



**Request for supply of Xtandi® (Enzalutamide) by Astellas Pharma Limited (APL) for the purpose of dispensing by Community Pharmacy to NHS Scotland patients.**

To order **Xtandi®** call APL Customer Services on 0203 879 8721 or Fax on 0800 783 4205.  
Email: [ukcustomerservices@astellas.com](mailto:ukcustomerservices@astellas.com). All sections to be fully completed.

APL may in any instance request further evidence of need, in the form of a redacted prescription, if deemed appropriate.

Please supply **Xtandi®** capsules for the purpose of dispensing to a patient presenting an NHS Scotland prescription to a community pharmacy.

**1. Pharmacy Details**

Alliance account number\* \_\_\_\_\_

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

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

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

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

**2. Prescription details**

**Xtandi® (Enzalutamide)** 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 **Xtandi®** 112 capsules @ £2,734.67 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\* \_\_\_\_\_