**Community Pharmacy Specialist Drug Out Of Date Stock Reimbursement Form**

To enable claims for the out of date palliative care specialist drug stocks to be processed you are required to complete this claim form and **attach a photograph of the specialist drug empty box if submitting electronically** ensuring the drug name and expiry date are clearly visible **or the outer packaging**. Therefore please ensure the Controlled Drug stock is destroyed in the presence of a Controlled drug authorised witness first.

Please submit completed forms to the NECS Finance team at the following address:

[necsu.minorailments@nhs.net](mailto:necsu.minorailments@nhs.net) OR

North of England Commissioning Support

John Snow House

Durham University Science Park

Durham

DH1 3YG

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| --- | --- |
| Name of Pharmacy: |  |
| Address of Pharmacy |  |
| Name of Drug |  |
| Strength of Drug |  |
| Quantity: |  |
| Pharmacist’s Signature |  |
| Pharmacist’s Name (please print clearly) |  |
| Date |  |

Total claimed £………….