**NHS Borders Community Pharmacy Alternative Medicine Request Form**

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| Date of request:Click here to enter a date. |
| Response required by:Click here to enter a date. |

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| Pharmacy name:Click here to enter text. |
| Name of pharmacist requesting supply:Click here to enter text. |
| Contact telephone:Click here to enter text. |
| Contact email: Click here to enter text. |

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| Patient CHI:Click here to enter text. |
| Unavailable medicine:Click here to enter text. |
| Number of days of treatment the patient has left:Click here to enter text. |

Before requesting an alternative medicine, I have:

* Checked that a supply is NOT available from all the wholesalers the pharmacy uses
* Checked that local pharmacies do not have stock of the medicine
* Checked that the procedures for alternative supply outlined in the CPS document, Medicines Shortages Guidance is NOT appropriate.<https://www.cps.scot/drugtariff/shortages-information>
* Considered using the Community Pharmacy Urgent Supply PGD and decided that is NOT the appropriate course of action

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| **Suitable alternative medicines I have in stock include:**Click here to enter text. |
| Replacement prescription required?(select from drop down) | Choose an item. |
| **It remains the GPs responsibility to check the clinical appropriateness of the suggested alternative medicine.** |

**Please email to GP practice administration inbox.**

A list can be found at: <https://www.nhsborders.scot.nhs.uk/patients-and-visitors/our-services/pharmacies/community-pharmacy/general-practice-clinical-pharmacy-team/>