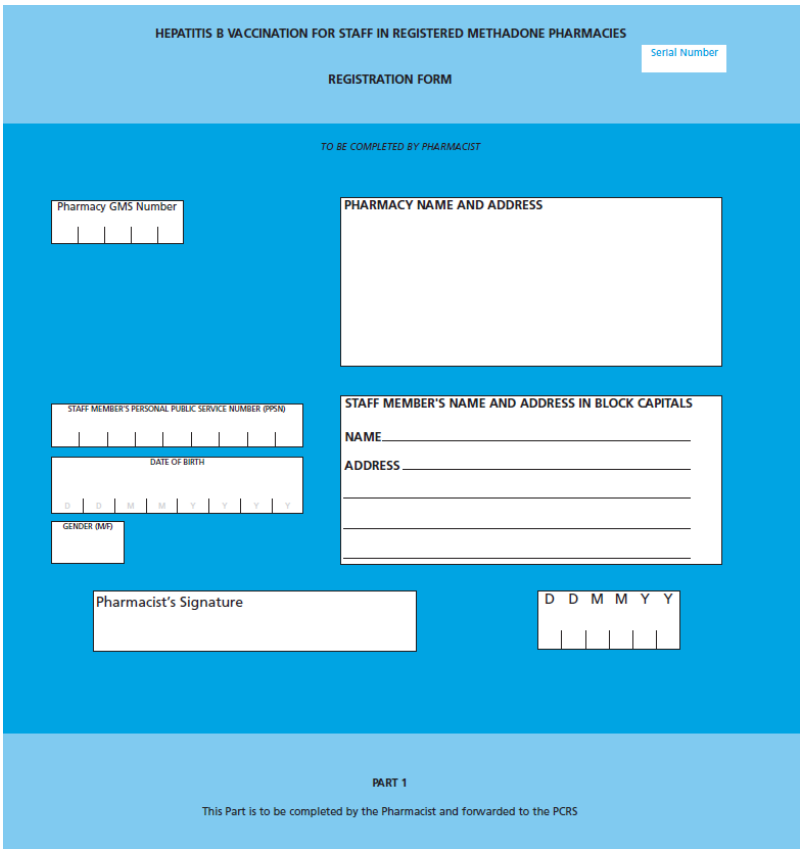

HEPATITIS B VACCINATION FOR STAFF IN REGISTERED METHADONE PHARMACIES

Serial Number

REGISTRATION FORM

TO BE COMPLETED BY PHARMACIST

Pharmacy GMS Number

PHARMACY NAME AND ADDRESS

STAFF MEMBER'S PERSONAL PUBLIC SERVICE NUMBER (PPSN)

DATE OF BIRTH

D D M M Y Y Y Y

GENDER (M/F)

STAFF MEMBER'S NAME AND ADDRESS IN BLOCK CAPITALS

NAME

ADDRESS

Pharmacist's Signature

D D M M Y Y

PART 1

This Part is to be completed by the Pharmacist and forwarded to the PCRS

It is important to note that the GP can only validate eligibility and provide the vaccination to your staff after the registration has been received in the PCRS. Therefore, the fully completed registration forms should be forwarded to the PCRS as soon as they are completed.

Part 2 should be retained by the pharmacist for your own records.

Part 3 should be given to the staff member in order that it may be presented to a currently registered GMS doctor when attending to receive each vaccination.

The entire course consists of three vaccinations followed by a serology test, and is completed over a period of months.

If any staff member is the holder of a Medical Card, they are entitled to the course of vaccinations under the arrangements for patients in at-risk categories and should avail of the service in the normal way through the Medical Card scheme.

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2.9 Medical Cannabis Access Programme (MCAP)

The purpose of the programme is to facilitate access to acceptable cannabis-based products for medical use that are of a standardised quality and which meet the requirements outlined in the Misuse of Drugs (Prescription and Control of Supply of Cannabis for Medical Use) Regulations 2019) (as amended).

The Medical Cannabis Access Programme is to provide access for patients with the following medical conditions which have failed to respond to standard treatments:

- spasticity associated with multiple sclerosis resistant to all standard therapies and interventions
- intractable nausea and vomiting associated with chemotherapy, despite the use of standard anti-emetic regimes
- severe, refractory epilepsy that has failed to respond to standard anticonvulsant medications.

In line with Ministerial policy pertaining to the Medicinal Cannabis Access Programme in Ireland, specified controlled drugs that are in Schedule 1 of the Misuse of Drugs (Prescription and Control of Supply of Cannabis for Medical Use) (Amendment) Regulations 2023 have been assigned administrative codes by the PCRS where a pricing and reimbursement application was made by the supplier.

The Consultant Neurologist/Oncologist must make an application to register the patient on the Cannabis for Medical Use Register. The HSE Cannabis for Medical Use Register Application form must be completed by the prescribing medical consultant and the patient/parent/guardian.

Persons added to the register will be issued with a Cannabis for Medical Use Registration (CMUR) number from the PCRS and this CMUR number will be provided to the prescribing consultant on the Cannabis for Medical Use Prescription Form which must be used for prescribing these products. These products cannot legally be prescribed on any other prescription form. The prescription form will include the CMUR number for the approved patient.

Pharmacists can check if reimbursement approval is in place for patients by contacting Pharmacy Function on 01 8647100 option 7 or email pharmacy.response@hse.ie. Claims submitted for patients who are not approved will not be paid.

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Reimbursement of the listed products prescribed by medical consultants and supplied through community pharmacies for a specified therapeutic indication as outlined in Schedule 2 of the Misuse of Drugs (Prescription and Control of Supply of Cannabis for Medical Use) Regulations 2019 (as amended), will be on an individual named patient basis aligned to the patient's eligibility under the Community Drug Schemes.

To claim reimbursement, a Unified Claim Form (UCF) is submitted for each dispensing with a copy of the Cannabis for Medical Use Prescription Form using form number format. The UCF will need to include patient name, Community Drug Scheme eligibility details (e.g. LTI number), administrative codes, name and quantities of products dispensed and dates of dispensing. Claims submitted for patients who are not approved will not be paid.

These claims are submitted manually, similar to claims submitted for the Opioid Substitution Treatment Scheme. A separate bundle containing copies of the Cannabis for Medical Use Prescription Forms with UCFs attached, and the summary of claims certificate must be forwarded to the HSE no later than 14 days after the last day of the month in which the supply was completed.

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Claims should be posted to:

Health Service Executive (HSE),

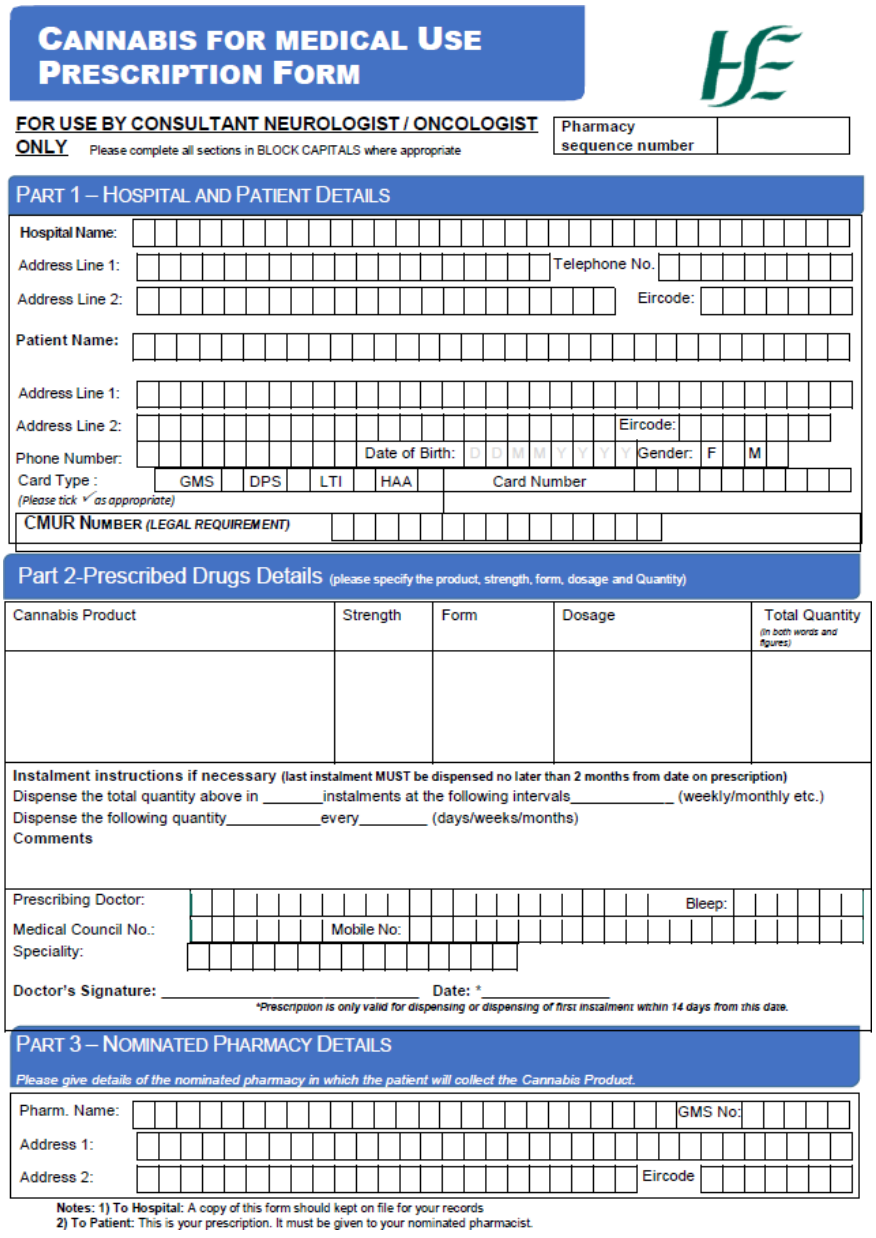
Primary Care Reimbursement Service (PCRS),

P.O. Box 6422,

Finglas,

Dublin 11.

Example MCAP Prescription Form:



CANNABIS FOR MEDICAL USE PRESCRIPTION FORM

FOR USE BY CONSULTANT NEUROLOGIST / ONCOLOGIST ONLY Please complete all sections in BLOCK CAPITALS where appropriate

Pharmacy sequence number

PART 1 – HOSPITAL AND PATIENT DETAILS

Hospital Name:
Address Line 1: Telephone No.
Address Line 2: Eircode:

Patient Name:
Address Line 1:
Address Line 2: Eircode:
Phone Number: Date of Birth: D D M M Y Y Y Y Gender: F M
Card Type : GMS DPS LTI HAA Card Number
(Please tick ✓ as appropriate)

CMUR NUMBER *(LEGAL REQUIREMENT)*

Part 2-Prescribed Drugs Details (please specify the product, strength, form, dosage and Quantity)

Cannabis Product	Strength	Form	Dosage	Total Quantity (in both words and figures)

Instalment instructions if necessary (last instalment MUST be dispensed no later than 2 months from date on prescription)
Dispense the total quantity above in _____instalments at the following intervals_____ (weekly/monthly etc.)
Dispense the following quantity_____every_____ (days/weeks/months)
Comments

Prescribing Doctor: Bleep:
Medical Council No.: Mobile No:
Speciality:

Doctor's Signature: _____ **Date:** *_____
**Prescription is only valid for dispensing or dispensing of first instalment within 14 days from this date.*

PART 3 – NOMINATED PHARMACY DETAILS

Please give details of the nominated pharmacy in which the patient will collect the Cannabis Product.

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

Notes: 1) To Hospital: A copy of this form should kept on file for your records
2) To Patient: This is your prescription. It must be given to your nominated pharmacist.

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2.10 Free Contraception Scheme

The Free Contraception Scheme is currently available for those within the eligible age cohort. This service has both a Practitioner (GP) service component and a Community Pharmacy counselling, advice and dispensing component and is pursuant to Section 67E of the Health Act, 1970 (as amended).

To access free contraception, you need to:

- be an eligible age cohort on the date on dispensing
- live in Ireland
- have a PPS number.

The scheme provides for:

- The cost of necessary consultations with GPs and other doctors to discuss suitable contraceptive options for individual patients and to enable issuing of prescriptions for same;
- The cost of dispensing contraceptive prescriptions for products on the Reimbursement List by Community Pharmacists;
- The cost of fitting and/or removal of various types of long-acting reversible contraception (LARCs) plus any necessary checks, by medical professionals to fit/remove same;
- The cost of training and certifying additional medical professionals to fit and remove LARCs;
- Provision of the wide range of contraceptive options currently available to GMS (medical) card holders will also be available through this scheme, to include contraceptive injections, implants, IUS and IUDs (coils), the contraceptive patch and ring, and various forms of oral contraceptive pill, including emergency contraception.

Only contraceptives on the Reimbursement List are covered for reimbursement under this scheme. Claims should include the patient identifier – PPSN, address and the date of birth.

Emergency contraception on the Reimbursement List is also covered by the scheme.

Since September 2023, claims can be submitted electronically to the PCRS in the standard manner with the monthly claims file. Monthly electronic claim submission has removed the requirement for the separate portal that was in operation when the scheme launched in September 2022.

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The Free Contraception Scheme is available to eligible age cohorts only.

2.11 HRT Arrangement

The HRT Arrangement is currently available to women at various stages related to menopause and includes perimenopause, post menopause, early menopause, premature menopause and medically induced menopause.

Individuals with GMS and DPS eligibility will continue to access HRT products under these schemes. However, co-payments will not apply to any HRT products dispensed. Under the HRT Arrangement a €5.00 dispensing fee per HRT medicine/product dispensed to all eligible patients, including those existing patients under the GMS/DPS schemes and all other patients prescribed HRT will apply.

Where is patient is sub-threshold (i.e. the DPS co-payment is not met), claims for HRT products are submitted to PCRS for reimbursement using the DPS architecture. These claims can be submitted in the same manner as PrEP sub-threshold claims.

A list of coded products and EMPs covered under the HRT Arrangement are provided in Circular 008/25.

2.12 Stock Orders

The Doctors' Agreement stipulates that a dispensing doctor shall obtain his/her requirements of GMS reimbursable items from a contractor pharmacist whose premises are in the doctor's normal area of practice. If there are no such premises in that area the doctor is to obtain his/her requirements from a reasonably convenient contractor pharmacist. Only GMS reimbursable items may be obtained on a Dispensing Doctor's Stock Order Form. Exempt Medicinal Products, High Tech medicines and items with a Managed Access Protocol in place are not covered by these arrangements. Only doctors with a dispensing contract in place can obtain these forms.

A Dispensing Doctor's Stock Order Form consists of an original form and three self-carbonised copies:

Original	-	the pharmacist's claim form
Copy 1	-	for the pharmacist's records
Copy 2	-	for the HSE's records

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Copy 3 - for the dispensing doctor's own records

A dispensing doctor must submit Stock Order Forms to their Community HSE Office for prior approval by the relevant HSE Pharmacist. All entries in the yellow panels of the original form must be duly completed beforehand. The dispensing doctor detaches Copy 3 from each Stock Order Form before forwarding the original with Copies 1 and 2 attached to their Community HSE Office.

Stock Order Forms should be submitted at monthly intervals. Following approval the Community HSE Office will forward the original and Copy 1 of the Stock Order Form to the pharmacist nominated by the dispensing doctor. Pharmacists should not supply on the basis of unauthorised stock order forms to GP surgeries.

2.11.1 Completion of Stock Order Forms – Yellow Panels

In the appropriate yellow panels, Doctors must

- enter the name and address of the pharmacy
- write or stamp their own name and address on the original copies
- write their signature
- enter their contract number in the space provided
- insert the date on which the Stock Order was issued and
- clearly indicate in columns 1 and 2 the size, strength and quantity of the item(s) required.

2.11.2 Receipt of Stock Order Items from Pharmacy – Completion of Blue Panel

The Declaration at the foot of each Stock Order Form regarding receipt of stock items should **not** be signed and dated until doctors have checked the stock received (entered in column 3 – blue panel) against what was ordered (entered in columns 1 and 2 – yellow panel). Any discrepancies, such as items ordered but not supplied or supplied in part only should be identified at that stage. There should also be a check of the expiry dates of drugs received with a minimum shelf life of twelve months.

To enable pharmacists to prepare their claims for submission to the PCRS, it is required that supplies obtained on Stock Order Forms within any month would be checked and signed for before month end.

Example Dispensing Doctor Stock Order Form:

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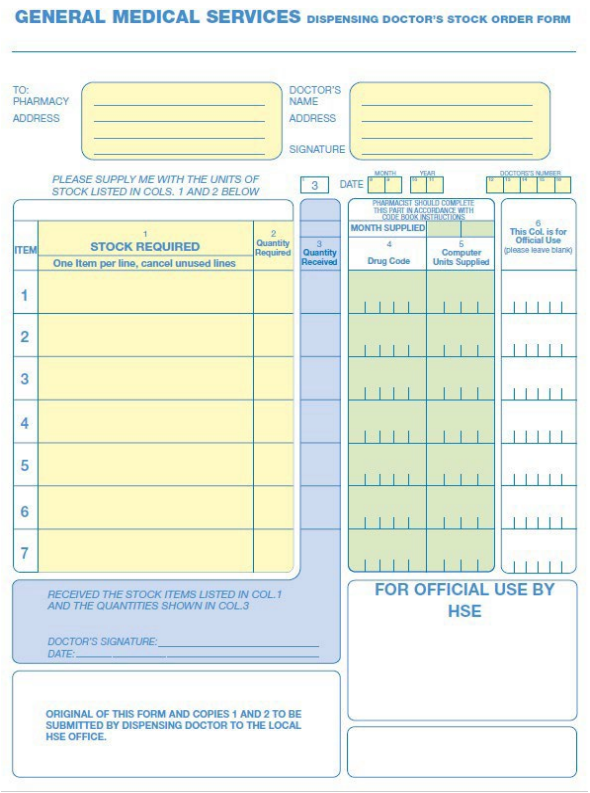
GENERAL MEDICAL SERVICES DISPENSING DOCTOR'S STOCK ORDER FORM

TO: PHARMACY ADDRESS

DOCTOR'S NAME ADDRESS SIGNATURE

PLEASE SUPPLY ME WITH THE UNITS OF STOCK LISTED IN COLS. 1 AND 2 BELOW

3 DATE MONTH YEAR DOCTOR'S NUMBER

ITEM	1 STOCK REQUIRED One item per line, cancel unused lines	2 Quantity Required	3 Quantity Received	PHARMACIST SHOULD COMPLETE THIS PART IN ACCORDANCE WITH CODE BOOK INSTRUCTIONS MONTH SUPPLIED 4 Drug Code	5 Computer Units Supplied	6 This Col. is for Official Use (please leave blank)
1						
2						
3						
4						
5						
6						
7						

RECEIVED THE STOCK ITEMS LISTED IN COL.1 AND THE QUANTITIES SHOWN IN COL.3

DOCTOR'S SIGNATURE: _____

DATE: _____

FOR OFFICIAL USE BY HSE

ORIGINAL OF THIS FORM AND COPIES 1 AND 2 TO BE SUBMITTED BY DISPENSING DOCTOR TO THE LOCAL HSE OFFICE.

2.11.3 Quantity of Stock Held

Medicines, drugs and appliances should only be supplied to a dispensing doctor on receipt of a stock order form fully completed by her/him that has received prior approval from the Community HSE Pharmacist.

Pharmacists should note that they are responsible for ensuring that the stock items supplied are of the description, specification and quantity as set out in the Stock Order Form and that they are well within expiry date (with a minimum shelf life of twelve months), undamaged and otherwise of a quality and condition suitable for use.

2.11.4 Order Forms for Syringes, Needles and Dressings (Pink)

The Order Form should be used by all participating doctors to obtain supplies of Non-Insulin Disposable Syringes and Needles combined or separate. Dressings for use by doctors in their surgeries in respect of their GMS patients only should be ordered on the Order Form from the list of Dressings reimbursable under the Scheme (PCRS Online Service > List of Reimbursable Items).

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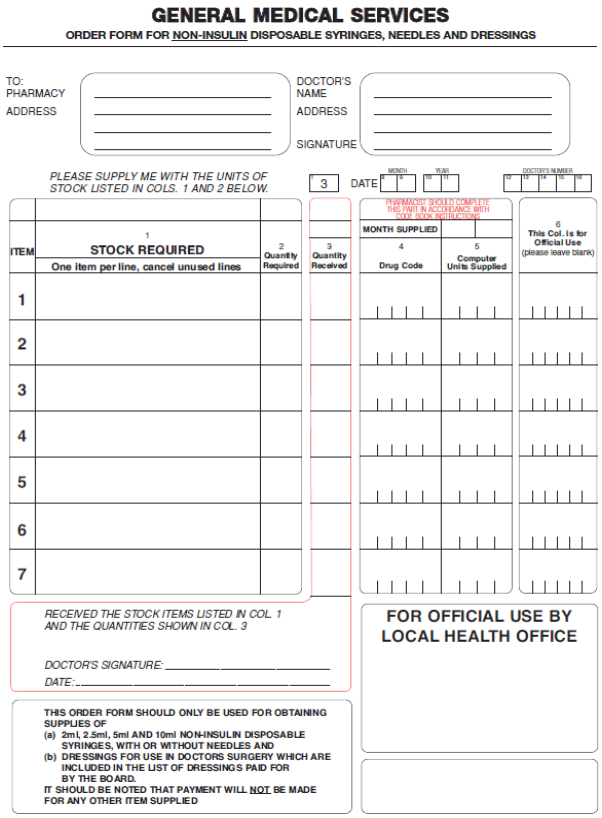
Order Forms must have the following entries completed before being given to a pharmacist. Doctors must

- have the name and address of the pharmacy entered in the space provided
- write or stamp their own name and address on the original and copy
- write their signature
- enter their computer sequence number in the space provided
- insert the date on which the special order form is issued and
- clearly indicate in columns 1 and 2 the size and quantity of the item(s) required.

The Declaration at the foot of each Order Form regarding receipt of stock items should **not** be signed and dated until doctors have checked the stock received (and completed column 3 – Quantity received) against what was ordered so that any discrepancies, such as items ordered but not supplied or supplied in part only, are identified at that stage.

Example Order Form for Syringes, Needles and Dressings:



GENERAL MEDICAL SERVICES

ORDER FORM FOR NON-INSULIN DISPOSABLE SYRINGES, NEEDLES AND DRESSINGS

TO: PHARMACY ADDRESS

DOCTOR'S NAME ADDRESS SIGNATURE

PLEASE SUPPLY ME WITH THE UNITS OF STOCK LISTED IN COLS. 1 AND 2 BELOW.

3 DATE (MONTH / YEAR) DOCTORS NUMBER

ITEM	1 STOCK REQUIRED One item per line, cancel unused lines	2 Quantity Required	3 Quantity Received	PHARMACIST SHOULD COMPLETE THIS PART IN ACCORDANCE WITH CODE BOOK INSTRUCTIONS: MONTH SUPPLIED 4 Drug Code	5 Computer Units Supplied	6 This Col. is for Official Use (please leave blank)
1						
2						
3						
4						
5						
6						
7						

RECEIVED THE STOCK ITEMS LISTED IN COL. 1 AND THE QUANTITIES SHOWN IN COL. 3

DOCTOR'S SIGNATURE: _____

DATE: _____

FOR OFFICIAL USE BY LOCAL HEALTH OFFICE

THIS ORDER FORM SHOULD ONLY BE USED FOR OBTAINING SUPPLIES OF

(a) 2ml, 2.5ml, 5ml AND 10ml NON-INSULIN DISPOSABLE SYRINGES, WITH OR WITHOUT NEEDLES AND

(b) DRESSINGS FOR USE IN DOCTORS SURGERY WHICH ARE INCLUDED IN THE LIST OF DRESSINGS PAID FOR BY THE BOARD.

IT SHOULD BE NOTED THAT PAYMENT WILL NOT BE MADE FOR ANY OTHER ITEM SUPPLIED

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2.13 Termination of Pregnancy Service

Termination of Pregnancy (ToP) Services in the community setting were commenced by the HSE on the 1st January 2019. The medicinal products, Mifepristone and Misoprostol are available to order by approved providers (GPs and designated centres) through the Stock Order system from Community Pharmacies. Approved providers are provided with the blue stock order form. It is essential that the quantities ordered are in line with the expectation of service needs at the medical practice.

Initial pharmacy authorisation by the HSE to access stock from the supplier can take a maximum of 48 hours. This is a once-off process and the pharmacy will be authorised to obtain stocks of product thereafter. Pharmacies notify the HSE by forwarding the scanned copy of the blue stock order forms to pharmacy.response@hse.ie.

It is important that Stock Order Forms are completed correctly. The following must be in the spaces provided:

- The name and address of the pharmacy,
- The Doctor's name and address and GMS contract number or Clinic identifier,
- His/her signature, written in ink,
- The date on which s/he wrote the stock order,
- List the stock item(s), strength and quantity of the item(s) required. **Quantities should correspond to the pack size of the product and be such that they fulfil the service requirement in the surgery at that time,**
- The administrative code for each product supplied. Each line of a stock order form should be coded and only one item must be entered on each stock order line,
- The dispensing Doctor must at a later date sign and date the stock order form certifying that s/he has received the stock item(s) as ordered.

The top copy of the Stock Order Form should be submitted to the PCRS for reimbursement and claimed as a 'Pink Stock Order Form' with invoice attached at the end of the month.

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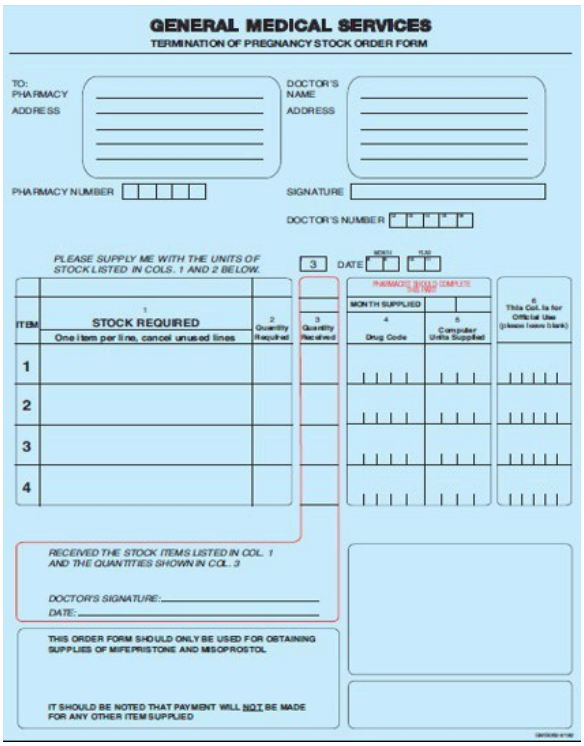
Example Termination of Pregnancy Stock Order Form:



GENERAL MEDICAL SERVICES

TERMINATION OF PREGNANCY STOCK ORDER FORM

TO:
PHARMACY
ADDRESS

DOCTOR'S
NAME
ADDRESS

PHARMACY NUMBER

SIGNATURE

DOCTOR'S NUMBER

PLEASE SUPPLY ME WITH THE UNITS OF STOCK LISTED IN COLS. 1 AND 2 BELOW.

3 DATE

ITEM	1 STOCK REQUIRED One item per line, cancel unused lines	2 Quantity Required	3 Quantity Received	MONTH SUPPLIED 4 Drug Code	5 Computer Units Supplied	6 This Col. is for Official Use (please leave blank)
1						
2						
3						
4						

RECEIVED THE STOCK ITEMS LISTED IN COL. 1 AND THE QUANTITIES SHOWN IN COL. 3

DOCTOR'S SIGNATURE:

DATE:

THIS ORDER FORM SHOULD ONLY BE USED FOR OBTAINING SUPPLIES OF MIFEPRISTONE AND MISOPROSTOL

IT SHOULD BE NOTED THAT PAYMENT WILL NOT BE MADE FOR ANY OTHER ITEM SUPPLIED

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3. Reimbursement Arrangements

The PCRS maintains lists of items for which contractors are reimbursed in accordance with GMS and Community Drug Schemes. Lists of these items and the reimbursement price can be displayed and downloaded from the PCRS website at www.pcrs.ie > List of Reimbursable Items. Contractors should continue to refer to existing information sources for definitive rules regarding prescribing / dispensing eligibility.

A code number of five figures is assigned to a specific pack of each product or standard preparation. When this number is submitted electronically for payment it will identify the product or preparation dispensed and the pack from which it was dispensed. The quantity dispensed must also be indicated and correspond to the prescription.

3.1 Owings Management

Pharmacists should only present a claim for reimbursement by the HSE in respect of items which are supplied on foot of a properly completed prescription in accordance with the Community Pharmacy Contractor Agreement. HSE National Financial Regulations require that the PCRS facilitates open and transparent accountability for the financial resources entrusted to it, including certainty of receipt of services and / or goods prior to payment.

An Owing can occur in the following scenarios;

- Where there is no supply of medicine due to the product not being in stock.
- Where there is a partial supply of medicine (*) due to the product not being in stock.

An Owing is raised where there is a genuine expectation that the patient will return for some or all of the remaining medicine that is “owed” to him/her within a short timeframe.

(*) Note: Dispensed per the pharmacy contract means given to the patient or bagged and labelled prepared for giving to the patient.

It is the subsequent dispensing of a full or partial quantity of medicine and discharges or resolves the owing which was previously on file.

Where Owings transparency is in place and an owing registered where there is no supply, the quantity submitted in the file should be zero. The zero supply Owing will attract the ‘deferred supply’ fee of €3.27.

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It should be noted that in any event the PCRS will calculate the fee due based on the relevant reimbursement rules, regardless of the fee value in the file. This applies to the 'Owing' and linked 'Discharged Owings' transactions. The fee difference will be reimbursed on the first successful 'Discharged Owing'.

At present, Owings apply to the GMS, including the Hospital Emergency Scheme. Owings transparency ensures that items are not claimed from the HSE unless the product has been supplied; or alternatively dispensed and awaiting collection and there is a genuine expectation that the item will be collected by the patient in a short timeframe.

All pharmacies are required to have Owings transparency in place via their pharmacy software vendor. The operation of Owings is subject to review by the PCRS.

3.2 Non-Dispensing Fee Claim

Pharmacies can claim a fee in respect of the exercise of professional judgment resulting in a decision by a pharmacist not to dispense a reimbursable item on foot of a GMS prescription form, Pharmacists must use the code 79999 and submit a cogent reason for the non-dispensing.

Where it is not clear that the pharmacist has exercised their professional judgement leading to a decision not to dispense a GMS Reimbursable item, the fee will not be paid.

In circumstances where there is a repeated pattern of Non-Dispensing Fee claims, over several months, for the same prescribed items in respect of an individual patient, it would be expected that the prescriber be contacted to draw attention to the redundant prescribed items.

The following reasons specified are not acceptable for payment of the Non-Dispensing Fee;

- The item is not available i.e. stock shortage or product discontinuation situations,
- The item is delisted,
- The item is an owing to the patient or marked as 'collect later',
- Supply is not a lawful option i.e. the prescription is not valid,
- Supply is not a contractually valid option i.e. Nicotine Replacement Therapy on a GMS Repeat Form,

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- Where it has been indicated that the patient is deceased,
- The item is not required by the Nursing Home,
- The supply frequency according to the Summary of Product Characteristics is such that monthly dispensing's should not occur e.g. Prolia®, Mirena®, Nebido®, Implanon®, Depo-Provera®, Trevicta®,
- Medicines that require prior approval by the PCRS and for which the patient has not been approved. For example Entresto®, CGM sensors, Versatis®, Saxenda®,
- The amount of blood glucose test strips dispensed to a patient has reached the maximum approved quantity and the Non-Dispensing Fee is requested to be paid for not dispensing above the threshold,
- The patient has purchased the product 'over the counter',
- The item has been claimed under another scheme i.e. LTI eligibility,
- A maximum quantity is specified and has been claimed in the same calendar month e.g. medication for erectile dysfunction, Ozempic®, Victoza®, Zyban®.

The Non-Dispensing Fee does not apply to stock order forms, as these are not patient specific. Additionally, the Non-Dispensing Fee cannot be claimed under the Hospital Emergency Scheme. The Non-Dispensing Fee cannot be claimed in addition to an owing. The management of an owing and non-dispensing in relation to any one prescription item is mutually exclusive

Under the GMS Scheme, where a pharmacist supplies a GMS reimbursable item against a properly completed GMS Prescription Form, the appropriate fee will be payable. Where the pharmacist has exercised professional judgement leading to a decision not to dispense a GMS reimbursable item, the Non-Dispensing Fee may be claimed.

3.3 Do Not Substitute

Under the Health (Pricing and Supply of Medical Goods) Act 2013, the HSE will reimburse the notified reference price for the relevant interchangeable products communicated to pharmacists through Circular unless informed by the pharmacist that the prescriber has stated 'Do Not Substitute' in his/her own handwriting on any prescription presented for dispensing or has typed 'Do Not Substitute' on any prescription received via Healthmail, for any of the products in interchangeable groups. Where the prescriber wishes the patient to access the

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proprietary product rather than the reference priced generic alternative, ‘Do Not Substitute’ must be present on the prescription.

As part of the PCRS audit and review function of reimbursement claims copies of prescriptions for which ‘Do Not Substitute’ was invoked may be requested. Retrospective doctor validation is not allowed. It is important that claims are not submitted as ‘Do Not Substitute’ where this has not been indicated on a prescription by the prescriber. Additionally stock shortages is not an acceptable reason to raise ‘Do Not Substitute’ claims where the prescriber has not indicated such on the prescription.

3.4 Exempt Medicinal Products

Certain Exempt Medicinal Products (EMPs) have been provided with administrative codes. Where the coded medicines are prescribed for Medical Card Patients on properly completed GMS prescription forms, you can dispense and claim for the products electronically using the codes specified, submitting them in the normal manner with your monthly claims. In addition, the list of products with their claiming codes should be used for claims under the DPS and, where applicable, LTI and HAA schemes.

You are reminded that EMPs must be Consultant initiated for reimbursement under community drug schemes. Pharmacists should document which Consultant initiated the therapy and the hospital that the patient attended. The HSE will accept a GP prescription where the pharmacist is satisfied that the product has been Consultant initiated. Additionally, the requirement for the EMP to be consultant initiated will not apply where the need arises due to a shortage of a product that is on the Reimbursement List.

Doctors and pharmacists must ensure that the usage of EMPs is minimised to those situations where no suitable licensed alternative is available for the patient and should recognise the importance of using a licensed alternative where possible. Where an EMP needs to be prescribed, the doctor and pharmacist are asked to ensure the patient understands that their medicine is not licensed in Ireland.

The protocol for Supply of Exempt Medicinal Products (EMPs) for reimbursement under the GMS and Community Drugs Schemes is as follows:

a) The medicinal product concerned should be an 'allopathic' medicinal product which has been industrially produced and which is appropriate for use in the Community

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b) The medicinal product concerned should be such that no authorised medicinal product of essential similarity is available for prescription and supply under the Community Drug Scheme concerned

c) The prescription concerned should be written or initiated by a medical consultant who is aware of the unauthorised status of the medicinal product concerned and who has informed the patient of the situation

d) The dispensing pharmacist has also informed the patient of the unauthorised status of the medicinal product prescribed and that its quality, safety and efficacy has not been established in this country

e) The medicinal product concerned is not being advertised or promoted in the State either as such or in any trade catalogue or price list in circulation in the State

f) The application made for reimbursement is accompanied by a copy of the invoice in relating to the supply of the medicinal product to the pharmacist concerned and, if necessary, is supported by an explanation of the special circumstances which required the supply of the unauthorised medicinal product

g) The cost of the medicinal product concerned should be reasonable in the context of medicinal products ordinarily supplied and used in the Community and be of a category which, if it were authorised, would be eligible for reimbursement in the Community Drug Scheme concerned

h) The original prescription or a copy thereof, together with appropriate records of supply, is retained in the pharmacy and kept available for inspection as required.

Please note that EMPs not coded, where prescribed for a person with GMS eligibility by a Hospital Consultant, will require individual approval and subsequent submission to the local office for payment under the Discretionary Hardship Arrangements. Urgent applications such as end of life medicines can be submitted to the PCRS at PCRS.IndividualRequest@hse.ie marked as ‘urgent’.

Approval should be sought via the PCRS for EMPs not coded to ensure that payment will be authorised through exceptional (‘777’) arrangements under Community Drug Schemes. Novel items will require completion of an Individual Reimbursement Application Form by the hospital prescriber for consideration of reimbursement support. Applications are submitted to the PCRS at PCRS.IndividualRequest@hse.ie.

Exempt Medicinal Products prescribed in Ireland will be subject to an ongoing clinical and pricing review with due diligence regarding the unmet clinical need. Communication will be issued to pharmacists where additions, changes and deletions are applied via monthly

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updates or through Circular. Any queries in relation to EMPs can be submitted via email to PCRS.ExemptMed@hse.ie.

3.5 Phased Dispensing

There are a number of reasons previously agreed as appropriate for claiming phased dispensing fees.

1) At the request of a patient's physician;
2) Due to the inherent nature of a medicinal product i.e. product stability and shelf life;
3) Where a patient is commencing new drug therapy with a view to establishing patient tolerance and acceptability before continuing on a full treatment regime;
4) In exceptional circumstances where the patient is incapable of safely and effectively managing the medication regimen.

Since 1st May 2017, prior approval for 'phased dispensing' claims are necessary for subsequent reimbursement claims to be paid under Reasons 1 and 4.

Prior approval is not required under Reasons 2 and 3, which are very occasional and specific in nature. The rate of such claims continue to be monitored and can be added to the arrangements if necessary.

Phased Dispensing Approval Request screens are available on the Pharmacy Application Suite for completion. To apply for Phased Dispensing approval, pharmacy users must first enter a valid Medical Card Number and identify either Reason 1 or Reason 4 as the reason that the patient requires a phased dispensing service. This must be done prior to providing a phased dispensing service to the patient.

Where the GP has made a request to the dispensing pharmacy by inserting the words 'phased dispensing' on the face of the prescription, Reason 1 should be chosen, with a copy of the GP prescription displaying the doctor's instruction for phased dispensing scanned or photographed and attached on the application suite before submission.

In exceptional circumstances where the patient is incapable of safely and effectively managing their medication regimen, it remains available for the pharmacist to make that determination as a sole practitioner. However, in those circumstances where the pharmacist has assessed the patient risk and made the determination that exceptional circumstances apply, Reason 4

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must be chosen. Where the following criteria can be confirmed, it is highly likely that the patient will be approved in a very short timeframe:

- Patient is over 80 years
- Patient is on one or more psychotropic medicines (with the 5 digit codes of the relevant medicines provided)
- Patient is on 5 or more oral medicines in a month
- PSI Registration of pharmacist conducting the assessment
- Date of pharmacist assessment of patient.

The Phased Dispensing Application System can be found in the Pharmacy Application Suite under Claiming.

If one or more of the above confirmations cannot be provided, the application will require further assessment and it may be 3 working days (Monday to Friday, or the first working day after a weekend) before approval or non-approval will be communicated back to the pharmacy by the PCRS through the application suite. While the application is under consideration, 'pending' will be displayed on the screen.

If an application for a phased dispensing service is 'Not Approved', and the pharmacist wishes to appeal the HSE decision in this regard, an appeal can be registered by the pharmacist by providing additional information on the patient's particular circumstances.

It is important for audit purposes that supporting documentation can be provided to the HSE on request or during inspections to substantiate such supply to include the dates of each multiple supply occasion.

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3.5.1 Monitored Dosage Systems / Blister Packing

It is important to note that Monitored Dosage Systems (MDS) / blister packing and phased dispensing are two separate processes. Phased Dispensing requires the patient to present to the pharmacy on multiple occasions in the month e.g. each week for dispensing of medicines whereas blister packing is where the medication is given in one visit and is packaged to indicate when medication should be taken (compliance aid). MDS / blister packing are not reimbursable services by the HSE.

3.5.2 Phased Dispensing on Other Schemes

By express statutory provision, phased dispensing has been confined to the GMS Scheme under the Regulations.

3.5.3 Patients Residing in Nursing Homes

You are reminded that where nursing supervision is available in a patient's residential setting, phased dispensing claims should not be submitted but in any event, will not be reimbursed. Some claims are presented as four separate prescriptions each for one week's supply. It remains our position that such attempted circumvention of the HSE's previously stated policy regarding nursing home patients is not acceptable for reimbursement.

3.5.4 Items where phased fees are not payable

There are certain products on the GMS Reimbursement List that do not attract phased fees. These are items that are dispensed in original packs or where there is no safety concern associated with product. These include creams/gels, ostomy/urinary products, hormonal therapies, eye drops, pessaries/suppositories and clinical nutritional supplements.

3.6 Monthly Quantities under the Drugs Payment Scheme

The packaging of some drugs and medicines in '28 days' packs appears to be causing difficulties for some pharmacists when dispensing under the Drugs Payment Scheme. It is a condition of the scheme that no individual or family grouping will pay more than relevant co-payment as set out in Regulations, (i.e. co-payment x 12 in a full year). A second co-payment (in the same pharmacy) should only arise when a person is intentionally getting the next month's supply on the grounds that he/she will be away the following month or for other such

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reason. To ensure that an individual or family who are dispensed 28 days' supply each month make no more than 12 payments in a year, once in a 12-month period or periodically throughout the year a further 28-day supply can be given. The packaging will influence how this can be achieved. Quantities dispensed should correspond with the valid prescription recognising that clause 4(2) of the Community Pharmacy Contractor Agreement allows for professional judgement and discretion.

3.7 Special Drug Requests

Due to the budget impact associated with certain medicines, the PCRS introduced a reimbursement application system. The following medicines require prior-approval to be in place before reimbursement status is granted;

Product	Who can submit the application?
Fampridine (Fampyra®)	Consultant Neurologist
Additional Blood Glucose Test Strips	Hospital (Consultant Endocrinologist or Diabetic Nurse Specialist) or GP
CGM Sensors	Hospital (Consultant Endocrinologist or Diabetic Nurse Specialist)
Lidocaine 5% Medicated Plaster (Versatis®)	Hospital Clinician or GP
Valsartan/Sacubitril (Entresto®)	The physician responsible for the initiation of treatment
Non-first line Standard Oral Nutritional Supplements	Hospital (Doctor or Dietician), HSE Dietician or GP
PrEP (Pre-exposure Prophylaxis)	PrEP prescriber approved by the HSE Sexual Health Programme
PCSK9-Inhibitors (High Tech Hub)	Approved Consultant Prescribers
Rivaroxaban 2.5mg	The physician responsible for the initiation of treatment
Liraglutide (Saxenda®) 6mg/ml.	The physician responsible for the initiation of treatment
Severe Asthma Treatments (High Tech Hub) e.g. Dupilumab®	Approved Respiratory Consultant Prescribers

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Bempedoic acid (Nilemdo®) Bempedoic acid/Ezetimibe (Nustendi®)	The physician responsible for the initiation of treatment
Atopic Dermatitis (High Tech Hub) e.g. Abrocitinib, Dupilumab, Tralokinumab Upadacitinib	Approved Dermatology Consultant Prescribers
Sativex® (High Tech Hub)	Approved Neurology Consultant Prescribers
Migraine Treatments (High Tech Hub)	Approved Neurology Consultant Prescribers
Romosozumab (Evenity®)	Approved Consultant Prescribers

Note: Further products may be added to a managed access system by the HSE in line with Section 20 (1) of the Health (Pricing and Supply of Medical Goods) Act 2013

Approval can be confirmed through the 'Secure Scheme Checker' under 'Patient Specific Arrangements'. Pharmacies can dispense and claim for the approved item electronically using the administrative code for the product, submitting in the normal manner with monthly claims. Claims submitted for patients who are not approved will not be paid.

3.8 HIV Pre-Exposure Prophylaxis (PrEP)

HIV Pre-Exposure Prophylaxis (PrEP) is the pre-emptive use of oral antiretroviral therapy (ART) in HIV negative people to reduce the risk of HIV infection. Since 4th November 2019, the HSE approved reimbursement for a fixed dose combination of oral Emtricitabine/Tenofovir under GMS and DPS for HSE approved persons only.

No prescription charge is incurred by the patient when they are approved by the HSE as the product is exempt from prescription charges. Approved patients can also access these medicines under their DPS eligibility without charge. A reimbursement application system is in place to ensure appropriate patients access the programme in line with national guidelines from approved prescribers.

Approval can be confirmed through the 'Eligibility Confirmation' on the Pharmacy Application Suite under 'Patient Specific Arrangements'.

Pharmacies can claim for Emtricitabine/Tenofovir electronically using the relevant administrative claiming code submitting with monthly claims.

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Reimbursement Claims submitted for patients who are not HSE approved will not be paid. Any queries on PrEP can be sent via email to pharmacy.response@hse.ie or by contacting the PCRS Pharmacy Function at 01-8647100 (option 7).

3.9 Nadolol

In order for patient reimbursement approval of Nadolol (exempt medicinal product), by exceptional arrangements, the prescribing Hospital Consultant must complete an individual application for individual reimbursement. The completed application form is submitted to the PCRS at PCRS.ExemptMed@hse.ie. Approval is visible to the pharmacy via the Secure Scheme Checker under Patient Specific Arrangements.

Please refer to Circular 25/17.

3.10 Tuberculosis (TB) Medication

In line with the Infectious Diseases Regulations 1981, medication for Notifiable Diseases such as TB are provided free of charge regardless of scheme. Community pharmacies can submit their claims to the relevant Local Health Office (LHO), which then submits the request to the PCRS using screens at local level. The PPSN is not necessary. Some medicinal products, for example Rifater (Rifampicin, Pyrazinamide and Isoniazid) are already GMS reimbursable and can be claimed in the normal manner under GMS and Community Drug Schemes. Other drugs such as Ethambutol are provided with administrative codes under the Exempt Medicinal Products (EMP) List.

3.11 Balance of Stock on Hand

Where, in order to meet the requirements of an expensive GMS prescription, a contractor is obliged to purchase a larger quantity than prescribed and where a portion of that pack remains on hand after an agreed period, the full cost of the balance of the pack will be paid to the contractor. To comply with this regulation the cost of the balance of the pack must be in excess of €12.70 and must not have been dispensed within three months prior to the claim being made, unless circumstances warrant otherwise, such as dated products expiring within the time period.

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The pharmacist should produce the pharmacy copy of the relevant prescription, endorsed with the balance of stock on hand and the value of the claim, and the relevant invoice to the PCRS at PCRS.ExemptMed@hse.ie for processing.

3.12 Extemporaneous Preparations

3.12.1 General Medical Services Scheme Extemporaneous Preparations

For GMS extemporaneous preparations electronically submitted; the relevant code should be transmitted along with a description of the preparation, formula used, the quantity dispensed and the ingredient cost. The claiming code will trigger the relevant extemporaneous fee and VAT amounts where applicable.

Codes	Description	Amount
99159	Oral Medication	€6.53
99160	Compounding of Dispensing Powders	€19.60
99161	Compounding of Ointments or Creams	€13.07
99167	Ear and nasal drops	€10.93
99166	Eye drops	€13.68

3.12.2 Community Drug Schemes Extemporaneous Preparations

For DPS/LTI/HAA extemporaneous preparations electronically submitted; the relevant code should be transmitted along with a description of the preparation, formula used, the quantity dispensed and the ingredient cost as per Regulations. The claiming code will trigger the relevant extemporaneous fee and VAT amounts where applicable.

Codes	Description	Amount
99166	Eye drops	€13.68
99167	Ear and nasal drops	€10.93
	Mixtures	

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99168	Up to 100 ml	€10.94
99169	101 ml to 200 ml	€14.97
99170	201 ml to 300 ml	€17.04
99172	301 ml and over	€22.53
	Lotions	
99173	Up to 100 ml	€10.89
99174	101 ml to 200 ml	€15.24
99175	201 ml to 300 ml	€17.12
99176	301 ml and over	€22.74
	Ointments and Creams	
99177	Up to 30 g	€13.76
99178	31 g to 60 g	€18.64
99180	61 g to 120 g	€23.97
99181	121 g to 240 g	€28.90
99182	241 g and over	€34.27
	Powders	
99183	Up to 20 sachets	€20.44
99184	Thereafter per 20 sachets (pro rata)	€12.26

Extemporaneous codes must not be used for preparations that are coded and on the Reimbursement List, even though at times they may have to be prepared extemporaneously, e.g. reconstitution of an antibiotic medicinal product from dry powder to form an oral suspension.

3.13 Non GMS Listed Ostomy and Urinary Products, Incontinence Products, Infertility Drugs, and Unauthorised Medicines

Non GMS (i.e. DPS/LTI/HAA) approved Ostomy and Urinary Products, Incontinence Products, Infertility Drugs and Unauthorised Medicines should be submitted as exceptions and coded as follows:

Ostomy/Urinary	to pay 1 fee	VAT Code 1 (0%) 77770
	to pay 1 fee	VAT Code 3 (23%) 77771
Dressings	to pay 1 fee	VAT Code 3 (23%) 77720

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Incontinence Products	to pay 1 fee	VAT Code 1 (0%) 77730
	to pay 1 fee	VAT Code 2 (13.5%) 77731
	to pay 1 fee	VAT Code 3 (23%) 77732
Infertility Drugs	to pay 1 fee	VAT Code 1 (0%) 77740
	to pay 1 fee	VAT Code 3 (23%) 77741
Unauthorised Medicines	to pay 1 fee	VAT Code 1 (0%) 77750
	to pay 1 fee	VAT Code 3 (23%) 77751
Food Supplement Products	to pay 1 fee	VAT Code 2 (13.5%) 77752

*VAT rates are correct as of April 2021

Where a pharmacist wishes to claim in respect of one of these circumstances s/he will use the appropriate code and insert the quantity dispensed in the quantity field.

N.B. In addition the exact quantity of each item supplied must be specified in writing for clarification in the Drug Name and Strength panel.

An invoice may be requested to support the claim. Submit supporting documentation to PCRS.PPUInvoices@hse.ie with GMS pharmacy number and contact details clearly identified.

3.14 Third Party Verification

Whilst third party verification is temporarily set aside, the following information should be retained in the context whereby a pharmacy is requested to submit any paperwork with third party verification included.

The person receiving the dispensed items under GMS and Community Drug Schemes should acknowledge receipt of the supply of the medications listed, on the dispensing date as stamped by the pharmacist on the form. The person signs the GMS Prescription or the Unified Claim Form in the section provided. There is no requirement to provide a copy of the signed GMS prescription form to the patient.

When a person other than the named person on the prescription is collecting their medicines, the patient's nominee should sign the GMS prescription or the Unified Claim Form and the

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relationship of that person to the named person on the prescription should also be recorded in the space provided.

3.14.1 Relationship of Person Collecting

The pharmacist should be satisfied that the person collecting medication on behalf of a patient is acting on behalf of the patient. The relationship of the person collecting the medication could reflect that they are a relative; carer; neighbour; friend; partner etc. There is no minimum age specified in the Regulation of Retail Pharmacy Businesses Regulations 2008 or PSI guidelines at which a person can collect a prescription-only medicine either for themselves or on behalf of someone else, where they have been given authority to do so. However, the pharmacist has a professional and legal responsibility to ensure that medicines are supplied safely from a pharmacy to the relevant patient along with sufficient information on how to take the medicine safely and as prescribed, and that they know how to store the medicine. The pharmacist must be satisfied that the person collecting the medicine has been authorised to do so by the patient and is of a sufficient age and maturity to safely deliver the medicine to the patient with any relevant information.

3.14.2 Nursing Home GMS Residents

On admission to a nursing home, patients are normally asked to give consent for the supply of their medication from a named pharmacy. The HSE PCRS will accept the signature of the person in charge of a nursing home or their nominated staff member to sign and acknowledge receipt of the medication listed, on the dispensing date as stamped by the pharmacist on the form.

3.14.3 Literacy Challenges

Literacy challenges arise in a number of circumstances for patients in their interaction with the health services. The following provisions apply for patients who are applicants for state schemes and these are acceptable for third party verification:

- The signature can be considered verified where the patient signs their name;
- The patient may nominate an advocate to act on their behalf and in this situation the advocate signs;
- A patient wishing to represent themselves may place their ‘mark’ on the space for signature.

This may be witnessed by a person who signs and dates the form.

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It should be possible for pharmacists to secure a signature in the majority of instances. The HSE PCRS will reimburse pharmacists who dispense prescribed medicines in good faith to eligible patients, and who have made reasonable efforts to obtain signatures from the patients and/or their representatives.

3.15 Data Protection

The General Data Protection Regulation (EU) 2016/679 (GDPR) and the Data Protection Act 2018 oblige the HSE to put in place a data processor agreement, to cover those specific circumstances when activities undertaken, under your contract with the HSE, constitute data processing on behalf of the HSE.

The Data Processor Agreement is visible on the Pharmacy Application Suite and you must confirm acceptance of the agreement for continuing access to the Pharmacy Application Suite.

Data protection breaches, relating to data under the control of the HSE must be notified, without delay to: PCRS.DataProtetion@hse.ie.

The PCRS Privacy Statement is available at www.pcrs.ie.

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4. Prescription Information

4.1 Healthmail

Healthmail Prescriptions in order to meet the requirements for a legally valid prescription via the National Electronic Prescription Transfer System, the prescription must:

- be in an unalterable electronic form,
- be transmitted by the national electronic prescription transfer system,
- clearly indicate the date of issue,
- clearly indicate the professional registration number of the prescriber, and
- be traceable electronically back to the prescriber.

A prescription sent through Healthmail is traceable back to the prescriber and therefore a signature is not required on the prescription. The pharmacist must still be satisfied that in their professional judgement it is safe to make any supply in the context of the information received.

All other prescription requirements under the relevant legislation must still be met. The valid prescription, for a patient with GMS eligibility when received via Healthmail must be printed as transmitted. This is then treated as an original prescription for the purposes of record keeping and reimbursement.

A list of Healthmail connected agencies can be found at www.ehealthireland.ie.

4.2 Mental Health Services Prescription

A mental health services prescription will continue to be accepted for reimbursement for patients who hold GMS eligibility. Prescriptions transferred via Healthmail from hospitals / healthcare agencies that are recognised as securely connected to Healthmail are accepted for GMS eligible patients.

In order to claim for these prescriptions appropriately under the GMS scheme, the prescriber number 55555 can be used. This code is for mental health services prescription claiming only and is not valid for any other prescriber type.

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4.3 Supporting Documentation

All claims made under Community Drug Schemes must be supported by a valid prescription. Furthermore, invoices to support the claim made must also be available upon review/inspection.

It must be emphasised that a claim should not be made where there is no prescription related to the claim. Neither is it appropriate to add items to a prescription, even when it has been previously dispensed for the patient. Where claims have been paid and the relevant prescriptions are not available and these matters come to light through post processing reviews or inspections, such monies will be automatically recouped. Such behaviour by a contractor may be found to constitute a fraudulent claim against the HSE.

Where the prescription is typed, the PCRS may not reimburse for items that are handwritten onto the prescription unless they are countersigned in the prescribers own handwriting. Where there is an unauthorised addition of an item(s), it will not be paid i.e. the addition of an item as opposed to a change in the strength/quantity of an item.

Pharmacists should not accept prescriptions which are not written in compliance with Misuse of Drugs Regulations. There is no entitlement to payment for prescriptions which do not comply with legal requirements. A Controlled Drug may not be dispensed unless the appropriate statutory requirements are met. The PCRS reserves the right to bring to the attention of the appropriate authorities serious breaches of statutory requirements that come to its notice.

4.4 Request for the Production of Invoices

From time to time the PCRS requests pharmacists to submit copies of relevant invoices to clarify and/or substantiate claims for payment relating to items which do not appear to be completely in order for payment. The PCRS has a duty relating to the reasonableness and accuracy of payments and may withhold payment until it is satisfied that a claim is correct in every respect. Accordingly, when requested, pharmacists should submit invoices without delay and facilitate the correct payment of their claims as soon as possible. Retention of Invoices of medicinal products, as records under the Medicinal Products (Prescription and Control of Supply Regulations 2003 (as amended), must be held on the premises for a period of two years. These records should be readily available for inspection on request.

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When submitting products under '777' arrangements an invoice may be requested to support the claim. Pharmacies may be required to scan and submit supporting documentation to PCRS.PPUInvoices@hse.ie with GMS pharmacy number and contact details clearly identified.

4.5 Community Registered Nurse Prescribers

Nurses and midwives can be authorised to prescribe medicinal products. The Irish Medicines Board (Miscellaneous Provisions) Act 2006 provided for amendment to the definition of practitioner for the purposes of nurse and midwife prescribing. Under the Nurses and Midwives Act 2011, the Nurses Rules, 2010 continue to have force as a statutory source of prescriptive authority: the Nurses and Midwives Rules, 2013 are supplemental to the Nurses Rules, 2010. The legislation allows registered nurses or midwives who have:

1 Completed an approved education programme;
2 Appropriate clinical experience;
3 Registered with An Bord Altranais (Irish Nursing Board) as a Registered Nurse Prescriber (RNP);
4 Authority from the health service provider who employs them to prescribe a range of medications within their scope of practice.

Personalised GMS Prescription Forms should be completed in the usual manner.

The Community RNP is issued with a Primary Care Prescription Pad in book format with an original and three copies with a facility to record the RNP's Professional Identification Number (PIN):

- Original – for presentation by the patient to the pharmacist
- Copy 1 – for the pharmacist records
- Copy 2 – for the GP records
- Copy 3 – for inclusion in the patients clinical notes maintained by the RNP

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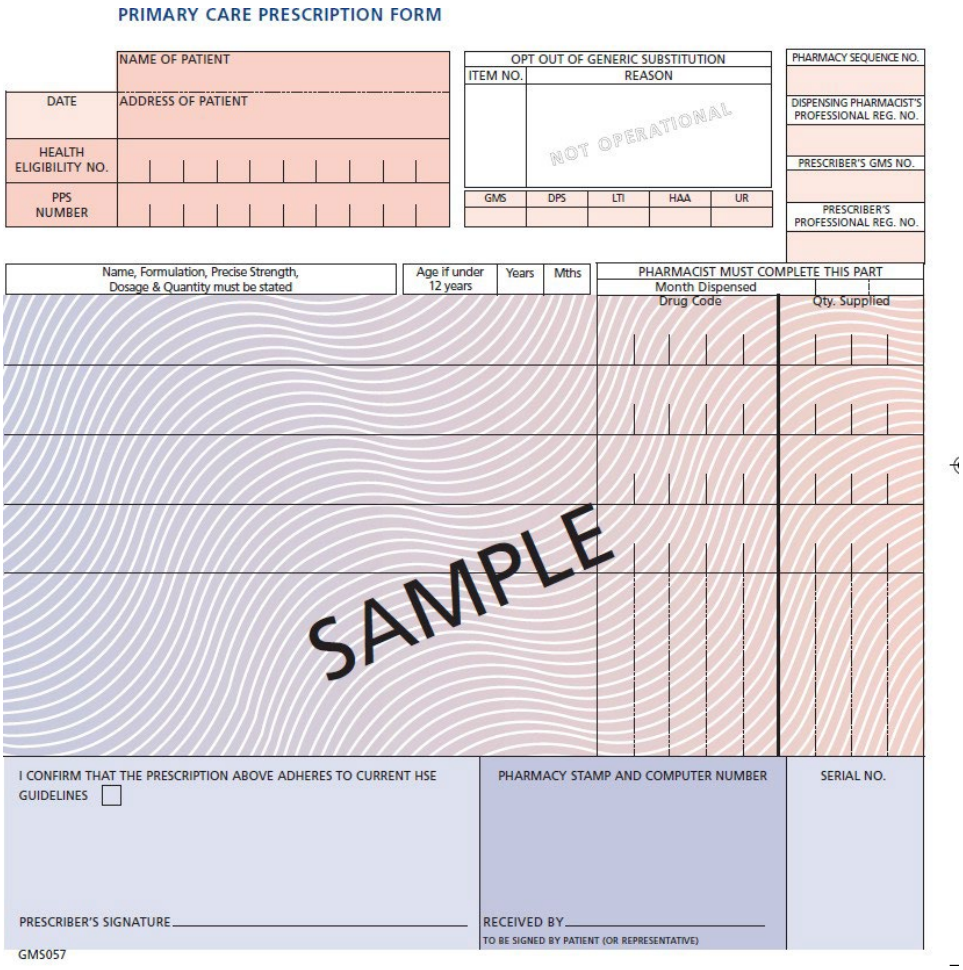
Example Primary Care Prescription Form:



PRIMARY CARE PRESCRIPTION FORM

NAME OF PATIENT

DATE

ADDRESS OF PATIENT

HEALTH ELIGIBILITY NO.

PPS NUMBER

OPT OUT OF GENERIC SUBSTITUTION

ITEM NO. | REASON

NOT OPERATIONAL

GMS | DPS | LTI | HAA | UR

PHARMACY SEQUENCE NO.

DISPENSING PHARMACIST'S PROFESSIONAL REG. NO.

PRESCRIBER'S GMS NO.

PRESCRIBER'S PROFESSIONAL REG. NO.

Name, Formulation, Precise Strength, Dosage & Quantity must be stated

Age if under 12 years | Years | Mths

PHARMACIST MUST COMPLETE THIS PART

Month Dispensed

Drug Code

Qty. Supplied

SAMPLE

I CONFIRM THAT THE PRESCRIPTION ABOVE ADHERES TO CURRENT HSE GUIDELINES ☐

PRESCRIBER'S SIGNATURE

PHARMACY STAMP AND COMPUTER NUMBER

RECEIVED BY

TO BE SIGNED BY PATIENT (OR REPRESENTATIVE)

SERIAL NO.

GMS057

RNPs employed in: acute/specialist hospitals; mental health services; private hospitals; private nursing homes and general practice will not be issued with Primary Care Prescription Pads.

4.6 Pack Sizes

Where such terms as small, medium or large are used by the doctor in a prescription to indicate the quantity to be supplied, such prescription should be considered as being incomplete and dealt with as above or alternatively the smallest pack size should be dispensed. Where the quantity of a preparation prescribed does not correspond with an original pack size and it is **not feasible** to supply the exact amount prescribed the pharmacist may, in the exercise of his professional judgement and bearing in mind the nature of the product and his statutory obligations, supply the original pack size nearest to the quantity ordered.

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To allow for the shortfall in a 12-month period, 13 dispensing's are permitted. For example, 28 day supply of a product each month. The packaging of a particular medicine or appliance will determine whether 13 dispensing's are required by the patient in a 12-month period.

4.7 Parallel Imported Products

You will be aware of the need to code appropriately all medicinal products (including parallel imported/parallel distributed products) that are dispensed under the GMS and Community Drugs Schemes so that your claims will be correctly reimbursed. The GMS coding is an important means by which the system can identify which type of product (parallel-imported/parallel distributed or reference originator) has actually been dispensed.

A number of companies are offering parallel imported/parallel distributed products in the marketplace. It is the policy of the HSE that it requires separate GMS codes for such products so that they can be traced to patient level and that the appropriate reimbursement and rebate payments can be made. Supervising pharmacists should ensure that all their staff are aware of this and are vigilant in this regard.

Please be advised that, where a pharmacist/pharmacy dispenses a parallel imported/parallel distributed product without using the appropriate code, or claims for one product while dispensing another, this may be found to constitute a fraudulent claim against the HSE.

Where a parallel import is dispensed the pharmacist must ensure that **the correct GMS code number** is entered on the claim form so that the appropriate payment is made.

4.8 Nicotine Replacement Therapies (NRT)

The Department of Health approved the reimbursement of Nicotine Replacement Therapy (NRT) for eligible GMS persons only with effect from the 1st April 2001.

- The quantity to be prescribed and dispensed on the initial prescription should be limited to two weeks supply in order to evaluate the success of the individual therapy
- NRT must be prescribed on a single GMS form
- Patients are not limited to a maximum duration of therapy
- More than one formulation (e.g. NRT patch and chewing gum) may be prescribed as per research involving dual support
- Supplies in excess of maximum daily doses are not permitted

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- Under community drug schemes reimbursement for NRT is limited to the GMS scheme.

Varenicline, Cytisine and Bupropion, classified as drugs used in nicotine dependence are reimbursable under GMS and Drugs Payments Scheme (DPS). The PCRS accept claims for combined treatment of these medicinal products with NRT.

4.9 Drugs for Erectile Dysfunction

The Department of Health approved the admission of certain **oral** dosage forms of drugs used in the treatment of erectile dysfunction to the list of reimbursable items on the GMS and Community Drug Schemes. To ensure availability for genuine need, but to reduce the possibility of inappropriate usage, the maximum reimbursable level for oral dosage forms of drugs used in the treatment of erectile dysfunction is a total of four per month. This will apply whether or not more than one such oral medicinal product has been prescribed and dispensed for a patient in the same calendar month. The Primary Care Reimbursement Service will not reimburse quantities in excess of this level

On 1st April 2017, the HSE ceased reimbursement of Phosphodiesterase type-5 (PDE5) inhibitors for the treatment of erectile dysfunction with the exception of low cost referenced priced products.

This decision applied to both branded and parallel imported products. Formulations reimbursed under the High Tech arrangements for other indications (e.g. Pulmonary Arterial Hypertension) are not affected.

4.10 Prolia® (Denosumab)

The recommended dose of Prolia® is 60 mg administered as a single injection every 6 months. Where a claim is submitted in a shorter timeframe than expected for a patient using this medication, Pharmacists will see an error message on their detailed payment listings. Where this occurs, an automatic mark-down will be applied.

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4.11 Glucagon-like peptide-1 (GLP-1) Receptor Agonists

Reimbursement for of GLP-1 Receptor Agonists for the treatment of Type II Diabetes Mellitus such as Victoza®, Ozempic® and Trulicity® is confined to those persons with full GMS and LTI eligibility. Reimbursement support is not available under the Drugs Payment Scheme (DPS).

The maximum quantity allowed under GMS and LTI Scheme is three pens of Victoza® (Liraglutide) per month. Prescriptions for Liraglutide at doses in excess of 1.8 mg are outside the licensed indication and may not be reimbursed.
For Ozempic®, the maximum allowed quantity is one pack of either the 0.25 mg / 0.5 mg / 1 mg strength per month. For Trulicity®, 0.75mg / 1.5mg can be reimbursed up to maximum of one box per month.

To manage the supply of these products, reimbursement support for lower strength pen presentations to make up a dose is not approved under Community Drug Schemes or any other HSE arrangement. The facility is available to pharmacies for 13 dispensing's' in a rolling 12 months to accommodate the shortfall.

4.12 Continuous Glucose Monitoring (CGM) sensors

The list of CGM sensors and the annual maximum reimbursable quantity for each individual sensor type is outlined below. Maximum quantities will differ due to sensors having variable wear times. Reimbursement will not be supported for higher quantities than the maximum outlined below.

GMS Code	CGM Sensor Name	Pack Size	Maximum Annual Reimbursed Quantity	Wear Time per Sensor
97636	Dexcom One+	1	39 packs	10 days
97628	Dexcom G6	1	39 packs	10 days
97629	Dexcom G6	3	13 packs	10 days
97631	Dexcom G7	1	39 packs	10 days
85581	Freestyle Libre 2	1	26 packs	14 days

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85241	GlucoRx Aidex	1	26 packs	14 days
97645	Medtronic Guardian 4 – 7040C1	5	12 packs	7 days
97671	Medtronic Guardian 4 – 7040QC1	5	12 packs	7 days
97680	Medtronic Guardian 3 – 7020C1	5	12 packs	7 days
94391	Simplera Sync Sensor MMT-5120C1	5	12 packs	7 days

Approval can be confirmed through the online Secure Schemes Checker under 'Patient Specific Arrangements'. Pharmacies can dispense and claim for CGM sensors electronically using the individual GMS codes for the product, submitting in the normal manner with monthly claims. Claims submitted for patients who are not approved will not be paid.

In the event that a replacement sensor is required outside the normal wear periods, patients should be advised to contact the individual company to organise a replacement in line with their sensor replacement policies. Reimbursement support for more than one sensor type will not be provided.

4.13 Additional Blood Glucose Test Strips

The HSE will reimburse only the recommended quantity of blood glucose test strips per patient per pharmacy. Since 1 April 2016, the following applies for reimbursement support of the Blood Glucose Test Strips for patients with Type 2 Diabetes Mellitus:

- There is no limit for patients treated with insulin.
- Patients managed on sulphonylurea or meglitinide drugs will be reimbursed for two 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 one box of test strips per month i.e. 600 test strips/annum.
- Patients managed through diet alone will be reimbursed for two boxes of test strips per annum i.e.100 test strips/annum.

Claims for the dispensing of blood glucose test strips are validated on a monthly basis.
This initiative reduces 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.

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Prescribers are enabled to register for exceptional arrangements those patients whom they believe should receive reimbursement support for more that the recommended quantity of testing strips. Pharmacists, through the Secure Scheme Checker can establish whether the patient had been notified to the HSE as requiring extra reimbursement support. Unless the patient has been registered for exceptional arrangements, the quantities recommended will be the maximum reimbursed on a monthly basis.

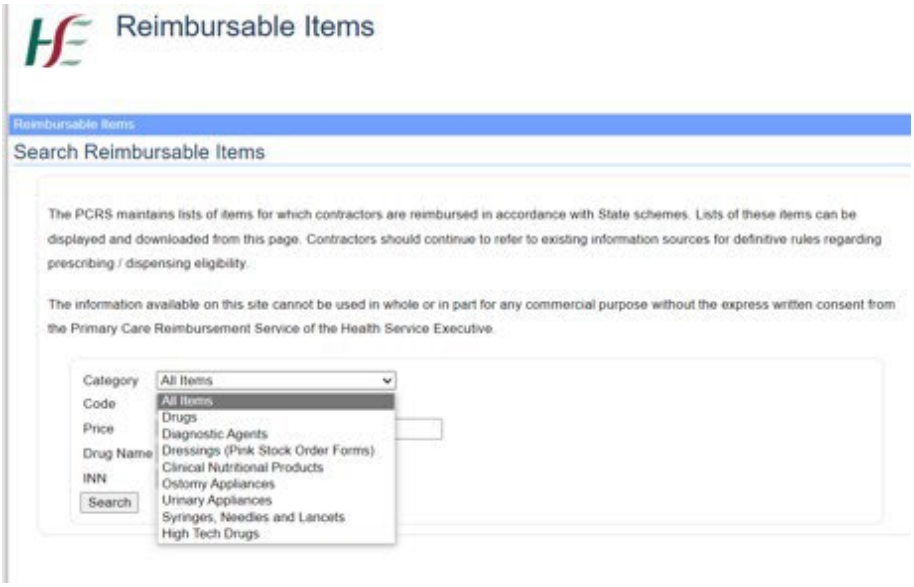
4.14 Non-Drug Items

Certain non-drug items are available on the Reimbursement List;

- Clinical Nutritional Products
- Urinary Products
- Ostomy Products
- Wound Management Products
- Diabetes Consumables.

The HSE is satisfied that there is a range of non-drug items available to sufficiently cover patient requirements in the community setting.

Lists of these items and the reimbursement price can be displayed and downloaded from the PCRS website at www.pcrs.ie > List of Reimbursable Items.



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Whilst Wound Management Products (i.e. dressings) are not available to patients on GMS prescriptions, certain items are provided on the Reimbursement List for GP Stock Orders (Pink). Where there are no local arrangements in place to make supplies through the Public Health Nurse / Community Health Nurse at local level, applications can be submitted under Discretionary Hardship Arrangements. Dressings of a more complex nature, not listed under Stock Orders (Pink), may be considered for reimbursement supported by a hospital prescription. Applications will also be considered where the product has been recommended by a Tissue Viability Nurse (TVN) employed by the HSE.

Wound Management Products considered as Normal Nursing Needs that would be expected to be available as stock in residential settings will not be reimbursed.

Since January 2018, compression hosiery products have been provided with administrative codes. This means that where such products on the Reimbursement List are prescribed, they can be dispensed and claimed for electronically. Compression Hosiery will no longer require individual authorisation by the Local Health Office under Discretionary Hardship Arrangements. Reimbursement support is provided for two pairs per calendar year. Claims submitted outside the approved yearly threshold will not be reimbursed. This arrangement applies to medical card holders under the GMS scheme only. Compression hosiery for other indications (e.g. lymphoedema, lipoedema) and compression hosiery aids are not reimbursable.

4.15 Reimbursement of Foods for Special Medical Purposes (FSMPs)

Reimbursement for Foods for Special Medical Purposes (FSMPs) that are on the formal Reimbursement List will be accepted on foot of a valid prescription from a prescriber or a recommendation from a Registered Dietitian. The Dietitian must be CORU registered with a PCRS 5-digit Dietitian number assigned to be accepted for the purposes of reimbursement support under Community Drug Schemes. The individual CORU registration number and PCRS 5-digit pin number must be included on the recommendation from the Dietitian. Clinical nutritional products not on the Reimbursement List are not accepted on foot of a Registered Dietitian recommendation and payment will be rejected.

The requirement for prior reimbursement approval for non first-line standard ONS (List B) by prescribers or HSE employed Dietitians remains in place.

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4.16 Economic Prescribing and Dispensing on the GMS Scheme

Pharmacists should be mindful of their obligations under Clause 9 of the Community Pharmacy Contractor Agreement to facilitate the prescribing doctor in establishing the most cost effective treatment for a patient.

Doctors have been asked for their co-operation in securing whatever economies are possible without reducing the effectiveness of the service or affecting the best interests of patients. They have been asked to consider, when prescribing, whether there is an equally effective but less expensive medicinal product available.

Products on the Reimbursement List are reimbursed in line with the SmPC and the maximum quantities are associated with the product license. Off-label prescribing may not be supported for reimbursement.

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5. Submission of Claims

Claims should be submitted on a monthly basis. The electronic submission of claims is now standard and offers the following benefits.

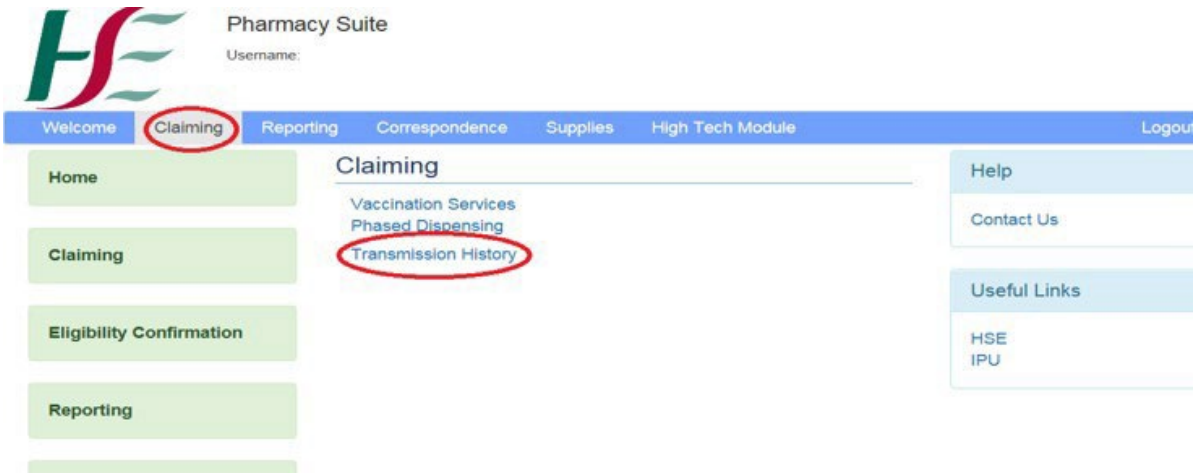
- Electronic submission and Early Pay of GMS, DPS, LTI, HAA, EU, Dental and High Tech claims
- Integrated electronic correction claims
- Direct pharmacy to HSE claim submission
- SMS submission deadline reminders*
- SMS communication in event of Central Technical Issue at PCRS*

*To avail of SMS communication e-mail cert.info@hse.ie for a registration form.

5.1 Submission of 'Early Pay'

To qualify for early payment, electronic claims must be received by the PCRS no later than midnight on the **3rd working day of the month**.

Working days are defined as Monday to Friday, excluding public/bank holidays. As you submit your file, your software should confirm immediately that your file has been received by the PCRS. If you are unsure if your file has been transmitted correctly a '**Transmission History**' file is available for review on the Pharmacy Application Suite.



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In order to minimise the impact of unforeseen technical difficulties, either with telephone connections or technical problems with files or transmission issues, Pharmacists are advised to submit their initial claim file on the **1st day of the month**. For the fastest processing turnaround, avoid peak time queues during working hours. Where a pharmacist leaves the transmission of their file until the last available day, they run the risk of unforeseen transmission issues that may result in their file not being received in the PCRS on time. The PCRS cannot accept files received after pharmacy file loading window has passed. In such an event the claims will not be processed in the early pay cycle. Claims submitted electronically and received at the PCRS **after the 3rd working day and by midnight of the 7th day** of the month will be processed electronically and paid in the normal pay cycle.

5.2 Submission of claims for 'Normal Pay'

Electronic claims for Normal Pay must be received by the PCRS **by midnight on the 7th of each month**.

A schedule of submission dates for early and normal pay cycles is circulated annually. To ensure claims are submitted by the due dates it is recommended to place this calendar prominently within in your pharmacy.

Technical issues outside of the control of the PCRS are a matter for the Software vendor or the pharmacist. The PCRS cannot be held responsible for any technical issues that arise outside of our direct control. Pharmacy business should build a contingency into their submission schedule to deal with such unforeseeable technical problems that may arise from time to time. In addition, normal financial contingency arrangements are a matter for the pharmacist.

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5.3 Exception Files

Exception files contain details of rejected claims for your examination, correction and re-submission. In the event that the whole file fails to load, the exception file will confirm this fact for your attention. Exception files are available for download **no later than 4 working days from receipt** and in most cases are available within 24 hours. There is no limit on the number of download and re-submission cycles. However, the final submission must be received in the PCRS **no later than midnight on the 8th working day.**

5.4 Submission of Supporting Paperwork

To provide the necessary controls and assurances to the PCRS and to satisfy the Comptroller and Auditor General, the submission of paper bundles (supporting paperwork) may be requested by PCRS.

The PCRS will provide advance notice to community pharmacy contactors who are selected to submit their end of month supporting paperwork bundle. This will enable preparation for submission and to exercise discretion as to the printing and retention of month end paperwork in periods in which pharmacy contractors are not required to submit their yellow bag/bundle.

It is important to note that this pertains to supporting paperwork for reimbursement only. Regulatory requirements as set down in prescription legislation must be adhered to. This includes the printing down of prescriptions transmitted by the national electronic prescription transfer system and treating as the original prescription i.e. Healthmail.

If selected, yellow bags, treasury tags, summary certificates and elastic bands are required to submit your supporting paperwork. The address should be clearly visible on the yellow bag and the Pharmacy number should be inserted in the box provided. Yellow bags must contain the supporting paperwork tagged with properly completed Summary of Claims Certificates.

Within the yellow bag provided, submit claims in two separate bundles as follows:
Bundle 1: GMS Healthmail/GMS Regular/GMS Repeat, Hospital Emergency, Stock Order and Dental Claims secured using elastic bands.
Bundle 2: DPS, LTI, High Tech, HAA and EU Claims secured using elastic bands.

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Please ensure no sharp objects are used to secure the content in the yellow bag(s) as staples and other sharp material can present a hazard when opening the bag(s).

To order additional supplies of the following items, a request can be submitted via the Pharmacy Suite or email to PCRS.Supplies@hse.ie.

The following are available to order:

- Unified Claim Forms
- GMS Summary Forms
- DPS Summary Forms
- LTI/EEA/HAA Summary Forms
- OST Summary Forms
- High Tech Summary Forms
- Treasury Tags.

Unified claim forms (UCFs) are not required by the PCRS and copies of endorsed prescriptions can be presented to validate claims. Whilst it is noted that community pharmacies use UCFs as receipts for those accessing medicines outside of state schemes, the provision of receipts for patients accessing medicines privately is not a matter for the PCRS.

All previous requirements for valid submission must also be met. This includes evidence of 'Do Not Substitute' instructions from the prescriber where relevant.

Claims are submitted electronically in the normal manner for reimbursement. For exceptional items pharmacies may be required to scan and submit supporting documentation to PCRS.PPUInvoices@hse.ie with GMS pharmacy number and contact details clearly identified. As this process in currently in place and will continue, pharmacies are not required to attach the supporting documentation (e.g. invoices) to the forms in their end of month bundle.

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Please be reminded that one month's supply is the maximum quantity permitted under GMS and Community Drug Schemes. However, to allow for the shortfall in a 12-month period, 13 dispensing's are permitted. For example, 28 day supply of a product each month. The packaging of a particular medicine or appliance will determine whether 13 dispensing's are required by the patient in a 12-month period.

5.5 Change of Contract and Contractor Data Maintenance

Where a pharmacy changes contract mid-month, the PCRS will accept one file per month per contract agreement. The PCRS system will validate claim dates and only pay where the contract is valid.

The following changes need to be routinely notified in writing to the HSE (see circular 007/18 for further details):

- **Changes in supervising pharmacist**
- **Change in beneficial ownership** (this results in the termination of the Agreement and a new agreement to be signed as per Clause 22 (2))
- **Change in Directors** (where they have signed the SEPA form – a copy of which is enclosed for ease of reference. It is important to note that unless these details and signatures are kept up to date, monies may not be released if there is a request to change bank accounts etc.)
- **Changes to Company Registration Number**
- **Changes to the PSI RPB registration number**
- **Changes in opening hours** (which as per clause 8 of the Contractor Agreement must be agreed with the HSE).

Information on how to apply for a Community Pharmacy Contractor Agreement (CPCA) for the Provision of Pharmacy Services under the Health Acts can be found at www.pcrs.ie.

It will take a minimum of 21 days for the HSE to complete an application for a new CPCA and the HSE cannot finalise a new CPCA until the Pharmaceutical Society of Ireland has registered the new ownership and issued a new Retail Pharmacy Business (RPB) number. The time taken is largely dependent on how quickly the applicant submits the correct documents. No payment will be made under the General Medical Services or Community Drug Schemes until after the CPCA is issued and payments will not be backdated.

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5.6 Payments

Payment is made by Credit Transfer to the Bank Account most recently identified on the Pay Mandate form received by the PCRS. It is the contract holder's responsibility to keep the PCRS advised of the correct bank account details. Occasionally for exceptional reasons the PCRS may change payment method to cheque.

Where claims qualify for early payment, the bank file is submitted into pharmacy accounts on the **15th working day** of a month.

Where claims qualify for **Normal DPS payment**, the bank file is submitted into pharmacy accounts between the **5th and the 7th of the following month**.

Where claims qualify for **Normal GMS payment**, the bank file is submitted into pharmacy accounts between the **19th and 21st of the following month**.

Details of claims paid are reported on a 'Detailed Payment Listing' which is available online within a week of payment to each pharmacist paid in that month. Since November 2022 there is an enhanced monthly XML file listing. This is an upgraded version of the final exception file. The enhanced XML contains all data currently in the final exception files plus additional reporting sections. Pharmacies should contact their pharmacy software vendor regarding the enhanced XML file listing.

Errors encountered in the processing of data entered on a form will result in the non-payment of such claims. These will be reported on a Reject/Reclaim Listing, which form part of the monthly Detailed Payment Listing issued by the PCRS.

The reason for the rejection will be given and where applicable the claimant will be asked to insert additional/corrected information on the listing/Pharmacy exception file and return same to the PCRS for processing.

From July 2018 Detailed payment Listings are only available online via the Pharmacy Application Suite. In the event a replacement listings is requested a fee of €12.70 applies for a hard copy with a fee of €6.35 for a pdf version.

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Queries should be submitted using the Pharmacy Query Form which is available for download on the Pharmacy Application Suite and also at www.pcrs.ie > Online Services > Services for Pharmacists Only > Query Form for Pharmacists

Query Forms may be scanned and sent to our dedicated email address at pcrs.ppuqueries@hse.ie. Reclaims should not be sent in using this method of communication.

Payments to community pharmacy contractors are set down in legislation. The PCRS does not have the authority to go outside the agreed statutory fees in place.

5.7 Reclaims and Queries

All pharmacies are required to submit claims electronically. if a claim fails to meet the criteria for payment an exception file providing the reason for rejection is sent approximately 24 hours after the electronic payment file is transmitted to the PCRS. Reclaims should be updated and resubmitted on the final exception file no later than midnight on the 8th working day.

In order to submit reclaims after this timeframe (and if your software allows) you must ensure your final exception file is downloaded. For further information regarding reclaim submission and to check if your software provides this facility, contact should be made directly with your software vendor.

Reclaims where additional information is required to generate reimbursement should be submitted to:

Pharmacy Processing Unit
P.O Box 7062
Finglas
Dublin 11
Eircode: D11 PXT0

Queries can be submitted using the Pharmacy Query Form which is available for download on the Pharmacy Application Suite and also at www.pcrs.ie > Online Services > Services for Pharmacists Only > Query Form for Pharmacists. Reclaims should not be sent in using this method of communication.

In order to assist you deal with queries or reclaims regarding claims a claim enquiry screen was developed. This displays paid claims to your pharmacy for the last 6 months excluding those paid under the Opioid Substitution and Discretionary Hardship Schemes.

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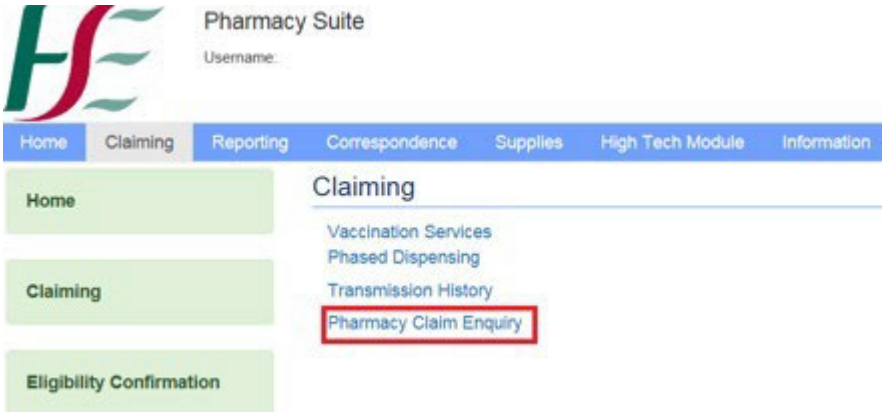
Claims which have failed to generate for payment will remain on the enquiry screen.

The claim enquiry screen is available on the Pharmacy Application Suite under the claiming tab:



1) Chose from the dropdown the claim type which you would like to query.
2) Enter a claim number, Form No, Patient No, or the Month Year which you would like to retrieve data and click on retrieve claims.
3) The claim(s) will then display in tabular format providing details of the claim including if and when the claim was paid or rejected.
4) To view a claim in more detail including the items listed on the claim and details of any error messages click on the claim number.

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5.8 Withholding Tax from Payments for Professional Services

Under the terms of the Finance Act, the Health Service Executive is obliged to deduct Withholding Tax, (currently 20%) from all payments for professional services by contractors under all Schemes.

Each contractor is required under the relevant legislation to furnish the PCRS with his/her income tax reference number on a form provided. The introduction of ePSWT on 1st July 2021 means that the PCRS will make a payment notification online on ROS (in a new ePSWT system) and remit the 20% as part of the F30 monthly return.

With effect from 1st July 2021, the PCRS (the Accountable Person) will no longer be providing any paper forms (Form F45) to you as the Specified Person. When you log into your ROS account as a Specified Person you will see a "PSWT Withheld from you" heading on the PSWT page and by clicking same, you can view the Payment Notification details of PSWT submitted on your behalf.

You will also be able to produce a "Payment Notification Acknowledgement" should you require a paper record. Further information is available on https://www.revenue.ie. Alternatively, you may seek professional advice from your Accountant/Tax Adviser.

5.9 E-Tax Clearance

Tax Clearance Status for all suppliers and service providers who receive payments in excess of €10,000 within a twelve-month period must be confirmed prior to release of each payment. Contractors must satisfy themselves, they have a valid Tax Clearance Certificate (TCC). Full details on how to apply for e-Tax Clearance are available directly from the Irish Revenue website on www.revenue.ie.

FAQs in relation to e-Tax Clearance can be found on the Revenue webpage under 'Tax Clearance'.

The Tax Clearance Status of all relevant recipients will be checked on a monthly basis through online data upload. It is important to note that until Tax Clearance Status has been confirmed payments will be held.

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6. Pharmacy Services & Supporting Tools

6.1 Vaccination Services

Whilst payments for vaccines (Covid-19, Influenza) are issued via the PCRS, since 19th September 2022 all vaccines reimbursed are recorded through the PharmaVax system. Payment queries can be sent to PCRS.PPUQueries@hse.ie. Please do not contact the PCRS for registration issues, data quality errors, clinical queries or any queries outside of reimbursement as PharmaVax is not a PCRS system and our teams will be unable to assist.

PharmaVax technical queries should be submitted to the support team for at a2ihids.support@hse.ie.

For clinical queries please contact immunisation@hse.ie.

The Secure Scheme Checker allow pharmacists to see the last record date of vaccinations. This is listed under 'Vaccination Services'.

6.2 Emergency Hormonal Contraception (EHC) Service

From 1st July 2017, female medical card holders are able to obtain Emergency Hormonal Contraception (EHC) directly from their pharmacist, without a GP prescription, following a pharmacist delivered consultation. No prescription charge is incurred by the patient.

The Health Professionals (Reduction of Payments to Community Pharmacy Contractors) (Amendment) Regulations 2017, Schedule 2 sets out the payment of €11.50 plus dispensing fee as applicable per provision of EHC service without a prescription from a GP under the GMS scheme.

The pharmacist is paid a consultation fee where they have exercised their professional judgement in respect of EHC. There are two professional service reimbursable codes:

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Code to Claim Professional Service Fee	Pharmacist EHC Service	Product Dispensed (Y/N)
79996	Payment for provision of emergency hormonal contraception service without a prescription from a general practitioner (Product supplied)	€11.50 (Y)
79997	Payment for provision of emergency hormonal contraception service without a prescription from a general practitioner (Product not supplied)	€11.50 (N)

It is recognised that in a very limited number of circumstances following pharmacist consultation, supply of emergency contraception is not appropriate and therefore the service fee can be claimed using the code assigned to non-supply of product.

The service is recorded through the normal GMS claims procedure with the relevant reimbursement code(s) provided.

1) The Pharmacy Contract Number must be inserted in the 'Prescriber' field. The pharmacist enters code for consultation (a) with supply or (b) without supply. If a consult results in supply, pharmacist states the product dispensed.
2) By making a claim, the pharmacist is confirming that they have provided the service in line with the relevant protocol:
    (i) 'I confirm that I have counselled the patient and provided the service and/or product listed in compliance with the relevant protocol'

You are reminded that this service is applicable to valid medical card holders and is exempt from prescription charges. A prescription charge will not be deducted from your GMS payment in respect of this service.

Those who are in the relevant age category for the Free Contraception Scheme, can access the emergency hormonal contraceptive through that scheme.

6.3 Pharmacy Training Grant

In order to claim Pharmacy Training Grants annually, please complete and submit the following documentation to your local HSE Pharmacist for approval;

a) Pharmacy Training Grant Summary Form - Complete one summary form for each year you are claiming for. Submit parts 2 and 3 of each form. Retain part 1. The summary form must be signed by the Supervising Pharmacist.

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b) Pharmacy Training Grant Claim Form(s) - Please complete an individual claim form for each member of staff who has undergone relevant training. Ensure all required information is given, e.g. on the claim form, give the students name and full address and PPS number. Ensure that the correct course code is given.

c) Original receipt(s) for course fee outlay. Please note that these receipts are non-returnable.

d) Copies of the Certificate(s) of Completion - The date of course completion is taken as the date on the certificate of completion.

e) Pharmacy staff training plan - All applications must be accompanied by a training plan for pharmacy staff. Failure to do so will mean that the application will be returned to you. If submitting a claim for courses completed in 2024, the training plan should be for 2025.

Application forms can be obtained by emailing PCRS.PharmacyGrant@hse.ie. The maximum grant payment is €1270 per annum.

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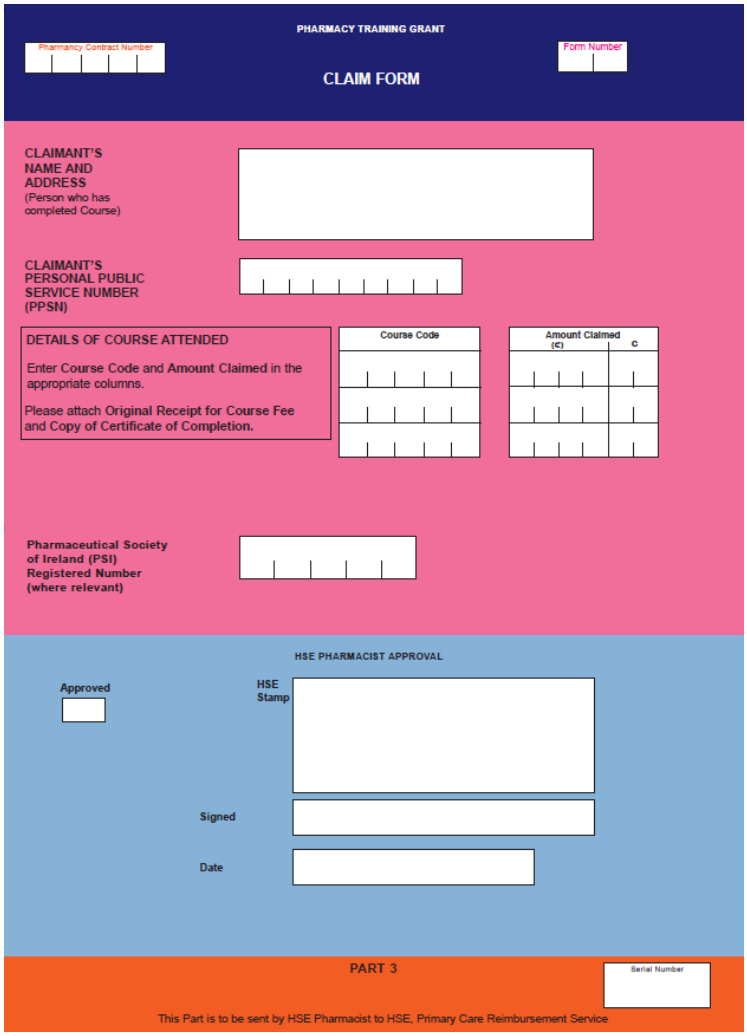
Example of Training Grant Claim Form:


PHARMACY TRAINING GRANT

Pharmacy Contract Number

Form Number

CLAIM FORM

CLAIMANT'S NAME AND ADDRESS
(Person who has completed Course)

CLAIMANT'S PERSONAL PUBLIC SERVICE NUMBER (PPSN)

DETAILS OF COURSE ATTENDED

Enter Course Code and Amount Claimed in the appropriate columns.

Please attach Original Receipt for Course Fee and Copy of Certificate of Completion.

Course Code

Amount Claimed (€) c

Pharmaceutical Society of Ireland (PSI) Registered Number (where relevant)

HSE PHARMACIST APPROVAL

Approved

HSE Stamp

Signed

Date

PART 3

Serial Number

This Part is to be sent by HSE Pharmacist to HSE, Primary Care Reimbursement Service

Until an electronic solution is in place by the PCRS, the grant applications are submitted to your local HSE Pharmacist. Once approved by the HSE Pharmacist, the documentation will be forwarded to the PCRS for processing and payment. Your HSE Pharmacist should be contacted for any queries in relation to the training grant.

Approved Courses for Pharmacy Training Grant for training as agreed with Department of Health

Course Code	Description of Course	Maximum Payable
IPU 01	The former IPU Medicines Counter Assistant Course 1 (MCA 1)	€550
IPU 02	The former IPU Medicines Counter Assistant Course 2 (MCA 2)	€550
IPU 03	The current IPU Medicines Counter Assistant (MCA) Course	€550

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IPU 04	Year 1 IPU Pharmacy Technicians Course	€1270
IPU 05	Year 2 IPU Pharmacy Technicians Course	€1270
IPU 06	IPU NPA Medicines Counter Assistant Course	€260
PTG 11	Cardiovascular Risk Assessment Training	€250
PTG 12	CPR course (Multiple Providers)	€95
PTG 13	Parenteral Administration of Medicines (Hibernian Healthcare Delivered)	€365

6.4 Pharmacy Application Suite

All contractors have access to the Pharmacy Application Suite. The services available on the suite are:

Claiming

- Vaccination Services
- Phased Dispensing
- Transmission History
- Claim Enquiry

Eligibility Confirmation

Reporting

- GMS Listings
- DPS Listings
- Methadone Listings
- Influenza Incentivised Payment Report

Correspondence

- Drug Payment Scheme & Prescription Charge
- Pharmacy Query Form
- Circulars

Reimbursable Items

- List of Reimbursable Items
- Updates to the List of Reimbursable Items and High Tech Scheme List
- Dental Prescribable Items

Supplies (stationary, unified claims forms etc.)

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High Tech Module

- High Tech Stock Take
- High Tech Hub

Emergency DPS

Information

- Termination of Pregnancy

Express LTI

LTI Drug Request

Access to the suite requires a digital certificate and must be installed on the user's PC. Certificate codes are issued by I.T Operations at the PCRS. Queries relating to the digital certificate can be sent to cert.info@hse.ie.

6.5 Secure Scheme Checker

Online Eligibility Confirmation is available under the 'Online Services' link at www.pcrs.ie. A further tool which assists eligibility verification is the 'Secure Checker'. This facility is accessed via the 'Pharmacy Application Suite'.

The PCRS has gradually enhanced the secure checker facility in order to assist you at patient level. Some of the enhancements include:

- A search function to retrieve all patient specific eligibility using the client's PPSN.
- A Family Grouping option, which displays details of persons in family grouping in order to retrieve family member specific eligibility.
- A Patient Specific Arrangements option which can be used to check if a patient is approved phased dispensing and special drug requests.
- The patient's Prescription Charge Status.
- LTI Information: LTI illness code(s) and a link to the Core List(s) directly from Secure Checker. A further development is also in place which provides the confirmation of items which have specific individual approval outside of the Core List(s) for a particular patient.
- Application for additional items to be added to the LTI card for an individual.
- Pharmacists and GPs to see the last record date of Influenza, Pneumococcal and Covid vaccinations submitted to the PCRS. This is listed under 'Vaccination Services'.

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As further developments are planned, pharmacists will be kept informed accordingly.

6.6 Pharmacy Circulars

Pharmacy Circulars are available on the PCRS website at www.pcrs.ie > Circulars for Contractors > Pharmacy Circulars. Going forward all circulars issued to pharmacies will only be published online via the Pharmacy Suite and the HSE website.

6.7 PCRS Contact Details

Email	Query Type
PCRS.PPUInvoices@HSE.ie	Submission of Invoices
PCRS.PPUQueries@HSE.ie	Pharmacy Claim/Payment Queries
PCRS.HiTech@hse.ie	High Tech Co-Ordination Unit
PCRS.IndividualRequest@hse.ie	Individual Reimbursement Requests under Community Drug Schemes
Pharmacy.Response@hse.ie	ToP Stock Orders, Phased Dispensing queries, managed access product queries (e.g. Entresto, Versatis, PrEP) and HRT Arrangements
PCRS.ONS@hse.ie	ONS approvals and queries
PCRS.LTIQueries@hse.ie	Long Term Illness Scheme
PCRS.ExemptMed@hse.ie	Exempt Medicinal Products
PCRS.ProbityPharm@hse.ie	Probity Concerns

Pharmacies can also contact the PCRS at 01-8647100 with a reimbursement query.

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