**National Hepatitis C Treatment Programme - Individual Funding Application to PCRS for Reimbursement of Preferred Regimen of Direct Acting Antiviral Treatment for Hepatitis C**

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Name** | **Patient Address** | **Patient DOB** | **PPS / Medical Card / HAA / DPS / LTI****(Please provide one of the above)** |
|  |  |  |  |
| **Treatment Site** | **Confirmation that patient is enrolled in the HCV registry & outcome data will be provided to the Registry** | **Unique Treatment Registry Number**  |
|  | **Yes**  **No** |  |

**Please Circle/Tick Treatment Option/Duration AND Genotype Below:**

 

**The NHCTP Treatment Guidelines outline that Clinical Lead approval is automatically granted for patients fulfilling the below criteria and suitable for 8 week treatment with Maviret (tick one). No additional paperwork required by PCRS.**

□    8 week treatment required for Patient receiving treatment in Prison setting

□   8 week treatment required for Patient with a chaotic or disorganised lifestyle who has difficulty attending clinic or complying with treatment as a result of on-going psychiatric or substance abuse challenges

I wish to apply for individual funding of reimbursement of the specified first line regimen for the above patient. I confirm that the information provided in this form is correct.

**Prescriber Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name & Medical Council Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**