

## NHS Lothian Advanced Payment Process in respect of Hepatitis C Medicines

### Specialist Clinical Pharmacist Responsibilities

- Direct Community Pharmacy to appropriate form on community pharmacy website when Advanced Payment option is being considered.  
See [http://www.communitypharmacy.scot.nhs.uk/nhs\\_boards/NHS\\_Lothian/lothian\\_index.html](http://www.communitypharmacy.scot.nhs.uk/nhs_boards/NHS_Lothian/lothian_index.html)



### Community Pharmacy Contractor Responsibilities

- Community Pharmacy is in receipt of an HBP for a high value medicine.
- Community Pharmacy e-mails the **completed request form** (below) to NHS Lothian to [highcostmeds@nhslothian.scot.nhs.uk](mailto:highcostmeds@nhslothian.scot.nhs.uk) by the 11<sup>th</sup> of each calendar month.
- Community Pharmacy orders the medicine prescribed on the HBP form.



### PCCO Finance Responsibilities

- Excel spreadsheet for PSD payment is completed to include recovery arrangements 6 months from date of advance payment
- Spreadsheet requires Authorised Signatory
- PCCO Finance send **excel spreadsheet**: Pharmacy Payments Manager, Practitioner Services (Pharmacy), Area 136C, Gyle Square, 1 South Gyle Crescent, Edinburgh, EH12 9EB, (Tel: 0131 275 6356).
- PCCO Finance write to contractor advising that an advanced payment has been authorised and requested of PSD.

PCCO Finance Officer  
NHS Lothian  
Pentland House  
Robbs Loan  
Edinburgh  
EH14 1TY  
E-mail to : [highcostmeds@nhslothian.scot.nhs.uk](mailto:highcostmeds@nhslothian.scot.nhs.uk)

Dear NHS Lothian

I wish to apply for advanced payment of a high cost medicine.

Pharmacy Contractor Code:	
Pharmacy Name:	
Pharmacy Address:	
Medicine Prescribed (name and quantity of medicine):	
Duration of treatment i.e. 2 or 3 months:	
Advanced Payment Claim Value for <b>Total Treatment Duration:</b>	

**The full amount of this advance will be reclaimed 6 months from date of payment.**

Contractor Signature:	
Date:	

Official Use Only:
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