# Appendix 3 - NHS Grampian Request Form for Authorisation to Order Specials

This form must be completed if the product requested does not fall into any of the categories listed on page 5 of the NHS Grampian guidance “Special Formulation and Unlicensed Products in Primary Care – A Guide for Pharmacists” available at <http://www.communitypharmacy.scot.nhs.uk/nhs_boards/NHS_Grampian/index.html>

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| Pharmacy name:Contractor Code: | Medical Practice:  |
| Pharmacy telephone number: Contact pharmacist name: | Name of Prescriber and Designation that the request has been discussed with:  |
| Date request submitted:  | Patient CHI number: |
| **PRESCRIPTION DETAILS**Name of product: Form: Dose:Quantity:  | **SUPPLIER DETAILS**Please state the most cost effective quote. (NB. You may have to contact more than one supplier).Company name : Pack size: Cost per Pack:Quoted **cost\*** for **full quantity** (excl VAT): Cost of Postage/Carriage: Any other additional cost: **\*Cost** should be for the **full quantity that will be dispensed**   |
| Have you discussed this request with the prescriber? YES [ ]  Have you made the prescriber aware that the product is a Special? YES [ ]  Is the prescriber aware of the implications of this? YES [ ]  Have you suggested any licensed alternatives? YES [ ]  NO [ ]  |
| Comments:  |
| **Save the completed form and e-mail for authorisation to:-** **gram.specialsaberdeenshire@nhs.scot****The product must only be ordered after authorisation has been granted.** |
| **Initial Authorisation - to be completed by Authorising Officer:**[ ]  Product is authorised (for this patient):  For this prescription only [ ]  **or** for 12 months from date below [ ]  Authorisation number:  Authorising Officer: H&SCP [ ]  P&MD [ ]  Date: [ ]  Product has NOT been authorised. Alternative instructions**:**  |
| **Reauthorisation at 12 months** - to be completed by community pharmacy.Ongoing clinical appropriateness confirmed with prescriber? **YES**  [ ]  **NO**  [ ] Cost for **full quantity** of item:Supplier:Dose: Cost per Pack:Pharmacist Name: | **Reauthorisation at 24 months** **-** to be completed by community pharmacy.Ongoing clinical appropriateness confirmed with prescriber? **YES**  [ ]  **NO**  [ ] Cost for **full quantity** of item:Supplier:Dose: Cost per Pack:Pharmacist Name: |
| **To be completed by Authorising Officer:**Authorisation number: Authorising Officer:Date: | **To be completed by Authorising Officer:**Authorisation number: Authorising Officer:Date: |
| Specials Circular available at: [http://www.sehd.scot.nhs.uk/pca/PCA2015(P)17.pdf](http://www.sehd.scot.nhs.uk/pca/PCA2015%28P%2917.pdf)* Records of ALL Special products supplied must be kept as detailed in the circular.
* Prescription should be endorsed electronically and on paper as per the circular.
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