**SPECIAL / UNLICENSED MEDICINE AUTHORISATION REQUEST FORM**

\***IMPORTANT**: You must ensure that an NHS email address is used to submit this form to guarantee encryption of confidential patient details.

**Please email to:** communitypharmacy.team@borders.scot.nhs.uk

|  |  |
| --- | --- |
| PHARMACY NAME: |  |
| PHARMACY ADDRESS: |  |
| PPD CODE: |  |
| TELEPHONE NUMBER: |  |
| PRESCRIBER NAME: |  |
| PRACTICE NAME: |  |

|  |  |
| --- | --- |
| PRODUCT NAME: |  |
| STRENGTH: |  |
| FORM: |  |
| DOSE: |  |
| QUANTITY: |  |
| INDICATION: |  |

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| --- | --- |
| PATIENT CHI NUMBER\* |  |
| PREVIOUSLY PRESCIBED FOR THIS PATIENT? | YES [ ]  NO [ ]  click box to select |
| ALTERNATIVE TO SPECIAL DISCUSSED WITH PRESCRIBER? | YES [ ]  NO [ ]  click box to select |
| EXAMPLES OF ALTERNATIVES: |  |
| 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)? (Download the tariff; use the tabs at the bottom to navigate to 7S/7U) | YES [ ]  NO [ ]  click box to select |
| IF “YES”, AUTHORISATION NOT REQUIRED – REFER TO DT FOR PRICE |
| AVAILABLE FROM NHS PRODUCTION UNIT? | YES [ ]  NO [ ]  click box to selectIf ‘Yes’, the order can be placed without authorisation |

|  |  |
| --- | --- |
| SUPPLIER / MANUFACTURER: |  |
| PRODUCT COST: |  |
| ADDITIONAL SUPPLIER CHARGES:(Please do not include the £30 non-7S fixed handling fee here) |  |
| TOTAL COST FOR PRESCRIBED QUANTITY: |  |
| QUERIES TO: |  |

Please make sure that prescriptions for Specials/Unlicensed medications are endorsed both **electronically** and on the **paper copy** with the authorised price using the “SP” endorsement followed by the price in pence to ensure correct payment.

More information on endorsing at [Community Pharmacy Scotland Website](http://www.communitypharmacyscotland.org.uk/)