# 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**](mailto: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>   * 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. | | |