



**Health Services Executive
Primary Care Reimbursement Service
Special Drug Request
User Registration Form**

**Before completing this form please read text
below and notes on page three:**

- (1) All fields are mandatory unless otherwise stated.
- (2) Please ensure forms are completed correctly in black ink and returned to PCRS.
- (3) The most frequent issues with these forms submitted to PCRS are incorrect completion of the Authorisation Section, illegible entries and missing entries.
- (4) Authorisation of access **must be** performed by the Centres CEO/Delegated person.



- Please read the notes on page three of this document before completing this form. All fields are mandatory unless otherwise stated.
- Please use **BLOCK CAPITALS** and complete all sections.

Part 1: Applicant Details

Forename		Surname	
Department		Position	
Employee No.		Phone No.	
Professional Registration Number (i.e. medical council, NMBI, CORU)			
Work address (see note one)			
Email Address (work email only)			
Username (existing user only)			

Part 2: Role

	Access	Tick Required
Please select the access required (Tick Required)	Bempedoic acid (Nilemdo®) Bempedoic acid/Ezetimibe (Nustendi®)	
	CGM Sensors & Diabetic Test Strips	
	Fampridine (Neurology Only)	
	Lidocaine 5% Plasters (Versatis®)	
	Non-first line Oral Nutritional Supplements	
	PrEP (Approved Prescribers Only)	
	Rivaroxaban 2.5 mg	
	Sacubitril/Valsartan (Entresto®)	
	Saxenda (Liraglutide) 6 mg/ml Injection	
High Tech Hub Drug Approval (Approved Prescribers Only)	Atopic Dermatitis (e.g. abrocitinib, dupilumab, tralokinumab upadacitinib)	
	CGRP MABs (Migraine Treatments)	
	PCSK9-inhibitors	
See Managed Access Protocols at Managed Access Protocols - HSE.ie	Romosozumab (Evenity®)	
	Sativex Oromucosal Spray	
	Severe Asthma Treatments	

Part 3: Centre

Please enter the name of the Hospital or CHO where you require approval to access the Special Drug Request system

Hospital/CHO Name	

Part 4: User Declaration

I understand that details of usernames and passwords must be kept securely and according to the standards which apply to systems access. I am fully aware of data protection issues and my responsibilities regarding the correct use and access of client data.

Applicant Signature

Part 5: Authorisation

I, the CEO (or my delegate) at the above Centre am seeking for this applicant to be provided with access which will allow her/him communicate with the PCRS. I ensure that all appropriate physical security arrangements are in place regarding computer infrastructure.

RETURN TO PCRS.PharmDeclaration@hse.ie

CEO/Delegate Signature

Date

DD/MM/YYYY

OFFICIAL USE ONLY

Approved by:

Date:

OFFICIAL STAMP



Health Services Executive
Primary Care Reimbursement Service
Special Drug Request – User Registration Form

Notes on this User Registration Request Form:

1. Only fully completed request forms will be processed. All fields are mandatory unless otherwise stated. **Incomplete forms will not be progressed. Please note that if the “Office Address” is not provided, forms cannot be processed and no further action can be taken by PCRS. Only secure work emails can be accepted.**
2. Authorisation Section: Authorised signatory grades for the purpose of this form are at minimum:
 - a. Hospital CEO
 - b. General Manager
3. Certain temporary staff may not have employee numbers. In these cases “Not Available” may be inserted.
4. Completed and signed are submitted to PCRS.PharmDeclaration@hse.ie.
5. **Data Protection Notice:** Personal data collected by the HSE is used for the purpose of providing a health service. It is required, stored, processed and disclosed to other bodies in accordance with the laws relating to proper treatment of personal data.