

Pharmacy Claim Form

Telford and Wrekin Drug & Alcohol Recovery Service

Supervised Methadone / Subutex Consumption Scheme Claim Form

Pharmacy Name:

Month:

Year:

Pharmacy Address:

Point of Contact:

Tel No:

[illegible]

Signed by the pharmacist _____ Print name _____ Date: _____ Claims are subject to audit

Please return completed form by the 8th day of following month to:

Bhavna Taank, Adult and Social Care Commissioning & Contracts Team, Telford and Wrekin Council, Darby House, Lawn Central, Telford, TF3 4JA

Clarification of payment arrangements for supervision

1. On the first day of dispensing a new prescription, enter patient initials, DOB, prescriber, prescription number and start date on the Supervised Methadone/Buprenorphine Consumption Scheme Claim Form.
2. For a standard 14 day prescription with daily supervised consumption, fee claimed is 12 x £1.50 (this payment is for 2 x 6 supervisions, **payable only when patient attends**).
3. In the case of a prescription with fewer collection days, fees are only claimed for the possible days of supervision (i.e. for a 4 collection day prescription, claim 4 days unless one of the days is a Sunday, in which case claim for 3 days).
4. If an existing prescription is superseded by a new prescription, (i.e. due to an increase or decrease in dose) claim for the number of supervised doses then start a new claim (as in point 1) for the new prescription.
5. For Bank Holidays, a take home dose should be provided. A payment will **not** be made for this as it will not be supervised at the pharmacy.
6. All claims should relate to doses which have been physically supervised by a qualified member of the pharmacy team.

Please note that payments are generated for SUPERVISION only. Therefore you may only claim for 14 days supervision if your premises are licensed to be open on a Sunday and the patient has been supervised for 14 days.