

NHS Tayside Request Form for Authorisation to Order Specials

This form must be completed if the product requested **does not** fall into one of the following categories:

- Is listed in parts 7S or 7U of the Scottish Drug Tariff
- Can be prepared extemporaneously in the pharmacy
- Is available from NHS Scotland Pharmaceutical "Specials" Service (previously Tayside Pharmaceuticals) or other NHS production unit (e.g.Oxford Pharmacy Store) – pre-authorised.
- Is a repeat prescription for a specific patient and product where an authorisation number has previously been granted for either 6 or 12 months, provided the cost has not increased by more than 20% since the last dispensing and the authorisation is valid. Patient must be reviewed each time as per policy to ensure appropriate.

Please remember to look at other options and reasons for prescribing before automatically proceeding to order as a special in all cases.

To be emailed to tay.pharmacyspecials@nhs.scot

Contact Number for enquiries – 01382 835152

Pharmacy Contractor Code	
Name and address of Community Pharmacy Telephone Number	
Community Pharmacists Name	
Prescribers Name and General Practice (or other source)	
Practice Code	
Patient's CHI	
Product Details (Name, Form, Strength, Dose, Quantity)	
Quoted Cost (Excluding VAT) for <i>FULL</i> quantity Cheapest of at least 2 quotes	
Additional Costs (Postage/Carriage)	
Supplier Details	
Comments or Exceptional Circumstances Please specify or request is for this script only or if it is a long term patient request for 6 months or 12 months.	
Authorisation request is for:	Authorisation Number
<input type="checkbox"/> this prescription only	Authorising Officer
<input type="checkbox"/> 6 months (until) __/__/__ (insert date)	Date
<input type="checkbox"/> 12 months (until) __/__/__ (insert date)	
<input type="checkbox"/> This product has not been authorised (give alternate instructions)	

Please remember to endorse the authorisation code.