

Request to use an unlicensed or off-label medicine

Declaration of Responsibility for Prescribing Unlicensed and Off-Label Medicines	
To:	
Specialty/Directorate	
Address/Site:	
You have asked the Pharmacy to supply: (give product details):	
For the treatment of - give patient details: (name/hospital no)	(patient label if available)
Ward/Clinic	
Tick Box	
This medicine can be obtained and/or supplied to this patient but the medicine does not have a UK Product Licence <input type="checkbox"/>	
This medicine has been prescribed off-label <input type="checkbox"/>	
As such Trust Policy restricts the initiation of such medicines to Consultants only.	
Prescribing this medicine may have legal implications. More detailed information is given in the Trust's Policy on The Use Of Off-Label and Unlicensed Medicinal Products.	
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/her own responsibility, and may be called upon to justify his/her actions in the event of an adverse reaction.	
Pharmacy will take all possible steps to ensure the quality and safety of unlicensed medicines, but it cannot be guaranteed. You must therefore decide whether the advantages outweigh the disadvantages of using this medicine. If you still wish to prescribe it, please complete the declaration below and return this form to Pharmacy.	
We cannot supply this medicine without your authorisation. Any subsequent request for this medicine for this patient prescribed by you will not require completion of a further request form. Please contact me if you need further information.	
Pharmacist:	Ext. no or Bleep contact: Date:
I have read the above, and accept responsibility for the use of the medicine under these terms. I authorise/do not authorise my junior staff to prescribe this unlicensed or off-label medicine on my behalf (<i>please delete as appropriate</i>) and will advise them of the need to complete a separate declaration of responsibilities accordingly I have informed the patient and or carer of the unlicensed/off label nature of this medicine and of the perceived risks and benefits of this treatment	
Consultant (please print clearly):	
Signature:	
Date:	