**Medication Unavailable: Alternative Request Form**

|  |  |  |
| --- | --- | --- |
| Patients Name & Address | NHS No | DOB |
| Attach label here |  |  |

We have received a request for medication that we cannot currently supply. The current available alternatives are listed below.

**Responsibility for choice of prescribed medication remains with the prescriber.**

|  |  |
| --- | --- |
| The following medication is currently not available: | An available alternative is: |
| Attach label here |  |
| Attach label here |  |

We confirm (in accordance with NHS England Guidance) that we have;

Asked our suppliers and others for this and checked other brands/pack sizes etc

Asked local pharmacies and none have stock either

If marketed by a single company, we have contacted the manufacturer and they are unable to supply wholesale to us for this patient

Informed the patient of the reason for the problem and offered them appropriate options. They have asked us to contact their GP to arrange an alternative

This is a temporary problem that will hopefully resolved by ………………………………………

This is a problem that is unlikely to be resolved

Other helpful prescribing information…………………………………………………………………………………………

**Signed: …………………………………………………………….. Date: ………………………………………………………….**