\*\*\*ONLY TO BE SENT FROM YOUR NHS GENERIC SHARED EMAIL ACCOUNT\*\*\* **Special/ Unlicensed Medicine Authorisation Request Please email from your NHS PHARMACY mailbox ONLY to:** [**loth.specials@nhs.scot**](mailto:loth.specials@nhs.scot)

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| --- | --- | --- | --- |
| Pharmacy Name & Address: |  | | |
| Telephone No: |  | | |
| Contractor Code: |  | | |
| Patients GP Practice Name: |  | | |
| Patient CHI: |  | | |
| Product Name: |  | | |
| Strength: |  | | |
| Form: |  | | |
| Quantity: |  | | |
| Previously been prescribed patient: | Yes/No | | |
| Alternative to special discussed with prescriber? Please provide example(s). | Yes/No | | |
| Item in Scottish Drug Tariff Part 7S/7U?: [Scottish Drug Tariff Part 7](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/Drugs-and-Preparations-with-Tariff-Prices.asp) | Yes/No  If ‘Yes’, authorisation not required, refer to DT for price | | |
| Available from NHS Production Unit? Tayside: (01382 632 052) [tay.pssoffice@nhs.scot](mailto:tay.pssoffice@nhs.scot)  Oxford: (01865 904141) [ops.orders@oxfordhealth.nhs.uk](mailto:ops.orders@oxfordhealth.nhs.uk) | Yes/No  If ‘Yes’, the order should be place with the NHS Pharmacy Production Unit, authorisation not required | | |
| Supplier/Manufacturer: |  | | |
| Pack Size: |  | Price: |  |
| Total Cost For Prescribed Quantity: |  | | |
| Date authorisation required by: dd/mm/yyyy | dd / mm / yyyy  **Please note:** Any requests where ‘ASAP’ has been entered will be subject to the advertised response time of 48 hours | | |
| Pharmacist Name: |  | | |
| Alternative Contact: |  | | |
| Date & Time sent: |  | | |
| Requests will be processed within 48 hours, during the hours of 10am – 4pm Monday to Friday (except Public Holidays), e.g. If emailed at 4pm on Friday a response will be provided by 4pm on Tuesday. Please factor this in to supply arrangements with the patient/carer. | | | |

**\*PLEASE NOTE:** although certain items do not require authorisation, every step should be taken to ensure that all licensed preparations and formulations have been ruled out, as well as ‘off-label’ use of a licensed product (e.g. opening capsules, dispersing tablets in water), before use of a Special/Unlicensed product is considered. Specials and Unlicensed products are not required to meet the same standards as licensed preparations. Pharmacists should **always** contact the prescriber to advise when they have prescribed an unlicensed medicine to discuss alternatives. Patients also need to be made aware when they have been prescribed unlicensed medicines. Both **prescribers and** **pharmacists** assume a greater responsibility and potential liability where unlicensed medicines are used. For more information on ‘off-label’ uses of licensed medicines, the “Handbook of Drug Administration via Enteral Feeding Tubes” is available under Medicines Information Resources on [www.knowledge.scot.nhs.uk/](http://www.knowledge.scot.nhs.uk/) for a wide range of drugs.

**For NHS Lothian Use Only**

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| --- | --- | --- | --- |
| Authorisation Code: |  | | |
| Authorisation Price: |  | Per (qty/pack size): |  |
| Date Product Authorised Until: |  | | |
| Name of Authorising Officer: |  | | |
| Reason (if not authorised): |  | | |
| Date Emailed Reply Sent: |  | Sent to NHS Email address (initial to confirm): |  |

[Specials@nhslothian.scot.nhs.uk](mailto:Specials@nhslothian.scot.nhs.uk)