

Pharmacy Department, Polar Speed Distribution, 8 Chartmoor Road, Leighton Buzzard, Bedfordshire, LU7 4WG  
Tel: **0345 304 0960** Fax: 01525 217917. Email: [abbvie@polarspeed.com](mailto:abbvie@polarspeed.com) [www.polarspeed.com](http://www.polarspeed.com)

**Request for supply of Maviret® ▼ (glecaprevir/pibrentasvir) 100 mg/40 mg film-coated tablets for the purpose of dispensing by Community Pharmacy to NHS Scotland patients**  
**Faxback on 01525 217917 or e-mail to [abbvie@polarspeed.com](mailto:abbvie@polarspeed.com)**

To Polar Speed Distribution Ltd

Please supply **Maviret® (glecaprevir/pibrentasvir)** 100 mg/40 mg film-coated tablets for the purpose of dispensing to patients presenting to community pharmacy with an NHS Scotland prescription.

### 1. Pharmacy Details

Polar Speed account number\* \_\_\_\_\_

Pharmacy Name\* \_\_\_\_\_

Address\*: \_\_\_\_\_

Telephone number\*: \_\_\_\_\_

Email address\*: \_\_\_\_\_

### 2. Prescription details

*Maviret (glecaprevir/pibrentasvir)* 100 mg/40 mg film-coated tablets 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 Maviret (84 tablets) \_\_\_\_\_

### 3. Pharmacist Declaration

This declaration is made on behalf of the responsible pharmacist detailed below and the Community Pharmacy NHS Contractor

**I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate legal steps 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.**

### 4. Signed confirmed by the responsible pharmacist (block capitals)

Full Name\* \_\_\_\_\_

Signature\* \_\_\_\_\_

Date\* \_\_\_\_\_

GPhC Pharmacist registration number\* \_\_\_\_\_

NHS Pharmacy contractor number\* \_\_\_\_\_

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

**Adverse events should be reported. Reporting forms and information can be found at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard). Adverse events should also be reported to AbbVie at [ukadverseevents@abbvie.com](mailto:ukadverseevents@abbvie.com)**