**Please complete ALL sections of the form (typed preferred) – INCOMPLETE FORMS WILL BE RETURNED**

**To guarantee encryption, completed forms must be emailed from a secure mailbox**

**(community pharmacy secure shared mailbox is preferred), i.e. @nhs.net or @lanarkshire.scot.nhs.uk,**

**to:** [**ulmrequest@lanarkshire.scot.nhs.uk**](mailto:ulmrequest@lanarkshire.scot.nhs.uk)

|  |  |
| --- | --- |
| **SECTION A: COMMUNITY PHARMACY TO COMPLETE**  *DELETE YES/NO AS APPROPRIATE* | |
| 1. Is the product? | Licensed (e.g. check BNF) **YES/NO**  Listed in Scottish Drug Tariff Part 7S or 7U **YES/NO**  Available from UK NHS Manufacturing Site (e.g. Tayside) **YES/NO**  *[If YES – authorisation not required]* |
| 2. Have you previously had authorisation for this product for this patient? | **YES/NO**  *[If NO – skip Q3&4 then complete Section B of this form]* |
| 3. Has the previous authorisation expired? | **YES/NO**  *[If YES – skip Q4 then complete Section B of this form]* |
| 4. Does the product price now vary by >20% from original price authorised? | **YES/NO**  *[If YES – complete Section B of this form; if NO – authorisation not required]* |

|  |  |
| --- | --- |
| **SECTION B: COMMUNITY PHARMACY TO COMPLETE** | |
| Community pharmacy name & address |  |
| Community pharmacy telephone number |  |
| Community pharmacy contractor code |  |
| Contact name for community pharmacist |  |
| Community pharmacy secure shared mailbox address |  |
| Medical practice name & address |  |
| Prescriber name |  |
| Date of prescription |  |
| Patient CHI number |  |
| Name of product prescribed |  |
| Strength |  |
| Formulation |  |
| Dose |  |
| Quantity to supply |  |
| Confirm you have made the prescriber aware of ALL of the following: | The product is unlicensed **YES/NO**  Implications of prescribing an unlicensed product **YES/NO**  Licensed alternatives (including off-label use) **YES/NO** |
| Name of company that can supply product |  |
| Pack size |  |
| Cost per pack *(provide most cost-effective quote – you may need to contact >1 supplier)* |  |
| Cost of postage & packing |  |
| Any other costs |  |
| Additional Comments: | |
| Date form completed and emailed |  |

**NHS Lanarkshire will endeavour to respond within 24 hours of receipt of request (weekdays)**

**REPLIES WILL BE EMAILED TO THE COMMUNITY PHARMACY SECURE SHARED MAILBOX**

**The outcome of the request (approved/declined) will be specified on the following page**

|  |  |
| --- | --- |
| ADMIN OFFICE TO COMPLETE | **Request DECLINED** because: *DELETE AS APPROPRIATE*  Form incomplete/Other  Any instructions to pharmacy:  **OR**  Form complete **YES/NO**  **State cost information** (if better quote available than stated above):  Strength:  Formulation:  Pack size:  Cost: £  Supplier:  *NB: the Board will authorise the above product at the above cost as it has evidence that it is available from the above supplier at that cost; the pharmacy may choose what supplier to source the product from.*  Form sent to locality (specify locality: )  **Sign:**  **Date:** |
| LOCALITY PRESCRIBING SUPPORT TEAM TO COMPLETE | **Request DECLINED** because: *DELETE AS APPROPRIATE*  Product licensed  Switched to alternative licensed product  Switched to alternative off-label product  Product listed in Scottish Drug Tariff Part 7S or 7U  Product available from NHS Manufacturing Site (*Name of site: )*  Other  Any instructions to pharmacy:  **Sign:**  **Date:** |
| **Request APPROVED** for: *DELETE AS APPROPRIATE*  This prescription only  12 months from date below  **Cost approved:**  Strength:  Formulation:  Pack size:  Cost: £  Supplier:  *NB: the Board will authorise the above product at the above cost as it has evidence that it is available from the above supplier at that cost; the pharmacy may choose what supplier to source the product from.*  Any instructions to pharmacy:  **Sign:**  **Date:** |