

**FORTH VALLEY ACUTE HOSPITALS  
PHARMACY SERVICES**

WS-S-719

Issue Date: Oct 06

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**REQUEST FOR AN UNLICENSED INDICATION / MEDICINE**

This form should be completed by the prescribing **CONSULTANT** when the drug is unlicensed or is a licensed drug being used for an unlicensed indication. This should be discussed with the clinical pharmacist for the appropriate clinical area and the form sent to Drug Information, Pharmacy Dept. A photocopy of this form should be filed by the pharmacist in the patient's notes.

**Parts A and B MUST be completed by the consultant.**

Part A : Patient Details

Patient Name/Details:	Reason for admission:
	Consultant:
	Clinical pharmacist:

Part B : Drug Details

Name(generic and proprietary):		
Form:	Strength:	Dose:
Indication:		
Reason why formulary product or licensed product is not suitable:		
a. Continuation:	b. Other:	

This medicine can be obtained but does not have a full product licence/does not have a product licence for this indication. Its use is restricted to **CONSULTANTS ONLY**.

Section 9 of the Medicines Act (1968) permits the use by Doctors of unlicensed medicines on a named patient basis. **A Doctor prescribing an unlicensed medicine does so entirely on his own responsibility** carrying the total burden of the patients welfare and may be called to justify his actions in the event of an adverse reaction. Prescribing this medicine may have medico-legal implications.

We take all possible steps to ensure the quality and safety of this medicine but it cannot be guaranteed. You must therefore decide whether the advantages outweigh the disadvantages of using it.

**Consultant:** I have read the above, and accept responsibility for the use of this medicine.

Date..... Consultant (PRINT).....Signature:.....

**Part C MUST be completed by the clinical pharmacist/pharmacy adviser.**

Part C : Pharmacy Use

Date of request:	
Drug Information:	
Clinical Pharmacist (please print name):	Clinical Pharmacist (signature):