

Polar Speed Distribution, 8 Chartmoor Road, Leighton Buzzard, Bedfordshire, LU7 4WG
Tel: 0345 304 0960 Fax: 01525 217917. Email: abbvie@polarspeed.com www.polarspeed.com

Request for supply of Viekirax[®] ▼ (ombitasvir/paritaprevir/ritonavir) +/- Exviera[®] ▼ (dasabuvir) for the purpose of dispensing by Community Pharmacy to NHS Scotland patients
Faxback on 01525 217917 or e-mail to abbvie@polarspeed.com

To Polar Speed Distribution Ltd

Please supply **Viekirax[®] ▼ (ombitasvir/paritaprevir/ritonavir) +/- Exviera[®] ▼ (dasabuvir)** 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

Viekirax (ombitasvir/paritaprevir/ritonavir) +/- Exviera (dasabuvir) are only supplied to community pharmacies in Scotland in response to the receipt of valid NHS Scotland prescriptions specifying these medicines. 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 Viekirax (56 tablets) _____ @ (£10,733.33 per box)

Number of boxes of Exviera (56 tablets) _____ @ (£933.33 per box)

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. Adverse events should also be reported to AbbVie on 01628 774933