



Request for supply of Zepatier®▼ (*elbasvir/grazoprevir*) for the purpose of dispensing by Community Pharmacy to NHS Scotland patients

Faxback on 01925 899 519 or email customersupportquotas@celesio.co.uk

Please supply Zepatier (*elbasvir/grazoprevir*) tablets for the purpose of dispensing to patients presenting to community pharmacy with an NHS Scotland prescription.

1. Pharmacy Details:

AAH account number* _____

Pharmacy Name* _____

Address*: _____

Telephone number*: _____

Email address*: _____

2. Prescription details

Zepatier (elbasvir/grazoprevir) is only supplied to community pharmacies in Scotland in response to the receipt of valid NHS Scotland prescriptions specifying this medicine. The unique prescription number must be referenced to place an order for this product and volumes will be audited against prescriptions issued.

Prescription Number (11 digits) _____

Number of boxes of Zepatier 50mg/100mg (28 TABS) @ (£12,166.67 per box) _____

AAH Link code – ZEP0010F

PIP Code - 403-7602

3. Pharmacist Declaration

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate legal action may be taken. To enable the Common Services Agency to confirm the amount of products supplied to patients and for the purposes of prevention, detection, and investigation of crime, I consent to the disclosure of relevant information from this form including to and by NHS Scotland Practitioner & Counter Fraud Services. This declaration is made on behalf of the responsible pharmacist detailed below and the Community Pharmacy NHS Contractor

4. Signed confirmed by the responsible pharmacist

Full Name* (block capitals) _____

Signature* _____

Date* _____

GPhC Pharmacist registration number* _____

NHS Pharmacy contractor number* _____

*All sections to be fully completed - please telephone AAH in the first instance if wishing to open a new account