

## Request for supply of Sovaldi®▼ (sofosbuvir) or Harvoni®▼ (ledipasvir and sofosbuvir) or Cayston®▼ (aztreonam lysine) or Epclusa®▼ (sofosbuvir/velpatasvir) or Vosevi ®▼ (Sofosbuvir/velpatasvir/voxilaprevir) for the purpose of dispensing by Community Pharmacy to NHS Scotland patients

## Faxback on 01604 433595 or e-mail to alcuraorders@alcura-health.co.uk

To Alcura UK Ltd

Please supply Sovaldi (sofosbuvir) / Harvoni (ledipasvir and sofosbuvir) tablets / Cayston (aztreonam lysine) for the purpose of dispensing to patients presenting to community pharmacy with an NHS Scotland prescription.

P	roduct and strength		Product Pip	Price Per Pack	Number of
	Prescription Number* (11 digits)				
	Sovaldi (sofosbuvir), Harvoni (ledipasvir (Sofosbuvir/velpatasvir/vixilaprevir) are NHS Scotland prescriptions specifying t for this product and volumes will be aud	only supplied to community phare these medicines. The unique pres	macies in Scotlar scription number	nd in response to t	he receipt of valid
2.	Prescription details:				
	Email address*:			_	
	Telephone number*:			_	
	Postcode*:				
	Address*.			_	
	Pharmacy Name*			_	
	Alcura UK Ltd account number*			_	
1.	Pharmacy Details				

Product and strength	Product Pip	Price Per Pack	Number of
Sovaldi (28 tablets)	6838668	£11,660.98	
Epclusa 100mg/400mg (28 tablets)	4028015	£12,993.33	
Epclusa (Paediatric Half Strength) 200/500mg (28 tablets)	0104153	£12,993.33	
Epclusa OG (ORAL GRANULES) 150/37.5 mg PAED (28 SACHET PACK)	0104221	£12,993.33	
Epclusa OG (ORAL GRANULES) 200/50 mg PAED (28 SACHET PACK)	0104225	£12,993.33	
Harvoni OG (ORAL GRANULES) 33.75/150mg PAED (28 SACHET PACK)	0103889	£12,993.33	
Harvoni OG (ORAL GRANULES) 45/200mg PAED (28 SACHET PACK)	0103886	£12,993.33	
Harvoni 90mg/400mg (28 tablets)	6834311	£12,993.33	
Harvoni (Paediatric Half Strength) 45mg/200mg (28 tablets)	8880781	£12,993.33	
Cayston (84 vials)	3685674	£2,181.53	
Vosevi ( 400/100/100mg (28 tablets)	4056727	£14,942.33	

## 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

Alcura UK Ltd, Alcura House, Caswell Road, Brackmills Industrial Estate, Northampton NN4 7PU.

Tel: **01604 433 576** Fax: **01604 433595** 

Email: <u>alcuraorders@alcura-health.co.uk</u> Website: <u>www.alcura-health.co.uk</u> DOC988 V3 25.11.2021



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

Alcura in the first instance if wishing to open a new account

Alcura UK Ltd, Alcura House, Caswell Road, Brackmills Industrial Estate, Northampton NN4 7PU. Tel: **01604 433 576** Fax: **01604 433595** 

Tel: 01604 433 576 Fax: 016
Email: alcuraorders@alcura-health.co.uk Website

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