

Drugs Payment Scheme

This is an important Scheme that covers families and individuals for the cost of their prescribed medication. Under the drugs Payment Scheme, no individual or family will have to pay more than the approved monthly threshold amount in any calendar month for approved prescribed drugs, medicines and appliances for use by that person or his/her family in that month.

Definition of family for the Purpose of the Scheme

Family expenditure covers the nominated head of household, who must be an adult, his/her spouse (including a person with whom he/she is living as husband or wife) and children under 18 years.

Dependant over 18 years and under the age of 23 years who are in full time education may also be included. (School/ College stamp or other validation required).

A dependant with a physical disability or mental handicap or illness who cannot maintain himself/herself fully, who is ordinarily resident in the family home, may be included in the family expenditure under this Scheme regardless of age.

Eligibility

All those who are ordinarily resident in Ireland are eligible to apply for the Drugs Payment Scheme providing they **do not** hold a current medical card. You can use the Drugs Payment Scheme with a Long Term Illness Book.

Application Procedure

It is important to complete this registration form immediately to ensure that you/your family can use the Scheme.

Families should be registered by the nominated head of household, who must be an adult. Return the completed form to **your Local Health Office**. See list of address(es) on this form.

How to use the Scheme

Once your registration form has been processed each person named will receive a registration card. This card must be presented to the Pharmacist before a prescription is dispensed.

Pending the introduction of a facility whereby Pharmacists can access a central database to confirm amounts already paid, all members of a family should use the same **Pharmacist** throughout a calendar month to obtain prescribed medication

School/College details

This section should be completed by the school/college if your child is between 18 and 23 and continuing in full time education.

I certify that _____ is in full time education at this school/college since (state both dates)

Date of entry _____ / _____ / _____

And is expected to continue until _____ / _____ / _____

Two/three year certificates are acceptable.

This student is in year of a year course.

(For and on behalf of the Principal)

Signed:

Tel:

Date:

School/College
Official Stamp

Where there is more than one student in full time education please submit school/college details for each student. Additional application forms are available from your Local Health Office.

