2025

Primary Care Reimbursement Service
Statistical Analysis of Claims and Payments 2025

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Primary Care Reimbursement Service

STATISTICAL ANALYSIS OF CLAIMS AND PAYMENTS
2025

Contents Summary of Statistical Analysis

Réamhrá

Cuid de Sheirbhísí agus Scéimeanna Náisiúnta FSS is ea an tSeirbhís Aisíocaíochta Cúraim Phríomhúil (SACP), agus í freagrach as Dochtúirí Teaghlaigh, Fiaclóirí, Cógaiseoirí, Optaiméadraithe/Oftailmeolaithe agus conraitheoirí eile a aisíoc as seirbhísí saor in aisce nó seirbhísí ar chostas laghdaithe a chur ar fáil don phobal faoi raon scéimeanna cúraim phríomhúil.

In Anailís Staitistiúil 2025 ar Éilimh agus Íocaíochtaí, bristear síos na híocaíochtaí a rinneadh faoi na scéimeanna cúraim phríomhúil, lena n-áirítear an Scéim Seirbhísí Míochaine Ghinearálta (SMG), an Scéim Íocaíochta Drugaí (SÍD), an Scéim Tinnis Fhadtéarmaigh (STF), an Scéim Seirbhísí Cóireála Fiaclóireachta (SSCF) agus an Scéim Pobail Seirbhísí Oftalmacha (SPSO). Áirítear sa tuarascáil sonraí faoi líon na ndaoine incháilithe atá ag baint leas as na scéimeanna sin. Tugtar sonraí freisin faoi líon na n-earraí cógaisíochta a dáileadh agus líon na gcóireálacha fiaclóireachta agus na scrúduithe optúla a rinneadh in 2025.

San áireamh sa tuarascáil tá na híocaíochtaí a rinneadh le soláthraithe agus le monaróirí drugaí ardteicneolaíochta, mar aon le sonraí faoi íocaíochtaí a rinneadh le hospidéil i ndáil leis an gClár Náisiúnta um Rialú Ailse, an Clár Náisiúnta Cóireála Heipitíteas C agus Seirbhísí Scléaróise Iolraí.

Tugadh isteach an Teiripe Athsholáthair Hormón (TAH) Saor in Aisce an 1 Meitheamh 2025 agus tháinig méadú dá bharr sin ar líon na gcártaí nua SÍD toisc go n-úsáidtear an cárta sin chun aisíocaíochtaí a éascú sa chógaslann faoin socrú um TAH saor in aisce.

Leis an bhfaisnéis mhíosúil is déanaí maidir le híocaíochtaí a fháil, téigh chuig *www.hsepcrs.ie*, láithreán gréasáin de chuid FSS, agus roghnaigh 'Reporting and Open Data' faoin roghchlár 'More in PCRS'. Is féidir na tuarascálacha um Anailís Staitistiúil ar Éilimh agus Íocaíochtaí ó bhlianta roimhe seo a fháil ar láithreán gréasáin Lenus (Stór Taighde Leabharlann FSS) ag www.lenus.ie.

Ba mhaith liom an deis seo a thapú le haitheantas a thabhairt do dhíograis fhoireann na Seirbhíse agus don obair chrua a chuireann siad isteach agus iad ag freagairt do riachtanais ár gcuid custaiméirí go léir i rith na bliana.

Thar ceann Sheirbhís Aisíocaíochta Cúraim Phríomhúil FSS, ba mhaith liom buíochas a ghabháil le gach úsáideoir seirbhíse agus le gach ionadaí d'úsáideoirí seirbhíse a rinne teagmháil linn i gcaitheamh na bliana. Is mór againn bhur n-aiseolas agus cabhraíonn sé linn a aithint ar bhonn leanúnach céard iad na feabhsuithe atá ag teastáil ar na seirbhísí a chuirimid ar fáil. Ba mhaith liom buíochas a ghabháil freisin leis na conraitheoirí agus lena gcuid ionadaithe as ucht leanúint orthu ag obair as lámha a chéile linn in 2025.

Shaun Flanagan
Stiúrthóir Náisiúnta Cúnta
Seirbhís Aisíocaíochta Cúraim Phríomhúil

Introduction

The Primary Care Reimbursement Service (PCRS) is part of HSE National Services and Schemes and is responsible for reimbursing GPs, Dentists, Pharmacists, Optometrists/Ophthalmologists and other contractors who provide free or reduced-cost services to the public across a range of primary care schemes.

The 2025 Statistical Analysis of Claims and Payments report gives a breakdown of the payments made under the primary care schemes, including the General Medical Services Scheme (GMS), Drugs Payment Scheme (DPS), Long Term Illness Scheme (LTI), Dental Treatment Services Scheme (DTSS) and Community Ophthalmic Services Scheme (COSS). It includes details on the number of eligible persons availing of these schemes. There are also details on the number of pharmacy items dispensed and the number of dental treatments and optical examinations that took place in 2025.

Included in the report are the payments to suppliers and manufacturers of High Tech drugs and details of hospital payments in relation to the National Cancer Control Programme, the National Hepatitis C Treatment Programme and Multiple Sclerosis Services.

Free Hormone Replacement Therapy (HRT) was introduced on 1st June 2025 and as a result new DPS card numbers increased as the DPS card is used to facilitate pharmacy reimbursements under the free HRT arrangement.

To obtain up to date monthly payment information visit the HSE website *www.hsepcrs.ie* and select the 'Reporting and Open Data' option under the 'More in PCRS' menu. Previous years' Statistical Analysis of Claims and Payments reports can be accessed on the Lenus (The HSE Library Research Repository) website, www.lenus.ie.

I want to take this opportunity to acknowledge the dedication and hard work of PCRS staff in responding to the needs of all our customers throughout the year.

On behalf of the HSE PCRS, I want to thank all service users and service user representatives who contacted us during the year. Your feedback is valued and assists us in identifying necessary enhancements to our services on an ongoing basis. I would also like to thank our contractors and their representatives for their continued cooperation during 2025.

Shaun Flanagan
Assistant National Director
Primary Care Reimbursement Service

SCHEMES OVERVIEW

Schemes – Claim Reimbursement and Payment Arrangements

During 2025, the HSE Primary Care Reimbursement Service (PCRS) reimbursed claims and made payments totalling €4,709.38m in respect of primary care schemes.

Claim data is processed and payments are made by the Primary Care Reimbursement Service under the following Schemes/Payment Arrangements:

General Medical Services (GMS) Scheme

Persons who are unable without undue hardship to arrange general practitioner medical and surgical services for themselves and their dependants are eligible for the GMS Scheme. Drugs, medicines and appliances approved under the Scheme are provided through Community Pharmacies. In most cases the GP gives a completed prescription form to an eligible person who takes it to any Pharmacy that has an agreement with the Health Service Executive to dispense drugs, medicines and appliances on presentation of GMS prescription forms. In rural areas a small number of GPs hold contracts to dispense drugs and medications to eligible persons who opt to have their medicines dispensed by him/her directly.

Medical Card (MC)

Once eligibility for a Medical Card is confirmed, patients are entitled to receive certain Doctor, Dentist, Clinical Dental Technician, Optometrist and Ophthalmologist treatments/services free of charge and prescribed medicines from Pharmacists.

Since the 1st October 2010, an eligible person who is supplied a drug, medicine or medical or surgical appliance on the prescription of a Registered Medical Practitioner, Registered Dentist or Registered Nurse Prescriber is charged a prescription charge by the Community Pharmacy. Since the 1st November 2020, the prescription charge is €1.50 for each item that is dispensed, up to a maximum of €15 per month per person or family. For people aged 70 or over, the prescription charge is €1.00 per item, up to a maximum of €10 per month per person or family. The prescription charge is recouped by the HSE from the Community Pharmacy.

Since March 2022, people coming from Ukraine were entitled to apply for a medical card under the Temporary Protection Directive. After 12 months, these cards are subject to review in accordance with the criteria for eligibility that applies to other cards holders.

General Practitioner Visit Card (GPVC)

Persons who do not meet the eligibility criteria for a Medical Card but who meet the criteria for a GP Visit Card receive free access to GP services only. From 1st July 2015, all children under 6 years of age were granted automatic entitlement of free GP services and this was extended to all children under 8 years of age from 11th August 2023. From 5th August 2015, all persons aged 70 and over were granted automatic entitlement to free GP services. A change in the GPVC means assessment threshold to extend eligibility to those on or below the median income came into effect towards the end 2023.

Medical cards for children with Domiciliary Care Allowance (DCA) eligibility

The Health (Amendment) Act 2017 provides for the granting of full medical card eligibility to children in respect of whom a Domiciliary Care Allowance (DCA) is payable. The Minister for Health announced that, with effect from 1st June 2017, such children aged under 16 years who do not already have full eligibility will be eligible to receive a medical card.

Medical cards for children with cancer

From 1st July 2015, following a recommendation of the Clinical Advisory Group, the HSE extended medical card eligibility to all children under the age of 18 years with a diagnosis of cancer. A medical card is issued in respect of the child for a period of five years from date of diagnosis.

GP Visit Card for persons in receipt of Carer's Allowance or Carer's Benefit

The Health (General Practitioner Service) Act 2018 provides for the granting of eligibility for GP services without charge to all those in receipt of full, or half-rate, Carer's Allowance or Carer's Benefit. From 1st September 2018, all persons in receipt of Carer's Allowance or Carer's Benefit were eligible to obtain GP services free of charge.

Dental Treatment Services Scheme (DTSS)

Under the Dental Treatment Services Scheme, adult medical card holders have access to a range of treatments and clinical procedures comprised of Routine Treatments and Full Upper and Lower Dentures. Routine Treatments are available for all eligible persons. Dentists may also prescribe a range of medicines, as part of their treatment, to eligible persons.

HSE Community Ophthalmic Services Scheme (HSE-COSS)

Under the Health Service Executive Community Ophthalmic Services Scheme, adult medical card holders and their dependants are entitled, free of charge, to eye examinations and necessary spectacles/appliances. Claims by Optometrists/Ophthalmologists are paid by the Primary Care Reimbursement Service. Claims for spectacles provided under the Children's Scheme are also paid by the Primary Care Reimbursement Service.

Drugs Payment Scheme (DPS)

The Drugs Payment Scheme (DPS) provides for payment to the Pharmacist for the supply of medicines to individuals and families where the threshold has been exceeded in a calendar month (€80 from 1st March

2022). In order to avail of the Drugs Payment Scheme a person or family must register for the Scheme with the HSE PCRS. Drugs, medicines and appliances currently reimbursable under the Scheme are listed on the HSE website.

Long Term Illness Scheme (LTI)

On approval by the Health Service Executive, persons who suffer from one or more of a schedule of illnesses are entitled to obtain, without charge, irrespective of income, necessary drugs/medicines and/or appliances under the LTI Scheme. LTI Card holders can have both LTI and GMS eligibility.

European Economic Area (EEA) entitlements

Residents from one of the other states of the European Economic Area, with established eligibility, who require emergency general practitioner services while on a temporary visit to the State are entitled to receive from a General Practitioner a GMS prescription form for necessary medication and to have such medication dispensed in a Pharmacy that has entered into an agreement with the Health Service Executive within the State. A person provides evidence of eligibility under these arrangements by producing a current European Health Insurance Card (EHIC).

High Tech Arrangements (HT)

Arrangements are in place for the supply and dispensing of High Tech medicines through Community Pharmacies. Such medicines are generally only prescribed or initiated in hospital and would include items such as anti-rejection drugs for transplant patients or medicines used in conjunction with chemotherapy or hormonal therapy. The medicines are purchased by the Health Service Executive and supplied through Community Pharmacies for which Pharmacists are paid a patient care fee. The cost of the medicines and patient care fees are paid by the Primary Care Reimbursement Service.

High Tech Hub Ordering and Management System

In December 2017, PCRS introduced a new High Tech medicines ordering and management hub. This is an online system which enables Hospital Consultants and prescribers to register patients for High Tech medicines and to prepare prescriptions for those patients. Pharmacists can view and order High Tech medicines from suppliers and manufacturers through the High Tech hub. In turn, suppliers can accept and arrange for the delivery of ordered medicines to Community Pharmacists.

Mother and Infant Care Scheme

From the 1st July 2019, an online service was made available to General Practitioners who opt for online submission to process all new Maternity & Infant registrations and subsequent visits.

Primary Childhood Immunisation Scheme

A National Primary Childhood Immunisation Scheme provides for immunisation of the total child population with the aim of eliminating, as far as possible, such conditions as Diphtheria, Polio, Measles, Mumps, Rubella and Meningococcal C Meningitis. Payments to GPs under this Scheme are made by the Primary Care Reimbursement Service.

Health (Amendment) Act 1996

Under the Health (Amendment) Act 1996 certain health services are made available without charge to persons who contracted Hepatitis C directly or indirectly from the use of Human Immunoglobulin - Anti D, or who received within the State another blood product or blood transfusion. The HAA Card gives eligibility to additional HSE services on more flexible terms and conditions than the medical card. HAA Card holders can have both HAA and GMS eligibility. GP services, pharmaceutical services, dental services and optometric/ophthalmic services provided under the Act are paid for by the Primary Care Reimbursement Service.

Opioid Substitution Treatment Scheme

Methadone and Medicinal Products containing Buprenorphine are prescribed by Doctors and dispensed by Pharmacists for approved clients under the Opioid Substitution Treatment Scheme. Capitation fees payable to participating GPs and claims by Pharmacists for the ingredient cost of the Methadone and Medicinal Products containing Buprenorphine and the associated dispensing fees are processed and paid by the Primary Care Reimbursement Service.

Immunisations for GMS and HAA Eligible Persons

Immunisations that are provided free of charge include Pneumococcal, Influenza, Hepatitis B, combined Pneumococcal /Influenza and Covid-19 vaccinations.

Discretionary Hardship Arrangements

Medical Card patients, for whom medicines not on the list of reimbursable items have been prescribed, may make an application to their HSE local office for approval to have such items supported for reimbursement and dispensed by a Community Pharmacist. Payments processed by the HSE local offices are issued by the Primary Care Reimbursement Service to Community Pharmacy Contractors.

Centralised reimbursement of selected high cost drugs administered or dispensed to patients in hospitals

The National Cancer Control Programme (NCCP) established the National Cancer Drug Management Programme to develop and improve the care provided to patients receiving treatment with oncology drugs. A national management system for cancer drugs was set up within the PCRS to facilitate centralised reimbursement and data capture of selected high-cost oncology drugs. This allows national oversight of the

expenditure on high-cost oncology drugs in line with approved indications, improved service planning and budgetary projections and a national approach to provision of oncology drugs.

The HSE also reimburses Hepatitis C drugs dispensed to patients in designated adult hepatology units. Since 2019, in an extension to pilot community sites, certain hospital administered drugs for Multiple Sclerosis (MS) are also reimbursed under the national management drug system in PCRS.

Centralised reimbursement of Outpatient Parenteral Antimicrobial Therapy (OPAT)

The HSE reimburses Outpatient Parenteral Antimicrobial Therapy (OPAT) drugs, medicines and appliances administered by healthcare professionals or self-administered by patients in the community.

Redress for Women Resident in Certain Institutions

Under the Redress for Women Resident in Certain Institutions Act 2015, it was provided that the Health Service Executive (HSE) would make available specified services to women eligible for the Restorative Justice Scheme, administered by the Department of Justice. Services include General Practitioner services, drugs, medicines and medical and surgical appliances, dental, ophthalmic and aural services, home nursing services, home support services, chiropody services, physiotherapy services, and a counselling service. Card holders are not required to pay any prescription fees.

Mother and Baby Institutions Payment Scheme

Similar to the Redress for Women, the entitlement to an enhanced Medical Card is not means tested for the mothers and children eligible for benefits under The Mother and Baby Institutions Payment Scheme Act 2023 having spent time in one of the institutions covered by the scheme, and any payment received by them is disregarded in the assessment of means for a Medical Card for other household members. The scheme opened for Medical Card applications on 20th March 2024.

Cycle of Care for Asthmatic Patients

The Asthma Cycle of Care allows GPs to maintain a register of children under 8 years of age with a diagnosis of asthma and provide services to them in accordance with the agreed Cycle of Care. An information return is submitted by the GP via an online browser when the patient is 2 years old and again at 8 years of age.

Chronic Disease Management Programme (CDM)

The Structured Chronic Disease Management (CDM) Programme was launched in January 2020, following the introduction of the GP Agreement 2019. The GP arranges two scheduled reviews in a 12 month period to support GMS patients manage their chronic condition(s). HAA Cardholders are also eligible. The programme covers all eligible adults 18 years and over who have a diagnosis of one or more of the following conditions:-

- Asthma
- Type 2 Diabetes
- Chronic Obstructive Pulmonary Disease (COPD)
- Cardiovascular Disease including Stable Heart Failure, Ischaemic Heart Disease, Cerebrovascular Disease (Stroke/Transient Ischemic Attack (TIA)) and Atrial Fibrillation.

An Opportunistic Case Finding (OCF) Programme and High Risk Preventative Programme (PP) commenced in January 2022 for people 65 years and over. Patients diagnosed with a chronic disease covered by the CDM programme are registered onto it while those found to be at high risk of cardiovascular disease and/or Type 2 Diabetes are registered on the PP. In 2023 both OCF and PP were extended to include those aged 45 years and over and from the fourth quarter of 2023 the Prevention Programme was extended to include the addition of GMS patients over 18 years with Hypertension and patients over 18 years (Cardholders and non-Cardholders) diagnosed since 1st January 2023 with Gestational Diabetes and Pre-Eclampsia.

Termination of Pregnancy Service

Termination of Pregnancy (ToP) Services in community setting were commenced by the HSE on the 1st January 2019.

Nicotine Replacement Therapy (NRT)

The Department of Health approved the reimbursement of Nicotine Replacement Therapy (NRT) for eligible GMS persons only, with effect from the 1st April 2001.

Covid – 19

A number of General Practice oriented measures were commenced in 2020 to address the Covid-19 pandemic. The rollout of Covid-19 vaccinations through GPs and Pharmacies began in 2021.

Free Contraception Service

From September 2022 the free contraception scheme was made available from GPs, primary care centres and pharmacists who signed up to provide services under the scheme. All consultations with a medical practitioner required to access prescription contraception, the fitting and removal of Long-Acting Reversible Contraception (LARC) and the provision of prescription contraception by pharmacists were made available to 17–25 year-olds. Extension of the free contraception scheme to 26 year-olds commenced on 1st January 2023 and from 1st September 2023 it was extended to women aged 27-30 inclusive. The scheme was expanded further to include 31year-olds from 1st January 2024 and to include women aged 32-35 from 1st July 2024.

Schemes – Claim Reimbursement and Payment Arrangements continued

HRT Initiative

Free Hormone Replacement Therapy (HRT) commenced on the 1st June 2025 for all women experiencing menopause. The HSE covers the cost of HRT medicines and products prescribed by a GP and the pharmacy dispensing fee for each item. To access, women need to sign up for a Drugs Payment Scheme card if they do not hold a medical card. For medical cardholders, no prescription charge applies to HRT medicines and products on the reimbursement list.

Summary Statement of Activity - 2025

- Payments and reimbursements during 2025 were approximately €4,709.38m.
- Claim data is processed and reimbursements are made by the HSE PCRS under the following Schemes:
  - General Medical Services (GMS)
  - Drugs Payment Scheme (DPS)
  - Long Term Illness (LTI)
  - Dental Treatment Services Scheme (DTSS)
  - European Economic Area (EEA)
  - High Tech Arrangements (HT)
  - Primary Childhood Immunisation
  - Health (Amendment) Act 1996
  - Opioid Substitution Treatment Scheme
  - Health Service Executive Community Ophthalmic Services Scheme (HSE-COSS).
- Payments to Pharmacists totalled €1,889.68m:
  - GMS: Prescriptions €1,131.60m, Stock Order Forms €6.27m
  - DPS €239.77m
  - LTI €398.64m
  - EEA €0.38m
  - The Health (Amendment) Act 1996, Opioid Substitution Treatment Scheme, DTSS prescriptions, Medical Cannabis Access Programme, Pharmacy Training Grants €15.35m
  - Contraception Scheme €22.13m
  - Influenza Vaccination Scheme €17.21m
  - Covid-19 Vaccination Scheme €4.44m
  - Patient Care Fees of €53.89m were paid to pharmacists under High Tech Arrangements.
- Total cost of Pharmacy fees €520.25m.
- Total cost of phased fees €61.33m.
- Prescription charges of €67.28m.
- Over 110m prescription items were paid for by the PCRS – an increase of over 5.52m items on 2024.
- Payments to GPs of fees and allowances totalled €985.92m.
- Payments to GPs for investment in General Practice Development totalled €0.04m.
- Payments to Manufacturers/Wholesalers of High Tech drugs and medicines totalled €1,302.66m.
- Payments to Dentists under the DTSS totalled €69.94m.
- Payments to Optometrists/Ophthalmologists under the HSE-COSS totalled €27.28m.
- Payments under centralised reimbursement of certain approved high cost Oncology, Hepatitis C, Multiple Sclerosis, Outpatient Parenteral Antimicrobial Therapy (OPAT) drugs, medicines and appliances, totalled €372.96m.
- Administration costs were €60.90m.

Note: The figures detailed above have been rounded for reporting purposes.

Total Payments and Reimbursements – 2025

Total Payments & Reimbursements	2025	2024
	€4,709.38m	€ 4,399.90m
GP Fees	€737.97m	€712.95m
GP Allowances	€247.95m	€236.28m
Investment in General Practice Development	€0.04m	€0.04m
Pharmacist Drugs and Medicines	€1,315.54m	€1,230.23m
Pharmacist Fees and Stock Order Mark-Up	€520.25m	€476.72m
Pharmacist High Tech Patient Care Fees	€53.89m	€50.11m
Manufacturers / Wholesalers High Tech Drugs and Medicines	€1,302.66m	€1,238.73m
Dentists	€69.94m	€69.37m
Optometrists / Ophthalmologists	€27.28m	€26.33m
Hospital - Oncology Drugs and Medicines	€301.68m	€231.77m
Hospital - Hepatitis C Drugs and Medicines	€17.08m	€15.81m
Hospital - Multiple Sclerosis Medicines (MS)	€41.85m	€36.82m
Hospital - Gainshare Initiative	€0.00m	€0.53m
Outpatient Parenteral Antimicrobial Therapy (OPAT) - Drugs, Medicines and Appliances	€12.35m	€12.47m
Administration	€60.90m	€61.74m

Note: The figures have been rounded for reporting purposes.

Number of Agreements with Contractor Groups 2025

General Practitioners 3,232	Pharmacists 1,920	Dentists 965	Optometrists 444

Number of Agreements as at 31st December 2025

Health Service Executive	General Practitioners	Pharmacists	Dentists	Optometrists
Dublin and North East	671	415	184	89
Dublin and Midlands	646	365	170	83
Dublin and South East	656	382	125	88
South West	500	282	238	66
Mid West	262	165	96	30
West and North West	497	311	152	88
National	**3,232**	**1,920**	**965**	**444**

Notes: Included in the table above are:

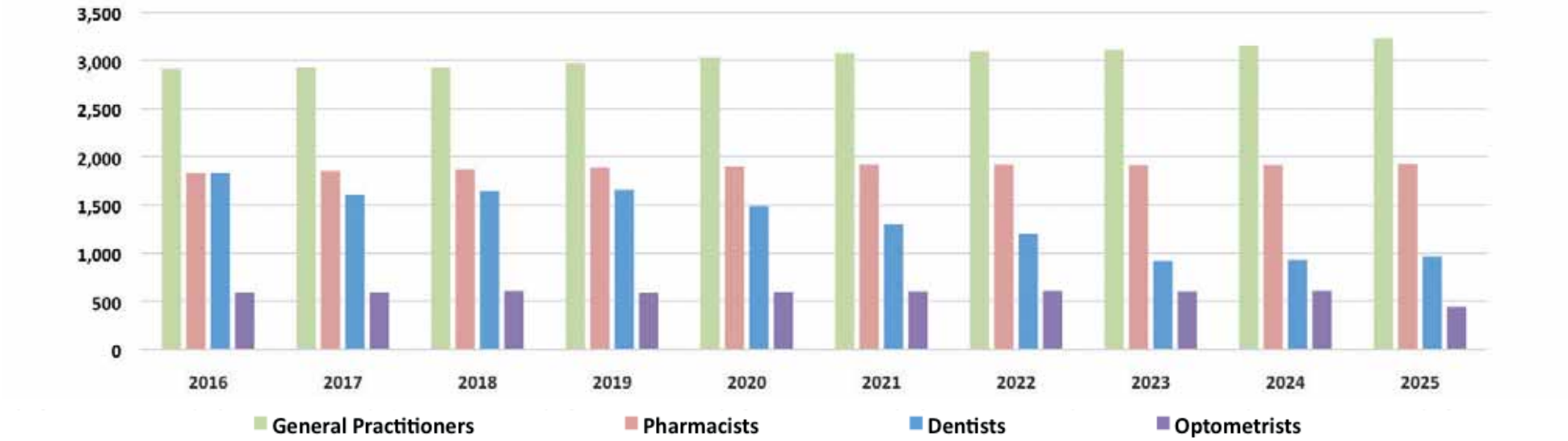
(i) 634 GPs, not contracted to the GMS Scheme, who are registered to provide services under the Primary Childhood Immunisation Scheme, the Health (Amendment) Act 1996, Heartwatch, Opioid Substitution Treatment Scheme and National Cancer Screening Service.

(ii) 11 Pharmacists who are registered to provide services under non GMS Schemes.

(iii) 118 Dentists, employed by the HSE, who provide services under the Dental Treatment Services Scheme.

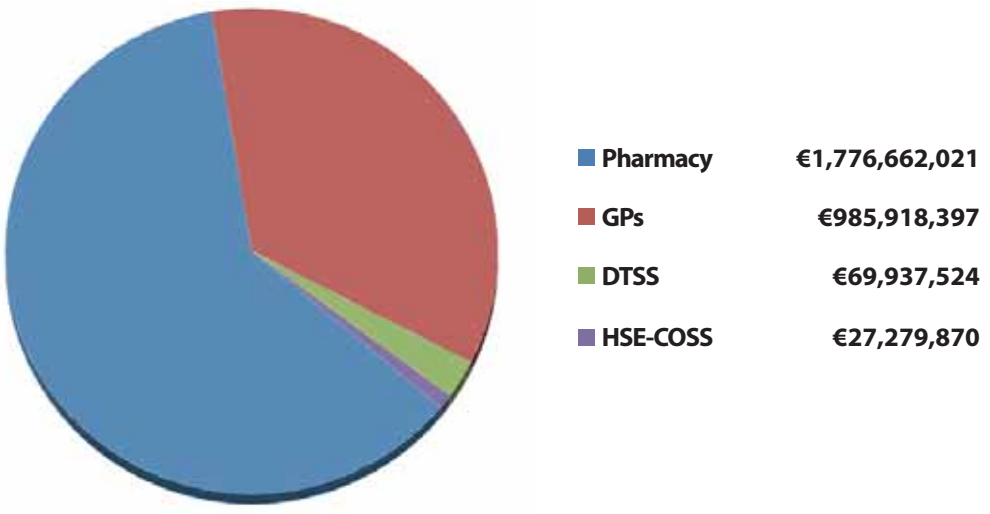
(iv) 25 Clinical Dental Technicians.

Number of Agreements with Contractor Groups 2016 - 2025



Year	General Practitioners	Pharmacists	Dentists	Optometrists
2016	2,914	1,830	1,831	593
2017	2,928	1,849	1,604	595
2018	2,921	1,870	1,644	608
2019	2,974	1,884	1,654	590
2020	3,033	1,900	1,486	598
2021	3,074	1,915	1,302	604
2022	3,097	1,915	1,201	609
2023	3,110	1,911	923	604
2024	3,154	1,912	931	609
2025	3,232	1,920	965	444

Total Payments to Contractor Groups in each Health Region 2025



Health Service Executive	**Pharmacy	*GPs	***DTSS	HSE-COSS
Dublin and North East	€363,058,700	€200,518,016	€15,398,206	€4,988,749
Dublin and Midlands	€358,880,489	€183,564,073	€13,760,025	€5,412,632
Dublin and South East	€351,400,708	€199,196,180	€12,435,642	€5,419,169
South West	€265,173,449	€150,436,995	€10,366,783	€3,840,527
Mid West	€150,071,898	€84,051,657	€6,578,370	€2,146,191
West and North West	€288,076,777	€168,151,476	€11,398,498	€5,472,602
National	**€1,776,662,021**	**€985,918,397**	**€69,937,524**	**€27,279,870**
Corresponding figures for 2024	**€1,652,559,517**	**€949,230,084**	**€69,373,785**	**€26,324,746**

*Notes: (i) *GP figures include GMS and non GMS GPs.*
*(ii) **Pharmacy figures include GMS, Stock Orders, DPS, LTI and EEA claims. Excluded are payments for additional claims reimbursed to Phamacists totalling €59,127,117.*
*(iii) ***Since 2017 dental figures include HAA claims.*

CARDHOLDER SECTION

Number of Eligible Persons per Scheme - 2025

*GMS 1,552,553	*GPVC 785,152	DPS 2,244,993	LTI 373,409

Persons who are unable without undue hardship to arrange General Practitioner medical and surgical services plus Dental and Ophthalmic services for themselves and their dependents are provided with such services under the GMS Scheme. Since 1st October 2010, a person who is supplied by a Community Pharmacy Contractor with a drug, medicine or surgical appliance on the prescription of a Registered Medical Practitioner, Registered Dentist or Registered Nurse Prescriber is charged a prescription charge. Since 1st November 2020 the prescription charge is €1.50 per item subject to a limit of €15.00 per family per month and €1.00 per item subject to a limit €10.00 per month for over 70s and their dependents. This charge is recouped from payments made to Pharmacists. An eligible person is entitled to select a GP of his/her choice, and have drugs, medicines and appliances provided through Community Pharmacies, Dentists and Optometrists/ Ophthalmologists who have a contract with the Health Services Executive. GMS prescription forms may be dispensed in any Pharmacy that has an agreement with the Health Service Executive to dispense GMS prescription forms.

In rural areas, where a GP has a centre of practice three miles or more from the nearest Community Pharmacy participating in the Scheme, the GP dispenses for those persons served from the centre who opt to have their medicines dispensed by him/her. The number of eligible GMS persons at year end included 10,839 persons who were entitled and had opted to have their medicines dispensed by their GPs.

Under the terms of the Drugs Payment Scheme, persons who do not have a medical card may apply for a Drugs Payment Scheme card on an individual or family unit basis. Prescribed medicines, which are reimbursable under the GMS Scheme, costing in excess of a specified amount per month, €80 per family, is claimed by the Pharmacy and is paid by the Primary Care Reimbursement Service.

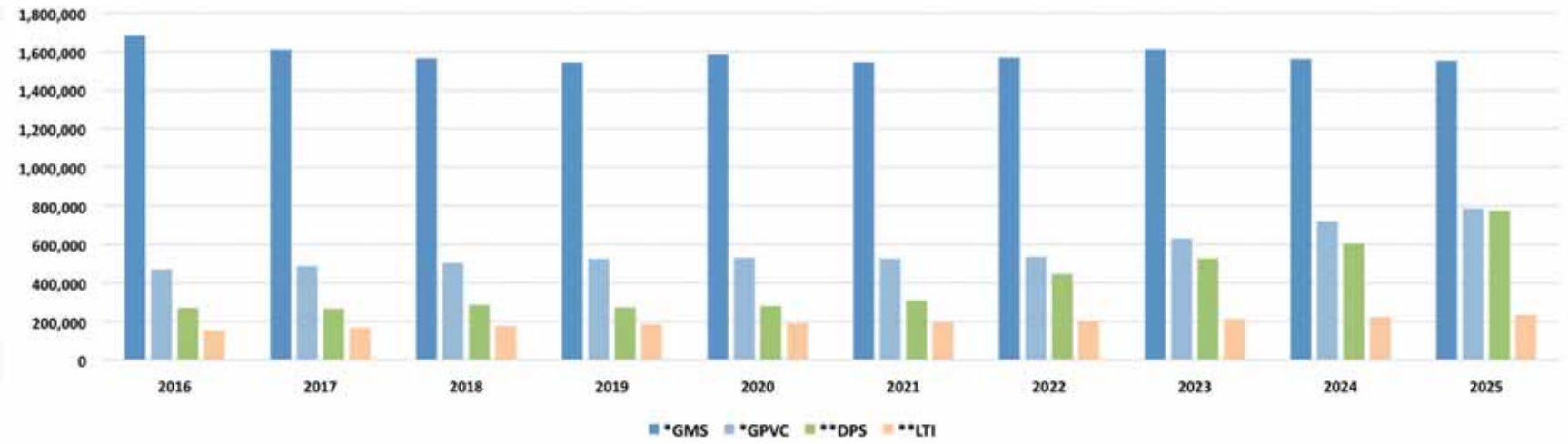
On approval by the Health Service Executive, persons who suffer from one or more of a schedule of illnesses are entitled to obtain, without charge, irrespective of income, necessary drugs/medicines and/or appliances under the LTI Scheme. The Primary Care Reimbursement Service makes payments on behalf of the Health Service Executive for LTI claims submitted by Pharmacies.

Figures as at 31st December 2025

Health Service Executive	GMS	Discretionary GMS	GPVC	Discretionary GPVC	**DPS	**LTI
Dublin and North East	332,769	35,025	173,926	7,545	162,341	50,902
Dublin and Midlands	310,099	36,268	152,339	7,543	153,962	49,285
Dublin and South East	280,023	33,153	164,649	6,579	171,775	46,676
South West	222,360	33,057	116,061	6,838	122,563	33,308
Midwest	134,754	17,923	62,553	3,429	62,333	19,421
West and North West	272,548	35,633	115,624	7,463	101,377	33,431
National	**1,552,553**	**191,059**	**785,152**	**39,397**	**774,351**	**233,023**
*** % of Population	28.44%		14.38%		14.19%	4.27%

***GMS** - General Medical Services Scheme. **GPVC** - GP Visit Card Scheme. **DPS** - Drugs Payment Scheme. **LTI** - Long Term Illness Scheme.*
**GMS and GPVC figures are inclusive of cards granted on a discretionary basis.*
***The DPS and LTI figures shown refer to the number of eligible patients for whom claims were submitted to PCRS by pharmacies.*
****National population figures (5,458,600) are based on CSO estimates for April 2025.*

Number of Eligible Persons per Scheme 2016 - 2025



Figures as at 31st December

Year	*GMS	Discretionary GMS	*GPVC	Discretionary GPVC	**DPS	**LTI
2016	1,683,792	116,362	470,505	45,260	270,525	153,446
2017	1,609,820	131,160	487,510	36,364	265,891	166,818
2018	1,565,049	148,396	503,329	38,099	285,599	177,481
2019	1,544,374	162,888	524,494	39,542	273,594	185,903
2020	1,584,790	169,458	529,842	39,028	280,703	190,829
2021	1,545,222	176,136	525,918	39,277	308,665	195,064
2022	1,568,379	181,947	535,741	39,369	445,725	202,558
2023	1,611,187	184,624	630,475	39,244	526,619	212,973
2024	1,561,730	189,208	720,247	40,038	603,959	223,000
2025	1,552,553	191,059	785,152	39,397	774,351	233,023

***GMS** - General Medical Services Scheme. **GPVC** - GP Visit Card Scheme. **DPS** - Drugs Payment Scheme. **LTI** - Long Term Illness Scheme.*

**GMS and GPVC figures are inclusive of cards granted on a discretionary basis.*

***The DPS and LTI figures shown refer to the number of eligible patients for whom claims were submitted to PCRS by pharmacies.*

GMS: Summary of Statistical Information for 2021 - 2025

Year ended December:-	2025	2024	2023	2022	2021
(i) Number of Eligible Persons in December	**2,337,705**	**2,281,977**	**2,241,662**	**2,104,120**	**2,071,140**
General Practitioners	**(000's)**	**(000's)**	**(000's)**	**(000's)**	**(000's)**
Total Payments	**€948,775**	**€911,708**	**€833,436**	**€820,083**	**€814,277**
(ii) Avg. Payment to GPs per Eligible Person	**€405.86**	**€399.53**	**€371.79**	**€389.75**	**€393.15**
Pharmacists	**(000's)**	**(000's)**	**(000's)**	**(000's)**	**(000's)**
Total Cost of Prescriptions	**€ 1,131,604**	**€ 1,085,079**	**€ 1,039,091**	**€ 1,009,653**	**€ 986,202**
Ingredient Cost	€ 743,460	€ 716,746	€ 684,312	€ 664,440	€ 649,866
Dispensing Fee	€ 353,101	€ 333,484	€ 321,179	€ 312,738	€ 305,497
VAT	€ 35,043	€ 34,850	€ 33,600	€ 32,475	€ 30,839
Number of Forms	21,828	21,761	20,966	19,403	18,389
Number of Items	72,453	71,226	68,264	65,246	62,674
Avg. Cost per Form	€ 51.84	€ 49.86	€ 49.56	€ 52.04	€ 53.63
Avg. Cost per Item	€ 15.62	€ 15.23	€ 15.22	€ 15.47	€ 15.74
Avg. Ingredient Cost per Item	€ 10.26	€ 10.06	€ 10.02	€ 10.18	€ 10.37
Avg. Items per Form	3.32	3.27	3.26	3.36	3.41

Year ended December:-	2025	2024	2023	2022	2021
Number of GP Contracts	**3,232**	**3,154**	**3,110**	**3,097**	**3,074**
Number of Pharmacist Contracts	**1,920**	**1,912**	**1,911**	**1,915**	**1,915**
	(000's)	**(000's)**	**(000's)**	**(000's)**	**(000's)**
Total Cost of Stock Orders	**€ 6,269**	**€ 6,219**	**€ 6,146**	**€ 5,955**	**€ 5,570**
Ingredient Cost	€ 4,659	€ 4,640	€ 4,625	€ 4,508	€ 4,207
Pharmacy Fees	€ 932	€ 928	€ 925	€ 902	€ 841
VAT	€ 678	€ 651	€ 596	€ 545	€ 522
Overall Cost of Drugs and Medicines	**€ 1,137,873**	**€ 1,091,298**	**€ 1,045,237**	**€ 1,015,608**	**€ 991,772**
(iii) Avg. Payment to Pharmacists per Eligible Person	**€ 833.98**	**€ 778.14**	**€ 749.40**	**€ 740.91**	**€ 750.71**
***Overall Payments**	**€2,086,648**	**€2,003,006**	**€1,878,673**	**€1,835,691**	**€1,806,049**

Notes: (i) Number of eligible persons in 2025 includes the number of eligible persons with Medical Cards and GP Visit Cards.
(ii) Average payment to GPs is inclusive of GP Visit Card costs and exclusive of superannuation paid to retired DMOs.
(iii) Average pharmacy payment per person is calculated on the number of persons who availed of services during 2025. The number of persons who availed of services in 2025 was 1,364,384.
*(iv) *Overall payments are based on the number of persons who availed of services during 2025 and include payments made under Discretionary Hardship Arrangements.*

LTI / DP Schemes: Summary of Statistical Information for 2021 - 2025

Year ended December:-	2025	2024	2023	2022	2021
LTI Scheme					
*Number of Claimants	233,023	223,000	212,973	202,558	195,064
	(000's)	**(000's)**	**(000's)**	**(000's)**	**(000's)**
Number of Items	12,266	11,693	11,026	10,479	10,170
Total Cost	€398,642	€370,499	€347,396	€312,646	€292,106
Avg. Cost per Item	**€32.50**	**€31.69**	**€31.51**	**€29.83**	**€28.72**
***Avg. Cost per Claimant**	**€1,710.74**	**€1,661.43**	**€1,631.17**	**€1,543.49**	**€1,497.49**

Year ended December:-	2025	2024	2023	2022	2021
DP Scheme					
Number of Eligible Persons in December	2,244,993	1,968,292	1,813,437	1,654,375	1,504,614
*Number of Claimants	774,351	603,959	526,619	445,725	308,665
**Number of Families	528,193	385,113	347,313	306,672	219,052
	(000's)	**(000's)**	**(000's)**	**(000's)**	**(000's)**
Number of Items	22,169	18,760	16,156	13,571	9,585
Gross Cost	€408,550	€345,383	€303,759	€260,620	€198,603
***Net Cost	€239,770	€190,374	€167,926	€143,502	€96,139
Avg. Gross Cost per Item	**€18.43**	**€18.41**	**€18.80**	**€19.20**	**€20.72**
***Avg. Net Cost per Claimant**	**€309.64**	**€315.21**	**€318.88**	**€321.95**	**€311.47**

*Notes: (i) *These figures are based on the number of eligible persons who availed of services under each Scheme.*
*(ii) **These figures are based on the number of families who availed of services during 2025.*
*(iii) ***The Net Cost is inclusive of claims below the monthly co-payment of €80 payable to the Pharmacy by an individual or family.*

GENERAL PRACTITIONER SECTION

Scale of Fees and Allowances to Participant GPs as at 31st December 2025

Capitation Payments

Ages	Male €	Female €
6 - 7	100.00	100.00
8 - 12	100.00	100.00
13 - 15	70.71	71.52
16 - 44	90.26	147.60
45 - 64	180.29	198.10
65 - 69	189.92	211.87
Capitation rate for children aged under 5 years where the GP does not hold an under 6 contract.	74.59	72.76
Capitation rate for children aged 5 years where the GP does not hold an under 6 contract.	43.29	43.79
Capitation rate for children aged under 6 years issued with a GP Visit Card.	125.00	125.00
Capitation rate for children aged between 6 and 7 years issued with a GP Visit Card.	100.00	100.00
Capitation rate for patients aged 70 years or more residing in the community.	403.31	403.31
Capitation rate for patients aged 70 years or more residing in a private nursing home (approved by the HSE) for continuous periods in excess of 5 weeks.	644.63	644.63
The above rates are exclusive of Supplementary Out-of-Hours Fee.	3.64	3.64

Notes: (i) The rates for children under 6 (effective 1st July 2015) and 6 to 12 years (effective Aug 2023) includes the Supplementary Out-of-Hours fee.
(ii) Capitation rates as per the 2023 GP agreement.

Out-of-Hours Payment	
Surgery (6 p.m. - 8 a.m.)	€41.63
Surgery (8 - 9 a.m. and 5 - 6 p.m.)	€13.88
Domiciliary	€41.63
Additional Fee (Surgery or Domiciliary)	€13.88

Temporary Residents/EEA Visitors/Emergency	
Surgery	€40.94
Domiciliary	€40.94
Fee for Second Medical Opinion	€26.46

Special Items of Service		
A	Excisions / Cryotherapy / Diathermy of Skin Lesions (Under 8 scheme inclusive)	€24.80
AB	Long Acting Reversible Contraceptive (LARC)	€70.00
AC	Removal Long Acting Reversible Contraceptive (LARC)	€50.00
AD	24 Hour Ambulatory Blood Pressure Monitoring	€60.00
AH	TOP patients first consultation	€150.00
AI	TOP Combined termination procedure, including the administration/dispensing for medicines and aftercare	€300.00
AJ	Provision of aftercare by the contractor, where the patient has received termination of pregnancy service in a hospital and has been discharged to the community setting	€100.00
AL	Therapeutic Phlebotomy for Haemochromatosis	€100.00
AM	Virtual Clinic	€100.00
AN	Involuntary Admissions to Acute Mental Health Facilities	€150.00
AO	Chronic Disease Management (one condition)	€105.00
AP	Chronic Disease Management (two conditions)	€125.00
AQ	Chronic Disease Management (three or more conditions)	€150.00
AR	Modified Chronic Disease Virtual Consultation (one condition)	€55.00
AS	Modified Chronic Disease Virtual Consultation (two conditions)	€65.00
AT	Modified Chronic Disease Virtual Consultation (three or more conditions)	€75.00
*AU	Covid-19 1st Vaccine	€25.00
*AV	Covid-19 2nd Vaccine	€25.00
AY	Covid-19 Vaccine Additional Shot 1	€25.00
AZ	Covid-19 Vaccine Booster Shot 1	€25.00
B	Suturing of cuts and lacerations	€50.00
BB	Prevention Programme	€82.00
BC	Opportunistic Case Finding	€60.00
C	Draining of Hydroceles	€24.80
CE	GP on sick leave due to Covid 19	€40.94
CF	Contraception Consultation for the purpose of accessing relevant products	€55.00
CG	LARC Implant Fitting	€100.00
CH	LARC Coil Fitting	€160.00
CI	LARC Implant Removal	€110.00
CJ	LARC Coil Removal	€50.00
CK	Follow up consultation post LARC fitting	€55.00
CL	Contraception Consultation for the purpose of accessing relevant products (31 - 44 Years age)	€55.00

Special Items of Service continued		
CM	LARC Coil Fitting (Over 30 Years)	€160.00
CN	LARC Coil Removal (Over 30 Years)	€50.00
CO	LARC Implant Fitting (Over 30 Years)	€100.00
CP	Paxlovid assessment of relevant at-risk patients, prescribe and monitor as appropriate	€55.00
CQ	LARC Implant Removal (Over 30 Years)	€110.00
D	Treatment and Plugging of Dental and Nasal Haemorrhages (Under 8 scheme inclusive)	€24.80
F	ECG Tests and their Interpretation	€24.80
H	Removal of adherent foreign bodies from the conjunctival surface of the eye (Under 8 Years old scheme inclusive)	€24.80
J	Removal of lodged or impacted foreign bodies from the ear, nose and throat	€24.80
K	Nebuliser treatment in the case of acute asthma attack	€37.21
L	Bladder Catheterization	€60.00
M	Attendance at case conferences (where authorised by the HSE) (Under 8 scheme inclusive)	€62.02
O	Disease Outbreak Vaccination	€28.50
R	Pneumococcal Vaccination	€28.50
**S	Influenza Vaccination - QIV (Quadrivalent Influenza Vaccine)	€15.00
***S	Influenza Vaccination - LAIV (Nasal Vaccine)	€20.00
T	Pneumococcal / Influenza Vaccinations	€42.75
U	Hepatitis B Vaccination	€142.57
X	Removal of lodged or impacted foreign bodies from the ear, nose and throat and skin (Under 8 scheme)	€24.80
Y	Suturing of cuts and lacerations (including application of tissue glue) (Under 8 scheme)	€37.21
Z	Draining of Abscesses (Under 8 scheme)	€24.80

* GP is eligible for a payment of €10 for a unique patient to whom the vaccine is administered during a pandemic.
** GP is eligible for a payment of €100 for every 10 unique patients to whom the QIV vaccine is administered.
*** GP is eligible for a payment of €150 for every 10 unique patients to whom the LAIV vaccine is administered.

Rural Practice Support Framework	
Rural Practice Allowance Per Annum	€16,216.07
Rural Practice Support Framework Allowance Per Annum, where there is one or no other practice unit in the area	€22,000.00
Rural Practice Support Framework Allowance Per Annum, where there are two practice units in the area however, one or both practice units is not in receipt of Rural Practice Allowance	€11,000.00
Opt-in GP (dispensing doctor)	€48.58
Pilot GP (dispensing doctor)	€56.05
Continuous GP (dispensing doctor)	€12.48

Scale of Fees and Allowances to Participant GPs as at 31st December 2025 continued

Practice Support	
Allowance for increased capacity of GP Practice (Increased hours or new staff effective 2nd July 2023) (Weight panel 500+) per Annum of:	€15,000.00
Allowance for Practice Secretary up to a maximum Per Annum of:	€26,652.00
Allowance for Practice Nurse up to a maximum Per Annum of:	€43,725.75
Allowance for Practice Manager up to a maximum Per Annum of:	€41,643.75

Contributions to Locum Expenses (Subject to the conditions of the Agreement)	
Annual Leave	Up to a maximum of €1,380.65 per week
Sick Leave	
Study Leave	
Adoptive Leave	Up to a maximum of €2,761.30 per week
Maternity Leave	
Paternity Leave	

Contributions to Medical Indemnity Insurance
Calculation of contributions related to GMS panel numbers and net premium

Asylum Seekers
A once off superannuable registration fee of €173.69 per patient is payable to GPs in respect of patients on their GMS panel who are seeking asylum in Ireland

GP Surgery Consultation (Fee-Per-Item Agreement)		
Day	Normal Hours	€11.87
Late	Outside Normal Hours other than night	€16.88
Night	Midnight to 8:00 a.m.	€33.38

Domiciliary Consultation (Fee-Per-Item Agreement)	
Day	€17.51
Late	€22.93
Night	€44.96

Temporary Residents/EEA Visitors/Emergency (Fee-Per-Item Agreement)	
Surgery	€40.94
Domiciliary	€40.94

Rural Practice Allowance (Fee-Per-Item Agreement)	
Per Annum	€7,042.91

Scale of Fees and Allowances to Participant GPs as at 31st December 2025 continued

Locum and Practice Expense Allowance (Fee-Per-Item Agreement)	
Per Annum	€1,371.06

Sessional Rate - Homes for the Aged (Fee-Per-Item Agreement)	
Per 3 Hour Session	€73.18

Immunisation Fees	
Registration of child with a GP	€37.78
6 in one Vaccine	€206.31
95% uptake bonus	€60.63

Health (Amendment) Act 1996	
Surgery Fee	€30.53
Domiciliary Fee	€40.27

Opioid Substitution Treatment Scheme	
Level 1 Contractor	€159.97
Level 2 Contractor	€176.43

Heartwatch Programme	
Heartwatch Programme	€39.31

Type 2 Diabetes - Cycle of Care
A once off registration fee of €30.00 per registered patient. Following registration, GPs receive the monthly element of the agreed annual fee of €100.

Children aged Under 8 - Asthma Cycle of Care
A once off registration fee of €50.00 for children aged under 8 years diagnosed with asthma. Following registration, GPs receive the monthly element of the agreed fee of €90 in the first year and receive the monthly element of the agreed fee of €45 in subsequent years up to the child's 8th birthday as per the 2023 GP Agreement.

Chronic Disease Management	
Annual fee, payable in respect of eligible patient (aged 18 years and over) with one of the chronic conditions listed in the 2019 Agreement of €210.	
Annual fee, payable in respect of eligible patient (aged 18 years and over) with two of the chronic conditions listed in the 2019 Agreement of €250.	
Annual fee, payable in respect of eligible patient (aged 18 years and over) with three or more of the chronic conditions listed in the 2019 Agreement of €300.	
Practice Nurse grant per patient registered for Chronic Disease Management or Modified Chronic Disease Management Programme in the 2019 Agreement of €28.75.	
Practice Nurse grant per patient registered for Chronic Disease Prevention Programme in the 2022 Agreement of €14.35.	
Practice Nurse grant per patient assessed under Chronic Disease Opportunistic Case Finding in the 2022 Agreement of €3.20.	

National Cervical Cancer Screening	
Payment in respect of a Cervical screening service in the 2022 Agreement of €65.00.	

Social Deprivation Grant System	
Grant amounts are payable for qualifying practices of the below amounts and are based on the absolute number of patients living in disadvantaged areas. A practice must first qualify through the ranking system before it is determined which band they will come under and receive the corresponding grant amount. GPs in receipt of rural practice supports are not eligible to apply for the social deprivation grant.	
Number of Patients in Disadvantaged Areas:	
200 - 400	€7,500.00
401 - 800	€10,000.00
800 +	€12,500.00

Fees €737.97m

Payments to General Practitioners are categorised as fees and/or allowances. For the majority of GPs who operate under the 2023 agreement the principal fee is the capitation per person which is weighted for gender and age - capitation fees totalled €477,275,539 in 2025. Fees totalling €211,855 were paid to a minority of GPs who continue to provide services under the Fee-Per-Item of service agreements.

Apart from 'Out-of-Hours' fees and fees for a range of special services, the cost of services provided in normal hours by GPs for GMS persons, including the prescribing of necessary medicines, is encompassed by the capitation fee. All GMS persons can avail of full GP services and in many cases they can benefit from specialist clinics provided by GPs for issues such as Women's Health, Family Planning and Asthma.

Allowances €247.95m

In addition to a capitation fee an 'Out-of-Hours' fee is payable for non routine consultations when a GMS cardholder is seen by their GP, or another GP acting on his/her behalf, from 5 pm in the evening to 9 am the following morning (Monday to Friday) and all hours on Saturdays, Sundays and Bank Holidays. Special fees are payable for a range of additional services such as excisions, suturing, vaccinations, catheterization, family planning, etc.

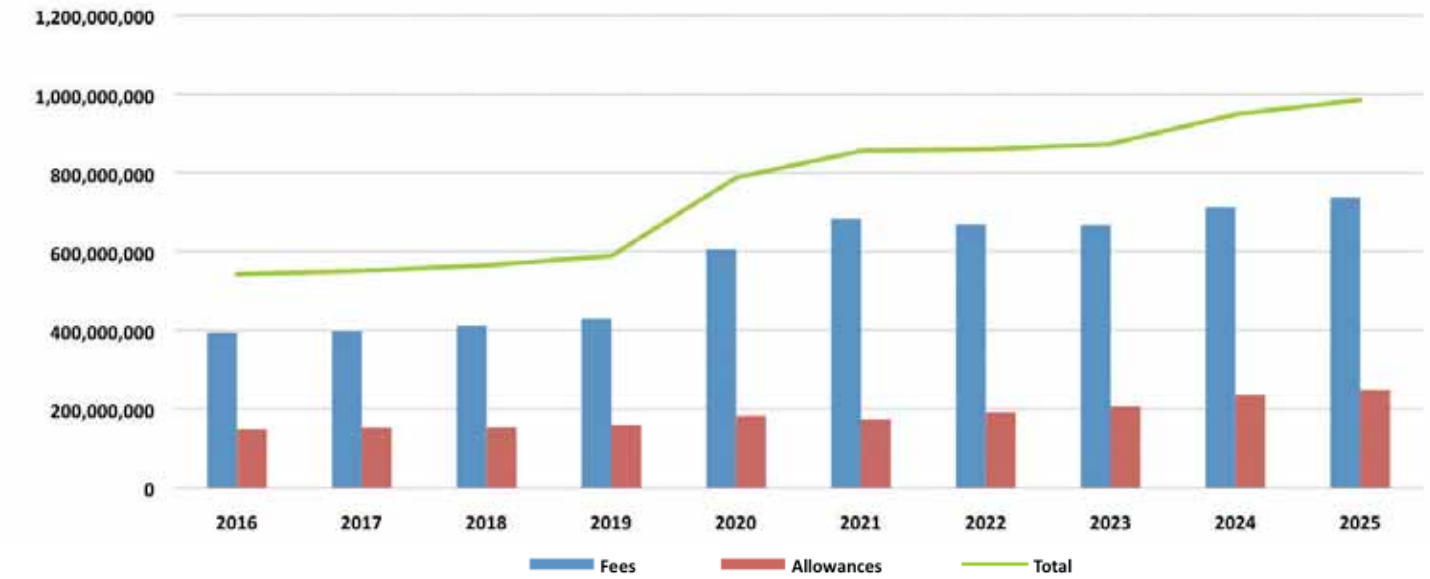
Annual and study leave together with locum, nursing and other practice support payments, account for most of the €247,948,214 allowances paid to GPs in 2025.

Payments to GPs in each HSE Region

Health Service Executive	2025
Dublin and North East	€200,518,016
Dublin and Midlands	€183,564,073
Dublin and South East	€199,196,180
South West	€150,436,995
Mid West	€84,051,657
West and North West	€168,151,476
National	**€985,918,397**

Reimbursement of claims made by GPs include:

Primary Childhood Immunisation Scheme	*€6,628,322*
Opioid Substitution Treatment Scheme	*€7,367,417*
Maternity and Infant Care Scheme	*€9,597,537*
National Cancer Screening Services	*€13,429,845*
Heartwatch	*€5,346*
Health (Amendment) Act 1996	*€115,205*

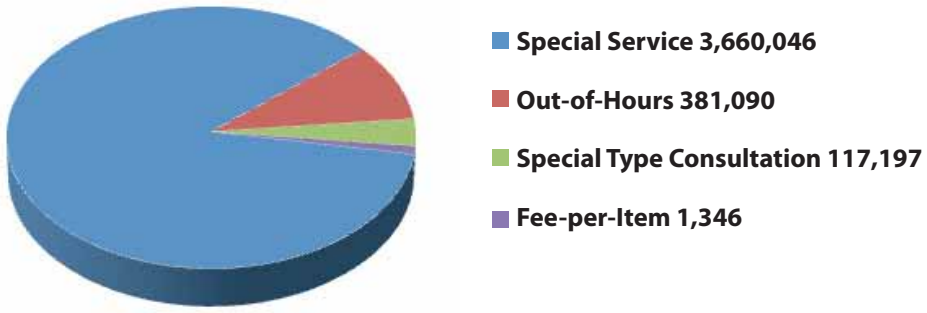


Payments to General Practitioners 2016 - 2025

Year	Fees	Allowances	Total
2016	€394,797,667	€148,334,217	€543,131,884
2017	€398,912,575	€152,662,775	€551,575,350
2018	€411,754,432	€153,656,565	€565,410,997
2019	€429,137,227	€160,093,276	€589,230,503
2020	€605,224,515	€183,027,185	€788,251,700
2021	€682,093,836	€174,030,088	€856,123,924
2022	€668,790,921	€191,468,265	€860,259,186
2023	€667,209,931	€206,268,694	€873,478,625
2024	€712,953,325	€236,276,759	€949,230,084
2025	€737,970,184	€247,948,213	€985,918,397

Number of Claims by General Practitioners

National – 2025

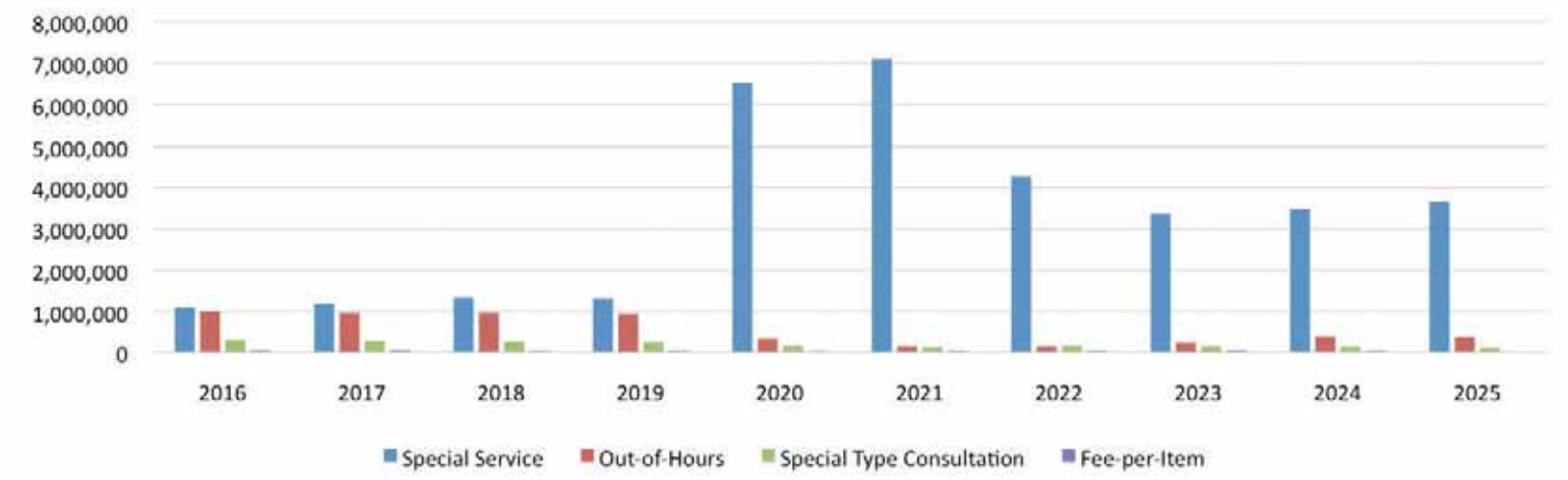


Number of Claims by General Practitioners in each Health Region

Health Service Executive	Special Service	Out-of-Hours	Special Type Consultation	Fee-per-Item
Dublin and North East	681,120	65,621	20,588	-
Dublin and Midlands	660,273	165,506	43,139	1,346
Dublin and South East	788,974	38,471	9,344	-
South West	309,454	25,714	10,776	-
Mid West	595,695	42,433	17,685	-
West and North West	624,530	43,345	15,665	-
National	**3,660,046**	**381,090**	**117,197**	**1,346**

A majority of GPs are paid an annual capitation fee for each eligible person - the rate of payment is determined by the age/gender of the person.
A minority of GPs who have continued to provide services under the Fee-per-Item of Service agreement are paid a fee for each Doctor/Patient contact.
A Special Type Consultation (STC) fee may be claimed when a GP provides a service to a GMS eligible person who is not on their GMS panel. Such GMS eligible persons may require medical services such as an Out-of-Hours, or emergency consultation, or they may be temporarily resident in an area not served by their GP.
General Practitioners can claim fees for special items of service provided to eligible persons under the Capitation Agreement and Fee-per-Item Agreement.

Number of Claims by General Practitioners 2016 - 2025



Year	Special Service	Out-of-Hours	Special Type Consultation	Fee-per-Item
2016	1,084,881	987,711	307,742	46,100
2017	1,174,931	959,121	285,461	47,476
2018	1,328,715	961,873	261,254	36,343
2019	1,312,012	939,342	242,633	39,473
2020	6,526,186	329,270	155,495	27,958
2021	7,114,636	144,699	130,111	37,562
2022	4,266,234	143,297	152,913	39,025
2023	3,358,063	233,037	145,093	44,213
2024	3,481,049	390,611	136,356	40,666
2025	3,660,046	381,090	117,197	1,346

GMS: Payments to General Practitioners

		2025 €	2024 €
FEES	- Capitation	477,275,539	464,712,369
	- Special Claims/Services	184,676,718	172,221,191
	- Out-of-Hours	14,382,266	13,493,754
	- Dispensing	469,223	451,590
	- Item of Service Contract	211,855	497,925
	- Asylum Seekers	1,220,867	2,021,578
	- Vaccinations	21,080,906	19,991,211
	- Asthma Registration	200,600	286,400
	- Asthma Capitation	825,304	843,495
	- Contribution for GP Height Measure and Self Zeroing Scale	3,996	4,176
	- Diabetes Capitation	1,470	2,550
	- Diabetes Registration	-580,006	-960,539
	- Ukrainian Patient Registeration	1,057,772	1,865,952
ALLOWANCES	- Secretarial/Nursing	138,999,339	131,677,150
	- Leave (Annual, Maternity/Paternity, Study, Sick)	19,083,737	20,131,362
	- Rostering/Out-of-Hours	6,160,750	6,025,948
	- Medical Indemnity Insurance	7,596,823	7,263,785
	- Rural Practice	4,930,720	4,910,478
	- Locum and Practice Expenses	1,371	2,742
	- Social Deprivation Grant	25,000	3,075,000
	- CDM Nursing Support Grant	10,131,228	8,063,599
	- Winter Plan Support Grant	783,500	0
SALARIES	- Benefits to retired DMOs and their dependants	725,953	1,060,259
	- Former District Medical Officers	932,804	699,393
SUPERANNUATION FUND	- Contribution	59,302,942	54,427,302
TOTAL		**€949,500,677**	**€912,768,670**

PHARMACY SECTION

Scale of Fees Payable to Participating Pharmacists as at 31st December 2025

GMS Scheme	€	
***Fee-Per-Item (New fees as below were effective from 1st September 2025)**		
- for each of the first 1,667 items dispensed by the Community Pharmacy Contractor in a month	5.60	
- for each of the next 833 items dispensed by the Community Pharmacy Contractor in that month	4.50	
- for each other item dispensed by the Community Pharmacy Contractor in that month	4.10	
- for each item dispensed by the Community Pharmacy Contractor in that month (HRT Arrangement)	5.60	
Extemporaneous Fee	6.53	
Extemporaneous dispensing and compounding of		
- Powders	19.60	
- Ointments and Creams	13.07	
Non-Dispensing Fee - exercise of professional judgement	3.27	
Phased Dispensing Fee - each part of phased dispensing	3.27	
*A Fee-Per-Item is also payable on prescription forms issued by Dentists under the DTS Scheme.		
Supplies to Dispensing Doctors Pharmacists supplying Dispensing Doctors are reimbursed on the basis of the reimbursement price plus the relevant mark-up.		
DPS/LTI/EEA Schemes and Health (Amendment) Act 1996		
***The Fee-Per-Item structure shown for the GMS Scheme above, also applies to the DPS/LTI/EEA Schemes and Health (Amendment) Act 1996.** **Reimbursement under these four schemes includes ingredient cost plus the Fee-Per-Item.** In the case of the Drugs Payment Scheme the PCRS makes payments to Pharmacists in respect of authorised patients whose monthly costs of prescribed drugs and medicines are in excess of the specified monthly amount (€80 from 1st March 2022) payable to the Pharmacist by an individual or family.		
High Tech Arrangements		
Patient Care Fee: €62.03 per month. **Non Dispensing Patient Care Fee: €31.02** - Fee payable for a maximum of 3 consecutive months where there has been no dispensing of High Tech medicines.		
Opioid Substitution Treatment Scheme		
Patient Care Fee: Up to a Maximum of €62.00 per month.		
Pharmacy Vaccinations		
Influenza Vaccination - QIV (Quadrivalent Influenza Vaccine)	15.00	
Influenza Vaccination - LAIV (Nasal Vaccine)	20.00	
Covid-19 Vaccination	25.00	per dose
Pharmacist is eligible for a once off payment for every patient to whom the vaccine is administered	10.00	per patient
Pharmacist is eligible for a payment of €100 for every 10 unique patients to whom the QIV vaccine is administered.		
Pharmacist is eligible for a payment of €150 for every 10 unique patients to whom the LAIV vaccine is administered.		

Scale of Fees Payable to Participating Pharmacists as at 31st December 2025 continued

Contraception Scheme	€
Contraception - Long-acting and Emergency Hormonal Contraceptive supply on a single occasion	6.50
Contraception - of supply on a single occasion, dispensing 1 month	6.50
Contraception - of supply on a single occasion, dispensing 2 month	10.00
Contraception - of supply on a single occasion, dispensing 3 month	13.50
Contraception - of supply on a single occasion, dispensing 4 month	17.00
Contraception - of supply on a single occasion, dispensing 5 month	21.50
Contraception - of supply on a single occasion, dispensing 6 month	24.00
Emergency contraceptive without a prescription - Additional fee for dispensing	11.50
Contraception once off administrative fee on the first dispensing	5.00

Payments to Pharmacists: Claims Reimbursed 2025

GMS €1,137.87m	DPS €239.77m	LTI €398.64m	EEA €0.38m

A GMS cardholder who is provided with a properly completed GMS prescription form by his or her GP can choose to have their prescription forms dispensed in any of the pharmacies who have entered into agreements with the Health Service Executive for the provision of services under Section 59 of the Health Act 1970.

In 2025 there were 21.83m GMS prescription forms containing over 72.45m prescription items which were dispensed at a cost of €1,131,604,033. (This figure excludes the cost of GMS stock orders of €6,269,239 in 2025). This equates to an average cost of €15.69 per dispensed item. During 2025, 88% of all GMS cardholders availed of prescription items at an average cost of €833.98 per person.

Under General Medical Services (GMS), Drug Payment Scheme (DPS), Long Term Illness (LTI), Dental Treatment Services Scheme (DTSS) and European Economic Area (EEA) Scheme, pharmacists are reimbursed the ingredient cost of items dispensed, dispensing fees and VAT where applicable.

There were 144,359 persons who availed of High Tech Arrangements and patient care fees of €53.89m were paid to pharmacists under these arrangements.

Payments to Pharmacists: Claims Reimbursed in each Health Region

Health Service Executive	*GMS	DPS	LTI	EEA	Total
Dublin and North East	€226,310,036	€49,652,777	€87,055,082	€40,805	€363,058,700
Dublin and Midlands	€226,139,356	€47,812,990	€84,900,740	€27,403	€358,880,489
Dublin and South East	€212,893,217	€58,140,767	€80,321,235	€45,489	€351,400,708
South West	€173,112,692	€35,260,115	€56,733,649	€66,993	€265,173,449
Mid West	€98,921,650	€18,610,748	€32,485,292	€54,208	€150,071,898
West and North West	€200,496,321	€30,292,823	€57,146,422	€141,211	€288,076,777
National	**€1,137,873,272**	**€239,770,220**	**€398,642,420**	**€376,109**	**€1,776,662,021**

***GMS** - *This figure includes Stock Order costs.*
- Also included in the above GMS figure is an amount of €0.50m which was paid for items dispensed under Redress for Women Resident in Certain Institutions, and €15.71m which was paid in respect of Non GMS Reimbursable items dispensed under Discretionary Hardship Arrangements.

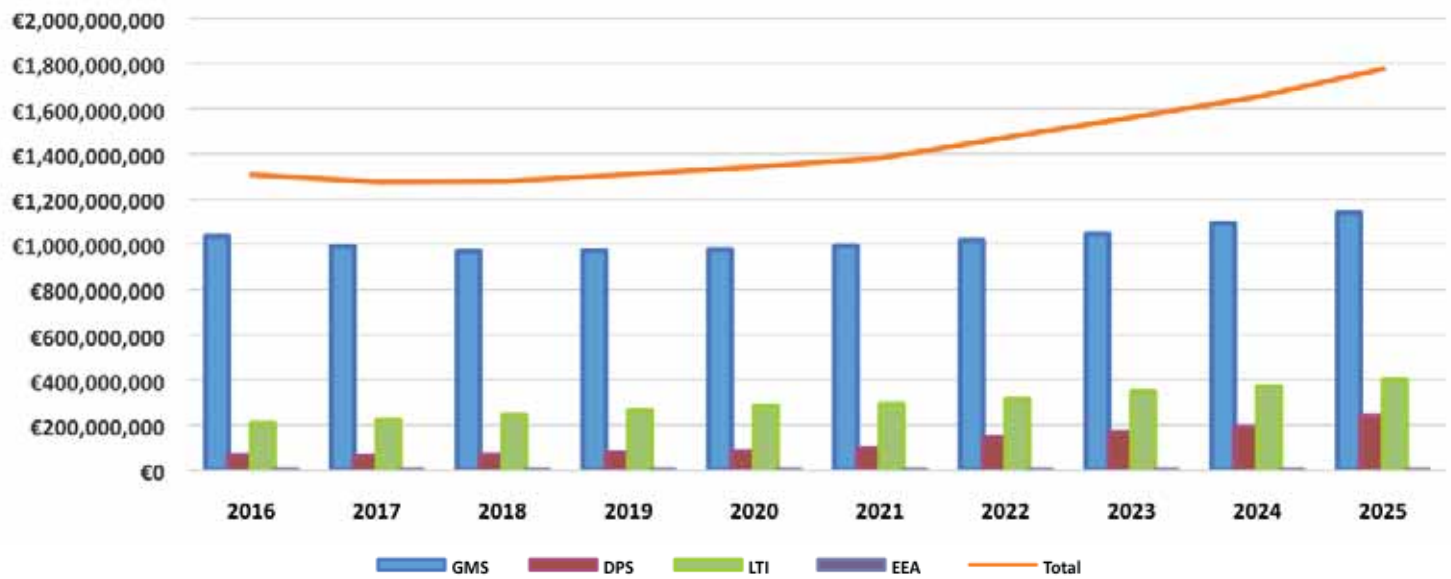
Additional payment of claims reimbursed to Pharmacists include:

High Tech Arrangements - Patient Care Fees	*€53,891,885*
Opioid Substitution Treatment Scheme	*€12,132,468*
Covid-19 Vaccinations Scheme	*€4,438,825*
Influenza Vaccination Scheme	*€17,209,545*
Contraception Scheme	*€22,131,128*
Health (Amendment) Act 1996	*€1,680,867*
Dental Treatment Services Scheme	*€730,581*
Pharmacy Training Grant	*€493,605*
Medical Cannabis Access Programme	*€310,098*

Payments to Wholesalers and Manufacturers for High Tech Drugs and Medicines supplied to Pharmacists:

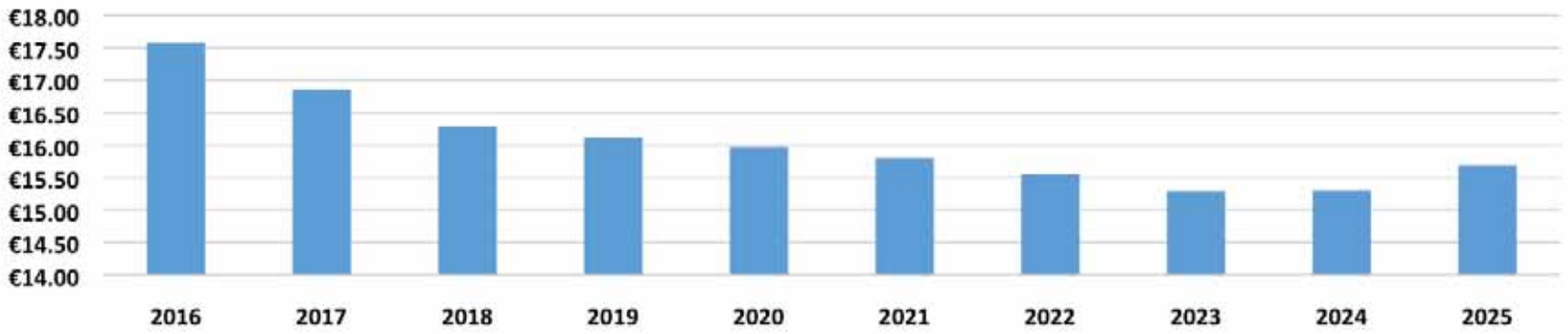
High Tech Arrangements - Drugs and Medicines	*€1,302,655,075*

Payments to Pharmacists: Claims Reimbursed 2016 - 2025



Year	GMS	DPS	LTI	EEA	Total
2016	€1,033,290,114	€65,299,554	€207,444,771	€998,483	€1,307,032,922
2017	€989,833,465	€62,094,671	€221,903,709	€884,229	€1,274,716,074
2018	€966,349,869	€67,362,845	€242,694,497	€816,945	€1,277,224,156
2019	€969,787,344	€75,471,256	€262,624,672	€708,341	€1,308,591,613
2020	€975,255,894	€82,666,086	€283,086,179	€599,158	€1,341,607,317
2021	€991,772,194	€96,139,505	€292,106,251	€402,029	€1,380,419,979
2022	€1,015,607,700	€143,502,112	€312,645,717	€378,314	€1,472,133,843
2023	€1,045,236,911	€167,926,174	€347,395,997	€440,235	€1,560,999,317
2024	€1,091,298,359	€190,373,917	€370,499,185	€388,056	€1,652,559,517
2025	€1,137,873,272	€239,770,220	€398,642,420	€376,109	€1,776,662,021

Average GMS Cost per Pharmacy Item 2016 - 2025

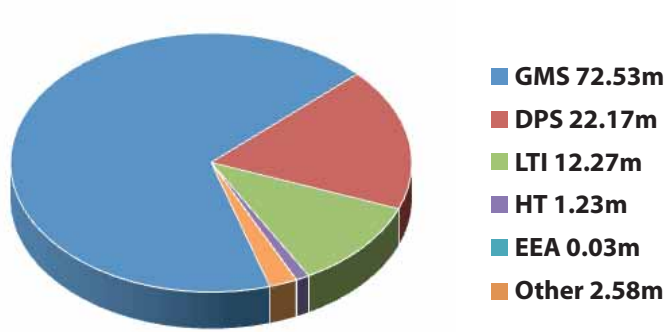


Year	*Total Number of Items	Total Payments	Average Cost per Item
2016	58,797,149	€1,033,290,114	€17.57
2017	58,713,753	€989,833,465	€16.86
2018	59,326,912	€966,349,869	€16.29
2019	60,176,425	€969,787,344	€16.12
2020	61,062,484	€975,255,894	€15.97
2021	62,754,498	€991,772,194	€15.80
2022	65,327,676	€1,015,607,700	€15.55
2023	68,347,247	€1,045,236,911	€15.29
2024	71,305,221	€1,091,298,359	€15.30
2025	72,529,280	€1,137,873,272	€15.69

* Total number of Items includes Stock Order Items.

Number of Items Claimed by Pharmacists

National – Number of Items Claimed 2025



GMS prescription forms processed for payment in the year totalled 21.83m - the total of prescribed items was more than 72.45m. These accounted for approximately 66% of all items paid for by the Primary Care Reimbursement Service in 2025.

Approximately 45.68% of GMS forms contained a single item - 15.71% contained 2 items. The average number per form was approximately 3.32 items (3.27 in 2024).

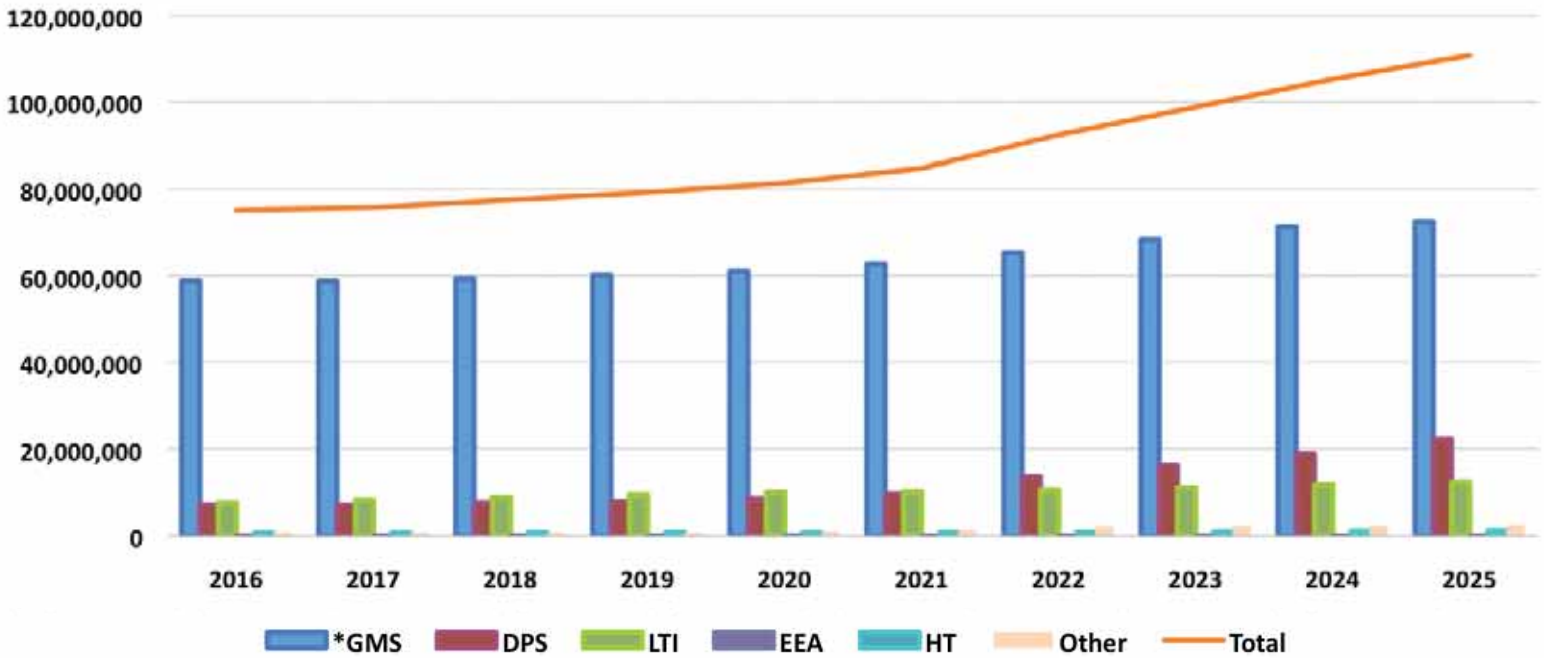
Number of Items claimed in each Health Region

Health Service Executive	*GMS	DPS	LTI	EEA	HT	Other	Total
Dublin and North East	14,304,678	4,584,208	2,718,867	2,783	251,982	614,076	22,476,594
Dublin and Midlands	14,618,071	4,562,426	2,611,119	1,939	250,483	593,120	22,637,158
Dublin and South East	13,731,766	4,972,339	2,456,226	3,481	248,990	530,396	21,943,198
South West	11,001,838	3,421,073	1,689,045	5,059	204,858	349,884	16,671,757
Mid West	6,413,786	1,839,217	1,056,183	3,995	97,006	190,146	9,600,333
West and North West	12,459,141	2,789,894	1,734,622	10,010	181,313	308,320	17,483,300
National	**72,529,280**	**22,169,157**	**12,266,062**	**27,267**	**1,234,632**	**2,585,942**	**110,812,340**

**GMS* includes claim items and Stock Order items.*

Other:	***Claims:***	***Other:***	***Claims:***
Contraception Scheme	*1,121,611*	*Covid-19 Vaccination Scheme*	*201,742*
Opioid Substitution Treatment Scheme	*337,520*	*Discretionary Hardship Arrangements*	*206,102*
Influenza Vaccinations Scheme	*504,173*	*Dental Treatment Services Scheme*	*110,036*
		Health (Amendment) Act 1996	*104,758*

Number of Items Claimed by Pharmacists 2016 - 2025



Year	*GMS	DPS	LTI	EEA	HT	Other	Total
2016	58,797,149	7,203,742	7,593,728	76,369	681,631	823,222	75,175,841
2017	58,713,753	7,135,002	8,304,668	67,970	746,052	795,652	75,763,097
2018	59,326,912	7,633,295	8,936,045	63,739	818,114	767,859	77,545,964
2019	60,176,425	7,901,647	9,464,596	56,577	887,263	782,959	79,269,467
2020	61,062,484	8,554,971	9,952,633	44,867	798,437	1,013,240	81,426,632
2021	62,754,498	9,585,130	10,169,870	28,198	867,469	1,383,372	84,788,537
2022	65,327,676	13,570,809	10,479,449	27,179	945,484	2,072,100	92,422,697
2023	68,347,247	16,155,882	11,025,996	33,725	1,036,435	2,244,487	98,843,772
2024	71,305,221	18,759,651	11,692,951	29,454	1,134,482	2,368,786	105,290,545
2025	72,529,280	22,169,157	12,266,062	27,267	1,234,632	2,585,942	110,812,340

**GMS* *includes claim items and Stock Order items.*

HSE – Medicines Management Programme (MMP)

The HSE-Medicines Management Programme (MMP) aims to promote safe, effective and cost-effective prescribing in Ireland.

The MMP provides sustained national leadership relating to the medicines management process, access to medicines and overall expenditure on medicines. The MMP manages an increasing number of medicines and ancillary products through Health Technology Management to ensure cost-effective prescribing and utilisation; this includes the use of reimbursement application systems and managed access protocols. The Preferred Drugs Initiative is an ongoing project supporting prescribers in safe, effective and cost-effective use of the most commonly prescribed medicines.

Health Technology Management

Reimbursement application systems are accessed through PCRS online services for: lidocaine (Versatis®) medicated plasters, sacubitril/valsartan (Entresto®) film-coated tablets, standard oral nutritional supplements (List B) and continuous glucose monitoring (CGM) sensors.
Managed Access Protocols (MAPs) are in place for a wide variety of medicines in order to facilitate access for patients. A MAP outlines the criteria that must be satisfied in order for reimbursement of a medicine to be recommended. MAPs have been implemented for medicines across the Community Drug Schemes, High Tech Arrangement and medicines with hospital pricing approval. Some examples include:

Community Drug Schemes**:** liraglutide (Saxenda®), rivaroxaban 2.5 mg, bempedoic acid.

High Tech Arrangement**:** medicines for moderate-to-severe atopic dermatitis, severe asthma, hereditary angioedema, and transthyretin amyloidosis (cardiomyopathy), and individual MAPs for medicines such as bulevirtide (Hepcludex®), entrectinib (Rozlytrek®), larotrectinib (Vitrakvi®), odevixibat (Bylvay®), romosozumab (Evenity®), teduglutide (Revestive®), delta-9-tetrahydrocannabinol/cannabidiol (Sativex®), dupilumab (Dupixent®) for prurigo nodularis.

Hospital pricing approval**:** fostemsavir (Rukobia®), voretigene neparvovec (Luxturna®).

Some MAPs include medicines across various reimbursement arrangements, for example, medicines used in the treatment of migraine, hereditary transthyretin amyloidosis (polyneuropathy) and spinal muscular atrophy (SMA).

Best-value biological (BVB) / Best-value medicines (BVM)
The MMP has identified BVB/BVMs for the following:

- Adalimumab
- Etanercept
- Filgrastim
- Long-acting granulocyte-colony stimulating factors
- Teriparatide
- Tocilizumab
- Glatiramer
- Ustekinumab

Further information on these initiatives is available on www.hse.ie/mmp

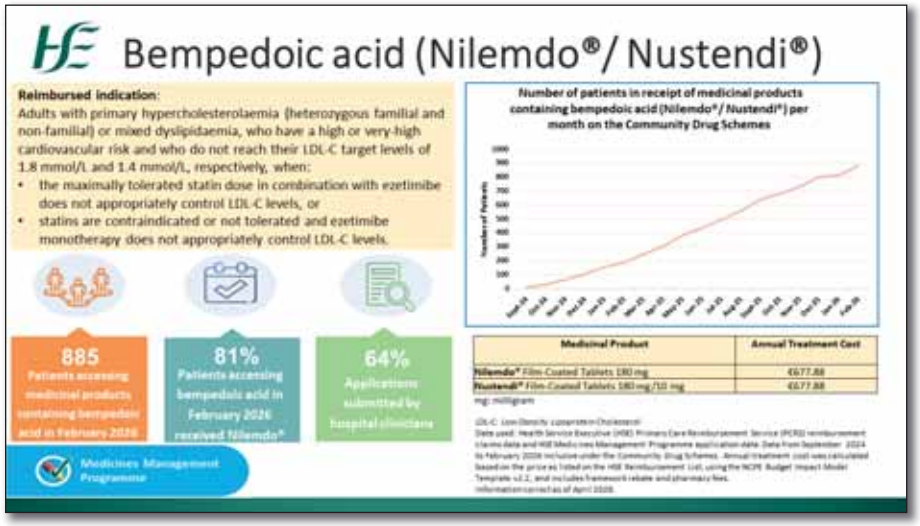
Preferred Drugs Initiative

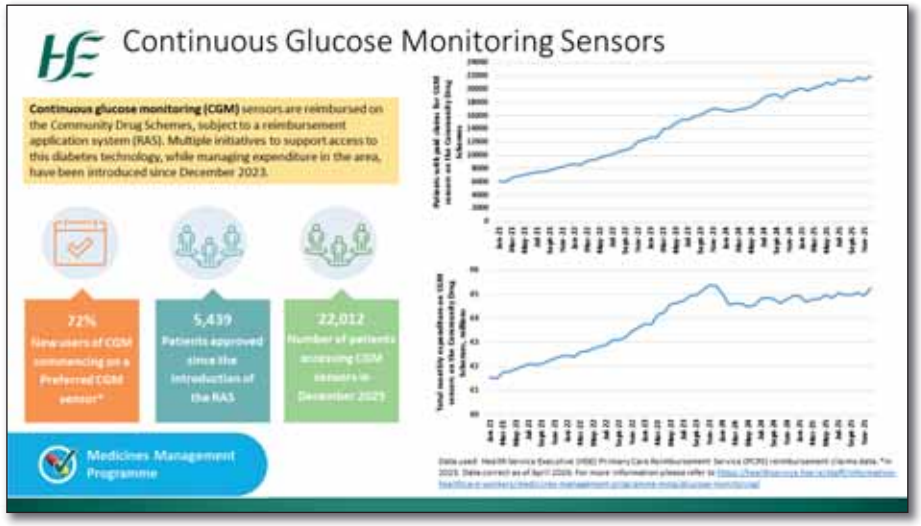
The Preferred Drugs Initiative aims to promote safe, effective and cost-effective use of the most commonly prescribed medicines in Ireland. The Preferred Drugs Initiative identifies a single preferred drug within a therapeutic class and offers prescribers guidance on selecting, prescribing and monitoring the drug for a particular condition. For each preferred drug an evaluation report with Prescribing Tips and Tools are available on the MMP website (www.hse.ie/mmp). Prescribers are encouraged to make the preferred drug their drug of first choice when prescribing from that therapeutic class.

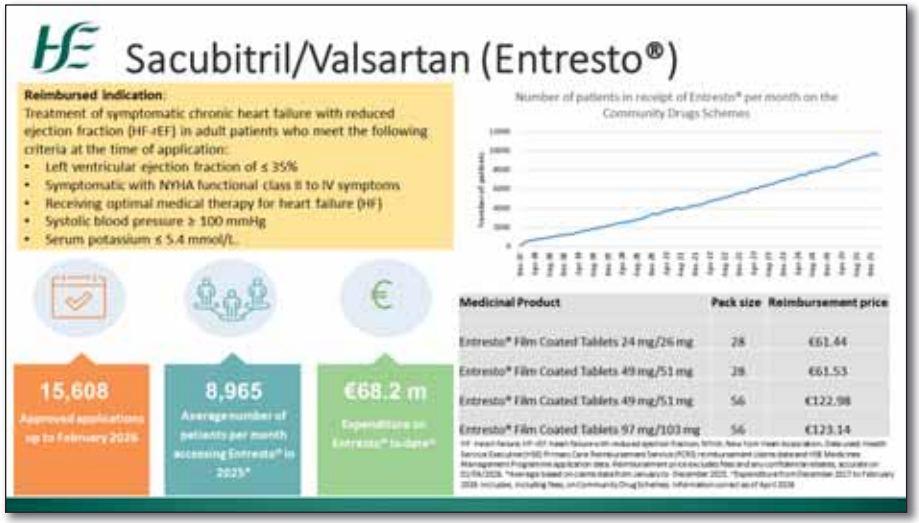
Therapeutic Area	MMP Preferred Drug
Angiotensin-Converting Enzyme (ACE) Inhibitor	**Ramipril**
Angiotensin-II Receptor Blocker (ARB)	**Candesartan**
Beta-Blocker	**Bisoprolol**
Calcium Channel Blocker (CCB)	**Amlodipine**
Oral Anticoagulant	**Warfarin or Apixaban**
Proton Pump Inhibitor (PPI)	**Pantoprazole**
Serotonin Noradrenaline Reuptake Inhibitor (SNRI)	**Venlafaxine**
Selective Serotonin Reuptake Inhibitor (SSRI)	**Sertraline**
Statin	**Atorvastatin**

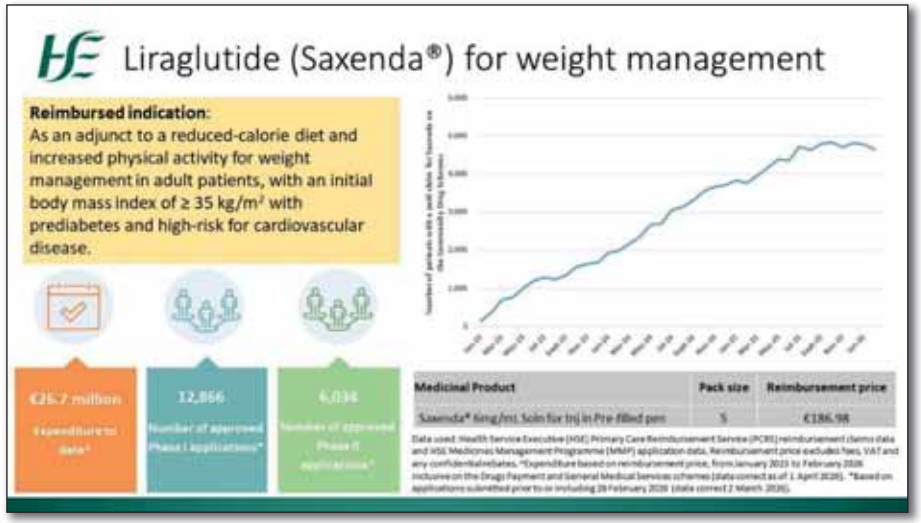
HSE – Medicines Management Programme (MMP)

The HSE-Medicines Management Programme (MMP) are engaged in research into the design and implementation of health technology management initiatives. The MMP provide regular updates on the utilisation of drugs subject to managed access protocols, some examples are outlined here. Also available on www.hse.ie/mmp under Data Snapshots and Publications.



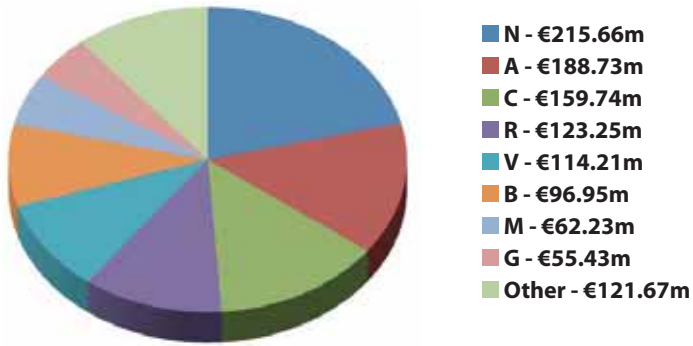






GMS: Major Therapeutic Classification of Drugs, Medicines and Appliances

National 2025

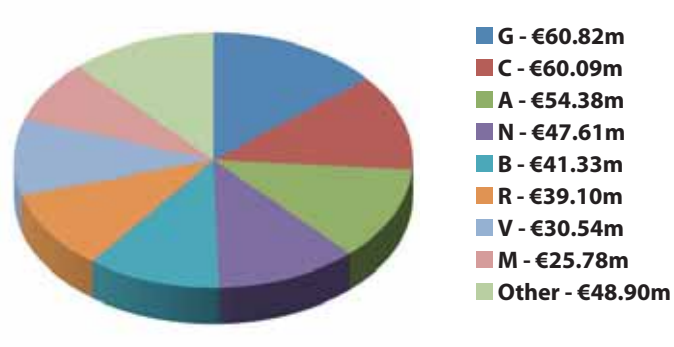


Major Therapeutic Classification		€m	Prescribing frequency
A	**Alimentary Tract and Metabolism**	**188.73**	**12,978,464**
B	**Blood and Blood Forming Organs**	**96.95**	**4,976,253**
C	**Cardiovascular System**	**159.74**	**15,405,787**
D	Dermatologicals	26.37	1,593,462
G	**Genito Urinary System and Sex Hormones**	**55.43**	**3,169,889**
H	Systemic Hormonal Preps. excl. Sex Hormones and Insulins	18.41	2,418,886
J	Antiinfectives for Systemic Use	32.45	2,666,753
L	Antineoplastic and Immunomodulating Agents	10.48	388,349
M	**Musculo-Skeletal System**	**62.23**	**3,429,649**
N	**Nervous System**	**215.66**	**15,093,406**
P	Antiparasitic Products, Insecticides and Repellents	2.62	167,325
R	**Respiratory System**	**123.25**	**6,348,568**
S	Sensory Organs	31.34	2,052,180
V	**Various (below)**	**114.21**	**1,840,309**
	Clinical Nutritional Products	53.50	760,816
	Ostomy Requisites	29.81	502,753
	Urinary Requisites	17.75	208,854
	Diagnostic Products	4.01	127,654
	Dressings	4.00	52,583
	Other Therapeutic Products	1.89	20,755
	Needles/Syringes/Lancets	1.87	92,595
	Allergens	0.18	2,331
	Miscellaneous	1.20	71,968
	Total	**€1,137.87**	**72,529,280**

Note: The above table shows total expenditure i.e. ingredient cost, fees and VAT where applicable.

DPS: Major Therapeutic Classification of Drugs, Medicines and Appliances

National 2025

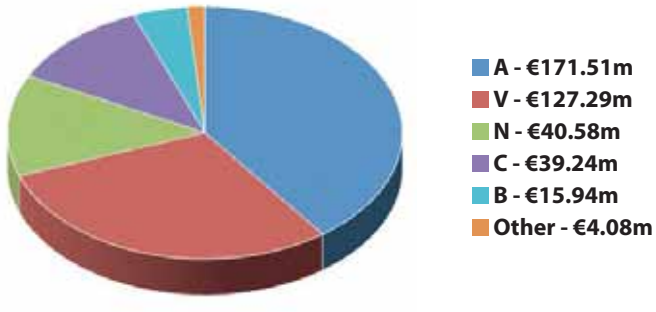


Major Therapeutic Classification		€m	Prescribing frequency
A	**Alimentary Tract and Metabolism**	**54.38**	**3,354,266**
B	**Blood and Blood Forming Organs**	**41.33**	**1,565,866**
C	**Cardiovascular System**	**60.09**	**5,181,369**
D	Dermatologicals	10.53	449,338
G	**Genito Urinary System and Sex Hormones**	**60.82**	**2,751,473**
H	Systemic Hormonal Preps. excl. Sex Hormones and Insulins	6.84	769,211
J	Antiinfectives for Systemic Use	13.54	830,753
L	Antineoplastic and Immunomodulating Agents	7.03	201,015
M	**Musculo-Skeletal System**	**25.78**	**915,810**
N	**Nervous System**	**47.61**	**3,157,788**
P	Antiparasitic Products, Insecticides and Repellents	1.47	73,345
R	**Respiratory System**	**39.10**	**1,916,579**
S	Sensory Organs	9.49	512,621
V	**Various (below)**	**30.54**	**489,723**
	Clinical Nutritional Products	9.17	100,540
	Ostomy Requisites	9.01	119,833
	Urinary Requisites	5.22	46,056
	Diagnostic Products	0.91	18,320
	Allergens	0.87	10,384
	Needles/Syringes/Lancets	0.86	60,363
	Other Therapeutic Products	0.66	6,240
	Dressings	0.25	3,460
	Miscellaneous	3.59	124,527
	Total	**€408.55**	**22,169,157**

Notes: (i) The above costs are inclusive of the monthly co-payment of €80 payable to the Pharmacy by an individual or family.
(ii) The above table shows total expenditure i.e. ingredient cost, fees and VAT where applicable.

LTI: Major Therapeutic Classification of Drugs, Medicines and Appliances

National 2025

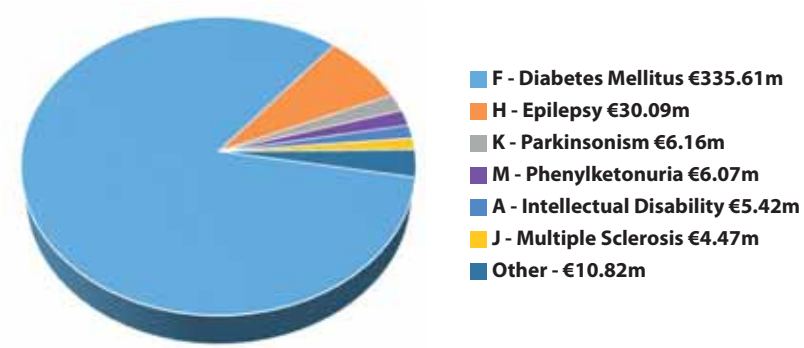


Major Therapeutic Classification		€m	Prescribing frequency
A	**Alimentary Tract and Metabolism**	**171.51**	**3,888,852**
B	**Blood and Blood Forming Organs**	**15.94**	**971,633**
C	**Cardiovascular System**	**39.24**	**4,358,944**
D	Dermatologicals	0.02	712
G	Genito Urinary System and Sex Hormones	0.87	27,692
H	Systemic Hormonal Preps. excl. Sex Hormones and Insulins	1.34	48,786
J	Antiinfectives for Systemic Use	0.58	25,288
L	Antineoplastic and Immunomodulating Agents	0.10	1,294
M	Musculo-Skeletal System	0.48	26,951
N	**Nervous System**	**40.58**	**1,046,363**
P	Antiparasitic Products, Insecticides and Repellents	0.02	409
R	Respiratory System	0.53	20,397
S	Sensory Organs	0.14	1,973
V	**Various (below)**	**127.29**	**1,846,768**
	Diagnostic Products	81.05	966,489
	Needles/Syringes/Lancets	26.84	557,023
	Clinical Nutritional Products	9.74	104,670
	Urinary Requisites	3.56	19,343
	Nutritional/Ancillary Devices	0.33	1,656
	Ostomy Requisites	0.25	4,106
	Dressings	0.07	750
	Other Therapeutic Products	0.02	113
	Allergens	0.00	7
	Miscellaneous	5.43	192,611
	Total	**€398.64**	**12,266,062**

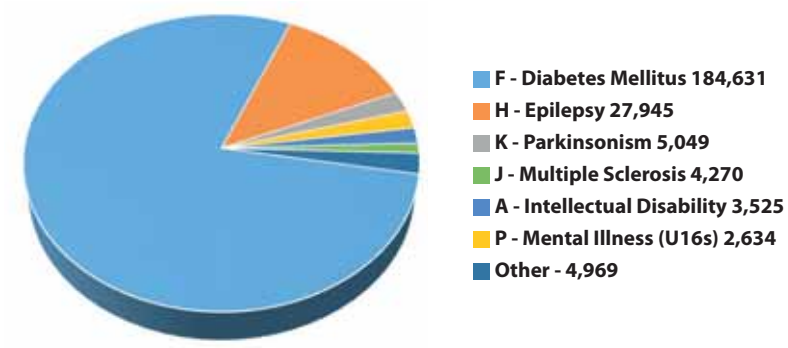
Note: The above table shows total expenditure i.e. ingredient cost, fees and VAT where applicable.

LTI: Spend by Illness 2025

National 2025



No. of Persons

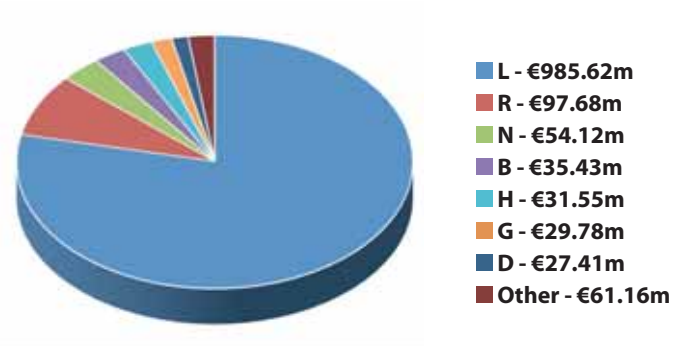


Long Term Illness		€m	No. of Persons
A	**Intellectual Disability**	**5.42**	**3,525**
B	Hydrocephalus	0.65	242
C	Cerebral Palsy	2.07	902
D	Muscular Dystrophy	0.21	192
E	Haemophilia	0.02	50
F	**Diabetes Mellitus (does not include Gestational Diabetes)**	**335.61**	**184,631**
G	Diabetes Insipidus	0.34	273
H	**Epilepsy**	**30.09**	**27,945**
J	**Multiple Sclerosis**	**4.47**	**4,270**
K	**Parkinsonism**	**6.16**	**5,049**
L	Cystic Fibrosis	3.24	1,483
M	**Phenylketonuria (PKU)**	**6.07**	**680**
N	Acute Leukaemia	0.40	468
P	**Mental Illness (Under 16 years)**	**1.34**	**2,634**
Q	Spina Bifida	2.55	678
	Total	**€398.64**	**233,022**

Notes: (i) Based on data available from claims submitted by pharmacies.
(ii) Number of Persons dispensed to is based on Primary Illness.

High Tech: Major Therapeutic Classification of Drugs and Medicines

National 2025

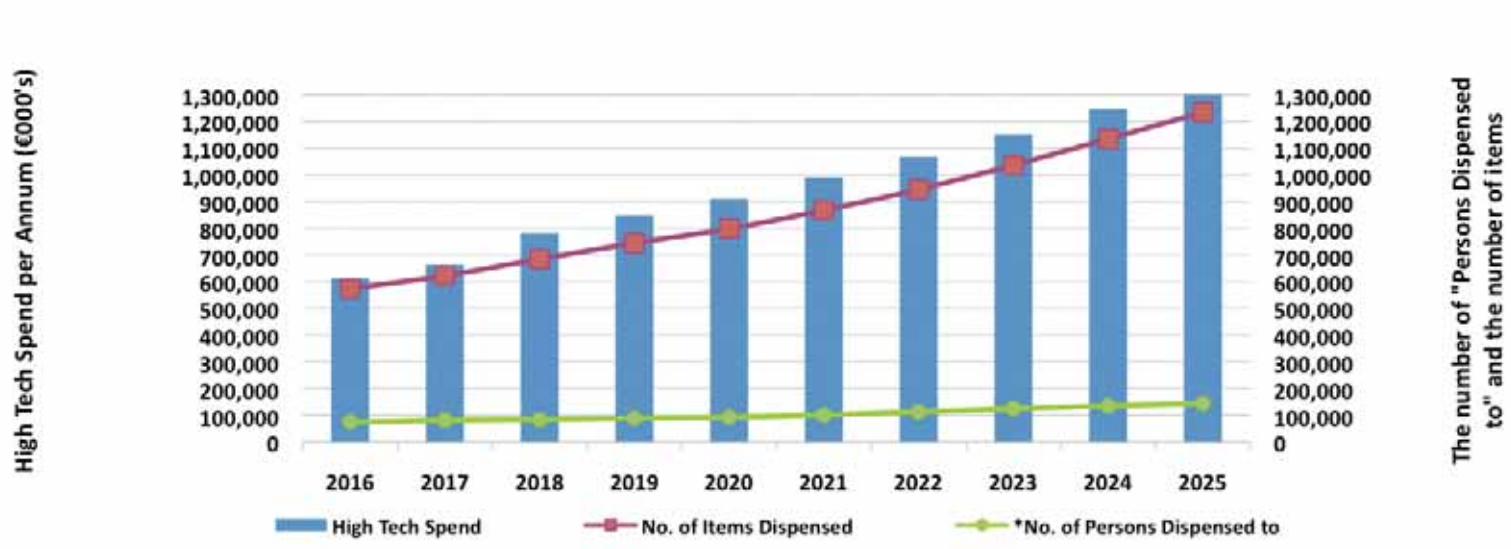


Major Therapeutic Classification		€m	Prescribing frequency
A	Alimentary Tract and Metabolism	15.84	2,705
B	**Blood and Blood Forming Organs**	**35.43**	**48,150**
C	Cardiovascular System	16.16	16,573
D	**Dermatologicals**	**27.41**	**18,130**
G	**Genito Urinary System and Sex Hormones**	**29.78**	**25,542**
H	**Systemic Hormonal Preps. excl. Sex Hormones and Insulins**	**31.55**	**77,520**
J	Antiinfectives for Systemic Use	17.28	21,698
L	**Antineoplastic and Immunomodulating Agents**	**985.62**	**934,010**
M	Musculo-Skeletal System	10.72	10,014
N	**Nervous System**	**54.12**	**40,472**
R	**Respiratory System**	**97.68**	**37,002**
V	Various (below)	1.16	2,443
	Other Therapeutic Products	1.16	2,443
	Total	**€1,322.75**	**1,234,259**

Note: The above table shows total expenditure i.e. ingredient cost, fees and VAT where applicable, based on claims submitted by Pharmacists.

High Tech Trends 2016 - 2025

Movement in Number of "Persons Dispensed to" v's High Tech Spend



The graph illustrates the High Tech spend over a 10 year period from 2016 - 2025 and the trend in the number of items and people dispensed to.

Year	High Tech Spend	No. of Items Dispensed	*No. of Persons Dispensed to
2016	€611,737,633	573,867	74,877
2017	€664,215,525	622,596	81,580
2018	€781,234,364	684,582	84,109
2019	€849,224,988	744,377	88,748
2020	€909,793,962	798,437	92,693
2021	€991,143,684	867,469	101,151
2022	€1,067,768,028	945,484	113,016
2023	€1,151,747,335	1,036,435	125,078
2024	€1,245,614,678	1,134,482	135,358
2025	€1,322,751,856	1,234,259	144,359

* Based on data available from claims submitted by Pharmacists.

DENTAL SECTION

Scale of Fees Payable under the Dental Treatment Services Scheme as at 31st December 2025

Treatment Type	Routine €
Oral Examination	40.00
Prophylaxis	42.00
Restoration (Amalgam)*	65.00
Restoration (Composite) 6 anterior teeth only	80.00
Exodontics (Extraction under local anaesthetic)	60.00
Surgical Extraction - Maximum 2 units:	
Fee payable for each 15 minute unit	35.00
Maximum payable	70.00
1st Stage Endodontic Treatment (Anterior teeth only)	57.30
Denture Repairs	
1st Item of Repair	67.00
Each Subsequent Item	21.48
Maximum payable	109.96
Apicectomy / Amputation of Roots	168.70
Endodontics (Anterior teeth only)	206.49
Protracted Periodontal Treatment per visit (Max 4)	26.36
Miscellaneous	
(e.g. Haemorrhage and Dressing)	22.65
Prescription	11.32
Prosthetics	
Full Upper or Lower Denture	456.71
Partial Upper or Lower Acrylic Denture	334.98
Complete Upper or Lower Reline	182.83
Complete Upper and Lower Reline	304.33
Full Upper and Lower Denture	670.24

**Since 1st January 2025 dental amalgam is prohibited for use under EU directive (2017/852 and amendment 2024/1849), except when deemed strictly necessary by the dentist based on the specific medical needs of the patient.*

Payments to Dentists: Claims Reimbursed 2025

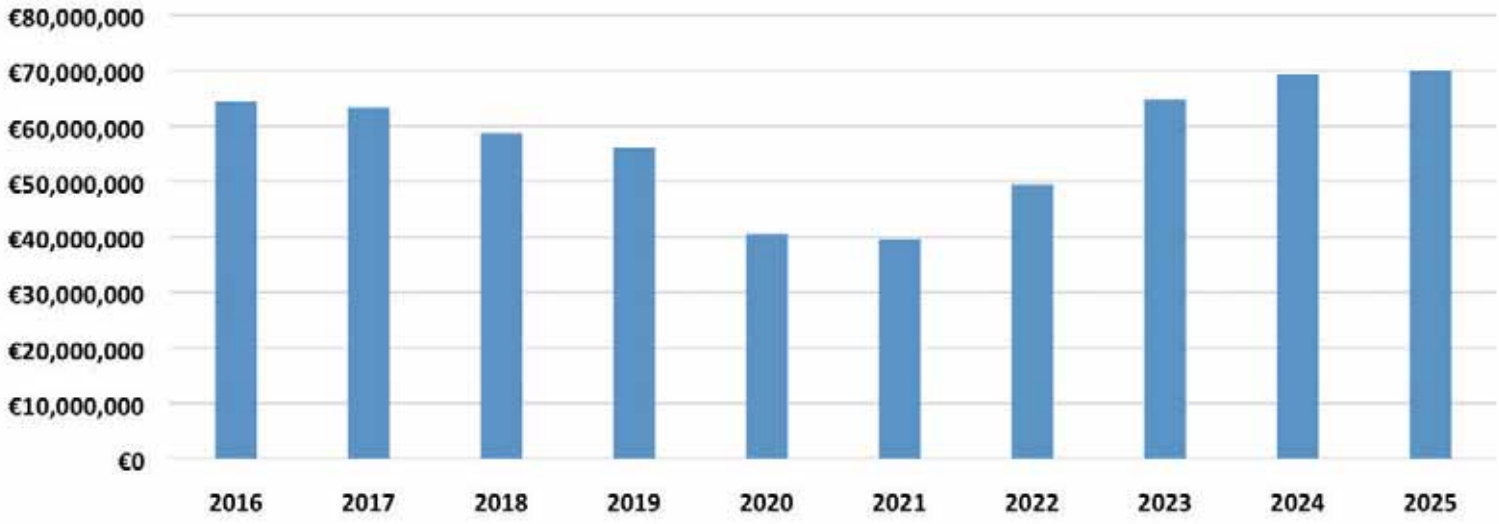
Above the Line €52.74m	Below the Line €17.20m
Dentists were reimbursed a total of €69.94m in 2025 in respect of treatments provided for 307,252 GMS persons under the DTS Scheme. The following treatments were available to all GMS eligible persons. **ROUTINE:** Routine treatments are categorised as either 'Above the Line' or 'Below the Line'. 'Above the Line' treatments are uncomplicated procedures, e.g. Composite (Filling) and Extractions. 'Below the Line' treatments are advanced procedures, e.g. Protracted Periodontal and Prosthetics.	'Below the Line' treatments — prior Health Service Executive approval for a specific course of treatment under this category is required. Full denture treatment is available, with prior Health Service Executive approval, to all eligible GMS persons over 16 years.

Payments to Dentists: Claims Reimbursed in each Health Region

Health Service Executive	2025
Dublin and North East	€15,398,206
Dublin and Midlands	€13,760,025
Dublin and South East	€12,435,642
South West	€10,366,783
Mid West	€6,578,370
West and North West	€11,398,498
National	**€69,937,524**

Note: Figures include reimbursed fees in respect of Health (Amendment) Act 1996 claims.

Payments to Dentists: Claims Reimbursed 2016 - 2025

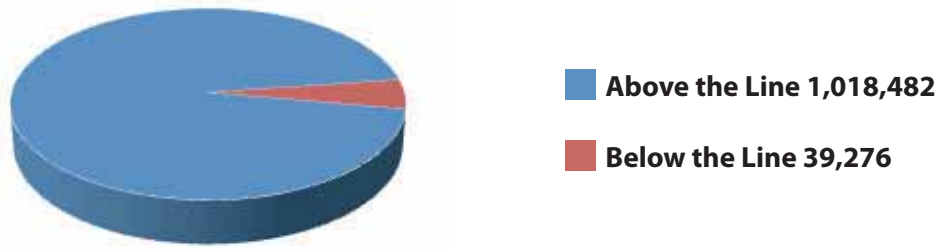


Year	Payments to Dentists
2016	€64,393,261
2017	€63,369,808
2018	€58,680,201
2019	€56,075,566
2020	€40,549,163
2021	€39,636,355
2022	€49,484,119
2023	€64,824,607
2024	€69,373,785
2025	€69,937,524

Note: Figures include reimbursed fees in respect of Health (Amendment) Act 1996 claims.

Number of Dental Treatments Claimed 2025

National – Number of Treatments Claimed 2025



Number and Value of Dental Treatments Claimed by Health Region

Health Service Executive	*Above the Line	**Below the Line	***No. of Persons Treated	Value of Reimbursements
Dublin and North East	218,668	8,913	65,596	€15,398,206
Dublin and Midlands	199,311	8,332	61,367	€13,760,025
Dublin and South East	181,097	7,065	52,724	€12,435,642
South West	154,207	5,329	46,460	€10,366,783
Mid West	96,323	3,631	28,242	€6,578,370
West and North West	168,876	6,006	52,863	€11,398,498
National	**1,018,482**	**39,276**	**307,252**	**€69,937,524**

ROUTINE - Routine treatments are categorised as either 'Above the Line' or 'Below the Line':
'Above the Line' (ATL) treatments are uncomplicated procedures;
'Below the Line' (BTL) treatments are advanced procedures.

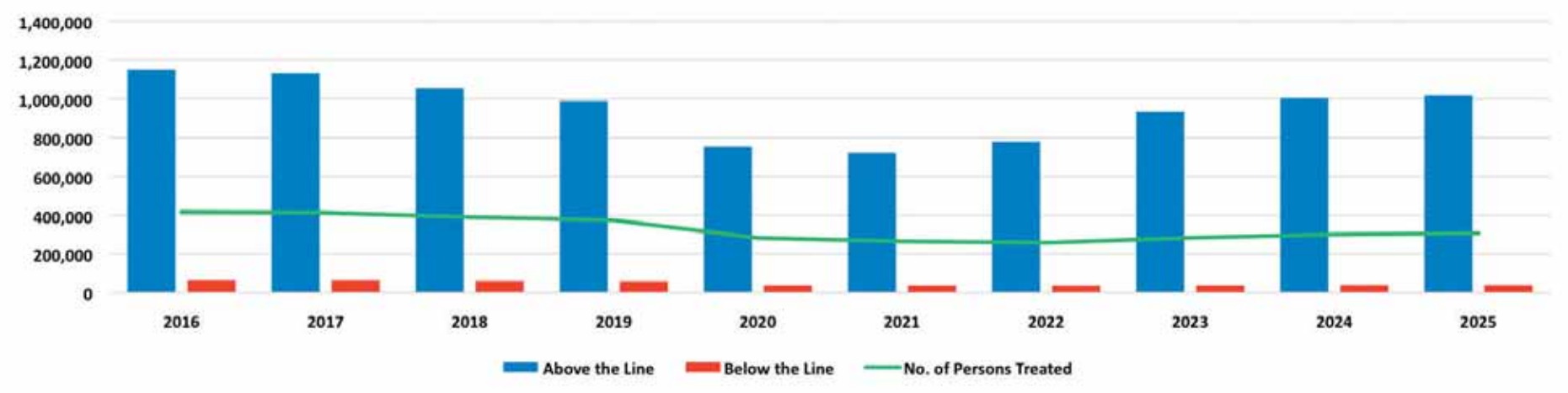
** The most frequently used ATL service was Oral Examinations, which was used by 280,129 patients followed by Composite Restoration.*

*** In the BTL category the most frequently used service was Prosthetics followed by Protracted Periodontal and Endodontics.*

**** This figure is the number of unique GMS persons treated.*

Note: Figures include reimbursed fees in respect of Health (Amendment) Act 1996 claims.

Number of Dental Treatments Claimed 2016 - 2025



Year	Above the Line	Below the Line	No. of Persons Treated
2016	1,151,562	63,480	416,662
2017	1,131,347	63,383	413,111
2018	1,053,116	60,658	389,791
2019	990,169	59,124	374,408
2020	752,494	38,233	282,796
2021	722,767	37,902	264,591
2022	779,017	36,914	256,949
2023	932,612	38,104	283,658
2024	1,004,026	39,490	301,133
2025	1,018,482	39,276	307,252

Note: Since 2017 dental figures include HAA claims.

OPTICAL SECTION

Scale of Fees Payable under the Health Service Executive Community Ophthalmic Services Scheme

As at 31st December 2025	€	
Examinations		
Eye Examination Ophthalmic Optician	22.51	
Eye Examination Ophthalmologist / Ophthalmic Medical Practitioner	24.78	
Medical Eye Examination by Ophthalmologist	49.58	
Eye Examination for Contact Lenses (Grant)	68.44	**(H)**
Eye Examination Ophthalmic (Dilation)	45.03	
Domiciliary Visit Ophthalmic Optician	67.53	
Domiciliary Visit Ophthalmologist / Ophthalmic Medical Practitioner	67.53	
Domiciliary Fees		
1st Patient Exam	67.53	
2nd Patient Exam	45.02	
3rd - 15th Patient Exam	22.51	
1st Patient Dilation	22.51	
2nd Patient Dilation	15.00	
3rd - 15th Patient Dilation	7.50	
Appliances		
Single Vision Complete Appliances		
Spectacles - Distance	42.37	
Spectacles - Reading	42.37	
Spectacles - Uncollected	29.49	
Contact Lenses (Pair)	42.36	
Contact Lenses Standard or Disposable per pair (Grant)	64.78	**(H)**
Single Vision Spectacles - with Glass Lenses Distance	122.85	**(H)**
Single Vision Spectacles - with Glass Lenses Reading	122.85	**(H)**
Single Vision Spectacles - with Plastic Lenses Distance	132.00	**(H)**
Single Vision Spectacles - with Plastic Lenses Reading	132.00	**(H)**

As at 31st December 2025	€	
Single Vision Lenses to Own Frame		
Replacement Distance Lens (1) to own Frame	16.46	
Replacement Distance Lenses (2) to own Frame	32.94	
Replacement Reading Lens (1) to own Frame	16.46	
Replacement Reading Lenses (2) to own Frame	32.94	
Single Vision Lenses to Non-Standard Frame		
Single Vision Lens (1) (Glass) Distance	23.70	**(H)**
Single Vision Lenses (2) (Glass) Distance	47.41	**(H)**
Single Vision Lens (1) (Glass) Reading	23.70	**(H)**
Single Vision Lenses (2) (Glass) Reading	47.41	**(H)**
Single Vision Lens (1) (Plastic) Distance	27.03	**(H)**
Single Vision Lenses (2) (Plastic) Distance	54.06	**(H)**
Single Vision Lens (1) (Plastic) Reading	27.03	**(H)**
Single Vision Lenses (2) (Plastic) Reading	54.06	**(H)**
Additional Specification For Lenses To All Spectacle Types		
Special grant towards additional specification for Lens (1) - applies to all spectacle types	82.62	**(H)**
Special grant towards additional specification for Lenses (2) - applies to all spectacle types	165.26	**(H)**

(H) *Denotes Fees Payable in Respect of Services under the Health (Amendment) Act 1996 only.*

Notes: (i) Domiciliary Fees: Adults requiring a domiciliary visit in a hospital or other group care setting.

(ii) Where applicable values are inclusive of materials and VAT.

Scale of Fees Payable under the Health Service Executive Community Ophthalmic Services Scheme continued

As at 31st December 2025	€	
Other Items - Single Vision		
Lenticular Lens (1 Surface)	11.75	
Lenticular Lenses (2 Surfaces)	23.51	
Lenticular Lenses (3 Surfaces)	35.27	
Lenticular Lenses (4 Surfaces)	47.02	
Tinted Lens (1)	7.49	
Tinted Lenses (2)	14.98	
Tinted Lenses (3)	22.47	
Tinted Lenses (4)	29.97	
Prism (1)	6.36	
Prisms (2)	12.72	
Prisms (3)	19.09	
Prisms (4)	25.45	
Prisms (5)	31.81	
Prisms (6)	38.17	
Prisms (7)	44.53	
Prisms (8)	50.90	
Dioptric powers higher than 8.00 (1) Lens	6.25	
Dioptric powers higher than 8.00 (2) Lenses	12.50	
Dioptric powers higher than 8.00 (3) Lenses	18.75	
Dioptric powers higher than 8.00 (4) Lenses	24.99	
Anti-Reflective Coating on Plastic Lens (1)	18.33	**(H)**
Anti-Reflective Coating on Plastic Lenses (2)	36.66	**(H)**
Dioptric powers higher than 6.00 (Plastic) (1) Lens	15.62	
Dioptric powers higher than 6.00 (Plastic) (2) Lenses	31.24	
Dioptric powers higher than 6.00 (Plastic) (3) Lenses	46.86	
Dioptric powers higher than 6.00 (Plastic) (4) Lenses	62.48	
Plastic Lens (1) for children as prescribed	4.73	
Plastic Lenses (2) for children as prescribed	9.45	
Plastic Lens (1) Adult	4.58	**(H)**
Plastic Lenses (2) Adult	9.16	**(H)**

As at 31st December 2025	€	
Bifocals		
Spectacles Bifocal Complete	84.19	
Fused Bifocal Spectacles	163.88	**(H)**
Varifocal Spectacles - Glass or Plastic	252.73	**(H)**
Bifocal Lenses		
Replacement Bifocal Lens (1) to own Frame	37.43	
Replacement Bifocal Lenses (2) to own Frame	74.85	
Bifocal Lens (1) to Non-Standard Frames	48.15	**(H)**
Bifocal Lenses (2) to Non-Standard Frames	96.32	**(H)**
Varifocal Lens (1) (Grant)	95.61	**(H)**
Varifocal Lenses (2) (Grant)	191.20	**(H)**
Other Items - Bifocals		
Sphere over 6.00 and up to 9.00 extra charge (1) Lens	4.22	
Sphere over 6.00 and up to 9.00 extra charge (2) Lenses	8.44	
Sphere over 9.00 extra charge (1) Lens	9.37	
Sphere over 9.00 extra charge (2) Lenses	18.75	
Tinted Lens (1)	8.27	
Tinted Lenses (2)	16.55	
Prism (1)	8.84	
Prisms (2)	17.67	
Repairs		
Replacement Frame to own Lenses	12.16	
Replacement front to own Lenses	5.83	
Replacement Side (1) to own Frame	2.45	
Replacement Sides (2) to own Frame	4.90	
Complete new Frames	90.60	**(H)**

(H) *Denotes Fees Payable in Respect of Services under the Health (Amendment) Act 1996 only.*

Note: Where applicable values are inclusive of materials and VAT.

Payments to Optometrists/Ophthalmologists: Claims Reimbursed 2025

The Community Ophthalmic Services Scheme (COSS) provides access to certain Optical treatments to eligible persons living in the community. Reimbursement for adult medical card holders, which include free eye examinations and necessary spectacles/appliances, is made by the Primary Care Reimbursement Service (PCRS).

Payment is also made by PCRS for teenage medical card holders for eye examinations and necessary spectacles/appliances and for necessary spectacles/appliances for children.

In the 12-month period to the end of December 2025, claims were received on behalf of 307,747 GMS persons for 726,499 treatments costing €27,279,870.

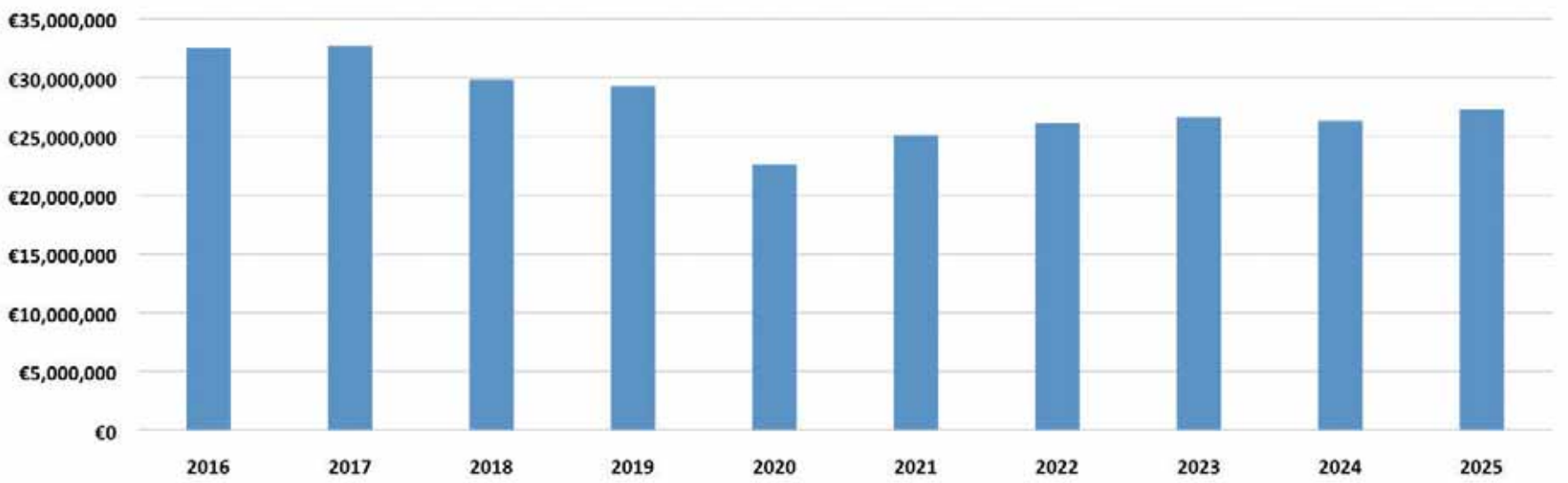
Eye examinations by Optometrists/Ophthalmologists totalled 284,196; complete spectacles (distance, reading and bi-focals) and other appliances provided under the Scheme totalled 442,303.

Payments to Optometrists/Ophthalmologists: Claims Reimbursed in each Health Region

Health Service Executive	2025
Dublin and North East	€4,988,749
Dublin and Midlands	€5,412,632
Dublin and South East	€5,419,169
South West	€3,840,527
Mid West	€2,146,191
West and North West	€5,472,602
National	**€27,279,870**

Note: Payments include services for Children, Teenagers and those eligible under the Health (Amendment) Act 1996.

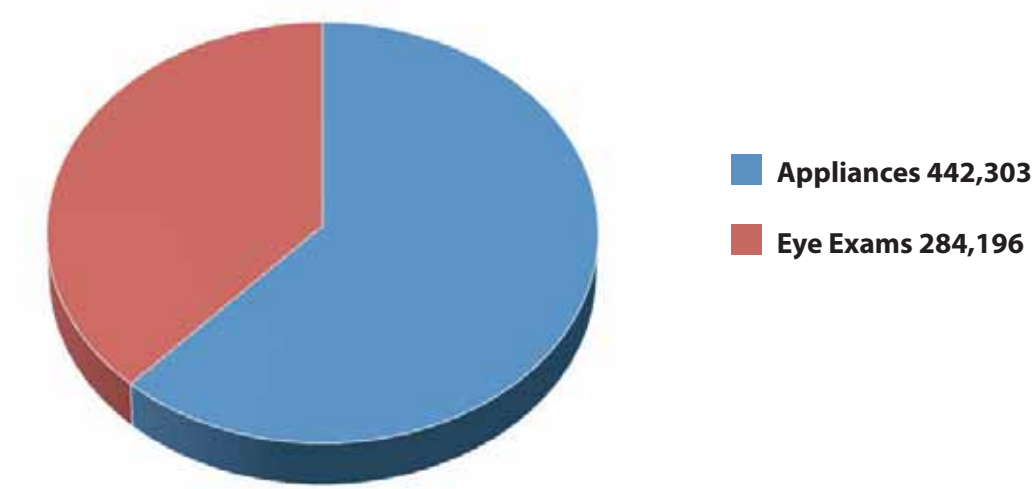
Payments to Optometrists/Ophthalmologists: Claims Reimbursed 2016 - 2025



Year	Payments to Optometrists/Ophthalmologists
2016	€32,508,917
2017	€32,706,469
2018	€29,832,040
2019	€29,261,845
2020	€22,581,523
2021	€25,107,697
2022	€26,120,431
2023	€26,629,391
2024	€26,324,746
2025	€27,279,870

Number of Treatments by Optometrists/Ophthalmologists

National Number of Treatments 2025

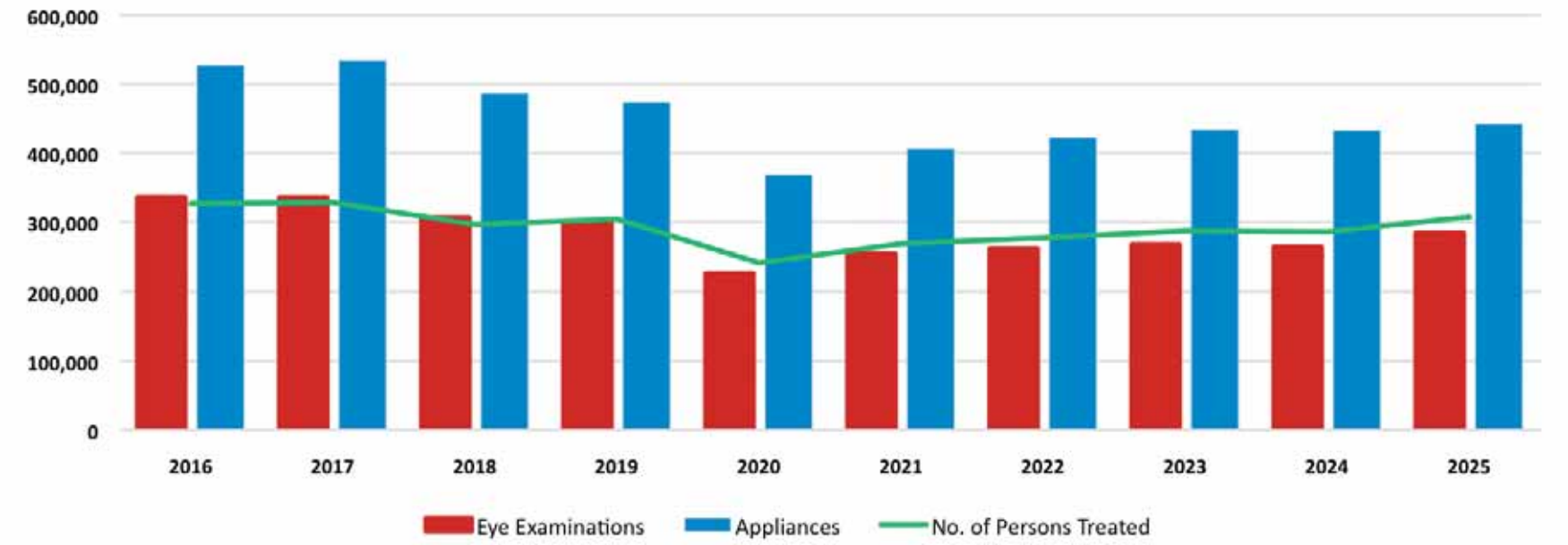


Number of Treatments by Optometrists/Ophthalmologists in each Health Region

Health Service Executive	Eye Examinations	Appliances	No. of Persons Treated	Value of Reimbursements
Dublin and North East	54,686	75,833	57,254	€4,988,749
Dublin and Midlands	54,013	88,261	59,630	€5,412,632
Dublin and South East	55,215	90,247	60,007	€5,419,169
South West	41,847	58,626	41,806	€3,840,527
Mid West	23,335	35,596	25,801	€2,146,191
West and North West	55,100	93,740	63,249	€5,472,602
National	**284,196**	**442,303**	**307,747**	**€27,279,870**

Note: Payments include services for Children, Teenagers and those eligible under the Health (Amendment) Act 1996.

Number of Treatments by Optometrists/Ophthalmologists 2016 - 2025



Year	Eye Examinations	Appliances	No. of Persons Treated	Value of Reimbursements
2016	336,108	527,239	327,169	€32,508,917
2017	335,756	534,781	328,630	€32,706,469
2018	306,577	486,787	296,662	€29,832,040
2019	301,847	474,185	304,515	€29,261,845
2020	225,684	368,808	241,128	€22,581,523
2021	253,817	406,517	268,979	€25,107,697
2022	261,669	422,522	277,445	€26,120,431
2023	267,463	434,165	287,513	€26,629,391
2024	263,688	432,783	286,076	€26,324,746
2025	284,196	442,303	307,747	€27,279,870

Appendix

Online PCRS Publications @ https://www.sspcrs.ie/portal/annual-reporting/

PCRS Annual Reports

Statistical Analysis of Claims and Payments 2019 - 2025

Eligibility Reports

Eligibility Figures

Domiciliary Care Allowance

Under 8s and Over 70s Eligibility

Eligibility per Scheme

Eligible Medical Card Holders by CHO, Gender and Age Group

Eligible GP Visit Card Holders by CHO, Gender and Age Group

General Practitioner Reports

Number and Costs of Claims by GPs

Dispensing Doctors

Special Items of Service

Payments to GPs

GP Panel Size

Capitation Payments to GPs

Pharmacy Reports

Number of Items per Claim

Pharmacy Fees

Top 100 Prescribed Products

Top 100 Products by Cost

Top 20 Medicines and Appliances

Distribution of Medicines by ATC

GMS Payments to Pharmacists

Payments to Pharmacists: Claims Reimbursed

Number of Items Claimed by Pharmacists

Benzodiazepine and Z Drugs Claims

Dental Reports

Monthly Expenditure Report for DTSS

DTSS Payments and Number of Treatments

Optical Reports

High Tech Reports

Contractor Reports

Annual Flu Reports