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For CPU Use

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Case Reference	Date Received

Individual Exempt Medicinal Product Reimbursement Request Application Form

Name of Prescribing Consultant	
Contact Details:	Address:
	Telephone:
	Email:

Name of person completing form	
Contact Details:	Address:
	Telephone:
	Email:

Patient Details

Patient name			
Date of birth			
GMS / DPS / LTI Number <small>(Please tick and insert number)</small>	GMS	DPS	LTI
Co-morbidities and other relevant factors	Number:		

Requested Treatment Details

Generic Name	
Brand (if relevant)	
Form	
Strength	
Planned duration of therapy	

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Indication for treatment	
Rationale for use	
Do you wish to highlight any areas of unmet need	
Additional Information <small>(Please add separate sheet if more space is required)</small>	

Purchasing Details

Cost	
Supplier	

Conditions of Reimbursement

- The product is an Exempt Medicinal Product (as defined) and therefore it has not been assessed by the Irish Medicines Board (IMB) against the criteria of safety, quality and efficacy. The IMB has issued guidance that the responsibility for the clinical use of such products lies with the prescriber.
- The Medicinal Product has been industrially produced and is appropriate for use in the Community.
- No Authorised (Licensed) Medicinal Product of essential similarity is available for prescription and supply under the Community Drug Schemes.
- Prescription has been initiated by a Consultant Medical Doctor who is aware that the product is not licensed.
- I confirm that I have ensured that the details on this form are correct and that the above conditions of reimbursement have been understood.

Authorisation of request

Signature of prescribing consultant	
Institution	

Completed forms should be submitted to:

The Corporate Pharmaceutical Unit (CPU).

Room 2.19, Dr. Steevens Hospital,

Dublin 8

Phone: 01-6352258

Fax: 01-6352358

Email: cpu@hse.ie