



Bristol-Myers Squibb Pharmaceuticals Limited

Uxbridge Business Park, Sanderson Road, Uxbridge, Middlesex UB8 1DH
Tel 01895 523000 Fax 01895 523010

Request for supply of Daklinza® (Daclatasvir) by Bristol Myers-Squibb Pharmaceuticals Ltd (BMS) for the purpose of dispensing by Community Pharmacy to NHS Scotland patients.

To order Daklinza® call BMS Customer Services on 01244 586250 or Fax on 01244 586251.

Email: bmscustomer-service.chester@bms.com. All sections to be fully completed - please telephone BMS in the first instance if wishing to open a new account. New account rules will apply. Please speak to BMS for further details. For the initial order you are required to supply a valid redacted prescription. BMS may in any instance request further evidence of need as it deems appropriate.

Please supply Daklinza tablets for the purpose of dispensing to a patient presenting an NHS Scotland prescription to a community pharmacy.

1. Pharmacy Details

BMS account number _____
Pharmacy Name*: _____
Address*: _____

Telephone number*: _____
Email address*: _____

2. Prescription details

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

Prescription Number (11 digits)* _____
Required number of boxes of Daklinza 30mg (28 tabs) @ (£8,172.61 per box) _____
Required number of boxes of Daklinza 60mg (28 tabs) @ (£8,172.61 per box) _____

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, who takes personal professional responsibility for certifying all information provided, and the Community Pharmacy NHS Contractor.

Signed by the responsible pharmacist

Full Name* (block capitals) _____
Signature* _____
Date* _____
GPhC Pharmacist registration number* _____
NHS Pharmacy contractor number* _____