



Prior Approval Request Form - Listed Drugs

This form is for completion by the Consultant, for those specified drugs that are subject to pre-certification by Vhi Insurance, prior to the commencement of treatment regimen. Please return completed template to medical.approval@vhi.ie

Consultant Details	
Consultants Name	
Consultants Code	
Consultant Speciality	

Patient Details	
Patient Name	
Date of Birth	
Policy Number	
Plan Name	

Planned Treatment details for prior Approval	
Drug Procedure Code	
Drug Name(s)	
Drug Indication Code(s)	
Drug Indication Description(s)	
Can Drug be accessed by or is patient a participant of an existing Early Access or Clinical Trial Program? If yes, please provide details	

Rationale for Prior Approval Request (Please attach supporting documentation with request if required)