\*\*\*ONLY TO BE SENT FROM YOUR NHS MAIL ACCOUNT\*\*\*

**Special/ Unlicensed Medicine Authorisation Request**

**Please email from your NHS mailbox ONLY to:** **fv.fvspecials@nhs.scot**

|  |  |
| --- | --- |
| Pharmacy Name & Address: |  |
| Telephone No: |  |
| Contractor Code: |  |
| Is item in [Scottish Drug Tariff Part 7S/7U](https://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) |
| Available from a NHS Production Unit?Tayside: (01382 632 052)Oxford: (01865 904141) | Yes/NoIf ‘Yes’, the order should be place with the NHS Pharmacy Production Unit, authorisation not required |
| GP Practice Name: |  |
| Alternative to Special discussed with prescriber? Please provide details**1** | Yes/No |
| Patient CHI: |  |
| Product Name: |  |
| Strength: |  |
| Form: |  |
| Dose Prescribed2 |  |
| Quantity Prescribed: |  |
| Reauthorisation Request of Existing Authorisation (Expired Authorisation, Price Increase or Quantity Changed) |
| Previous Authorisation Code: |  |
| Reason for Re-authorisation Request(Delete as applicable): | Authorisation Expired/Quantity Change/Price Increase >20% |
| Previous Authorised Price and Quantity: |  |
| New Total Price (ex VAT) and Quantity: |  |
| Supplier/Manufacturer: |  |
| Pack Size: |  | Cost per pack (ex VAT): |  |
| If relative price is less than 20% above previous OR is in line with the current FV list of common specials, you can obtain the product. Otherwise, do not order the product until you have been advised by the Prescribing Support Team that the price and product is authorised.  |
| New Authorisation (no existing authorisation for this product for this patient) |
| Supplier/Manufacturer: |  |
| Pack Size: |  | Cost per pack (ex VAT): |  |
| Total Cost For Prescribed Quantity (ex VAT):  |  |
| For products listed on the current FV list of common specials, you can obtain the product at or below the price listed. Otherwise, do not order the product until you have been advised by the Prescribing Support Team that the price and product is authorised.  |
| Contact Name in Pharmacy: |  |
| Date & Time sent |  |
| Requests will be processed within the same working day, 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 Monday. If you have not received a response by 4pm on the working day following the request you may order as a one-off supply |

**1PLEASE 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.

2Dose information is requested for the purposes of assessing alternative product options only. Clinical checking of the dose is the responsibility of the community pharmacist dispensing the prescription.

**For NHS Forth Valley Use Only**

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| Entered in Specials database by: |  |
| Date Email Reply Sent to NHS Email Address:(including details of authorisation code and expiry date or reason for non-approval) |  | Sent to NHS Email address (initial to confirm): |  |

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