وزارة الصحة
Ministry of Health

Deputyship of Therapeutic Services وكالة الخدمات العلاجية

Request for Unlicensed/Unapproved Use of Medication

Please read carefully:

- This Form shall be filled along with an order or prescription to request the use of a formulary or non-formulary medication for an UNLICENSED/UNAPPROVED INDICATION; DOSE; DURATION OR AGE GROUP for the treatment of a patient who has failed/ has contraindication/is intolerant to existing approved therapeutic alternatives. Responsibility for the use of this medication lies within the prescriber.
- As for the Central Medication, please forward the approved request to Assistant Director of Therapeutic Services in Regional Directorate of Health Affairs to be submitted for final approval of the deputy minister for therapeutic affairs.
- The initial request must be accompanied by supportive evidence-based literature (with a minimum of case report or case series).
- Patient/guardian must be informed regarding the risk/benefits of the use of this medication by the treating physician and documentation in the medical record must be made.

Generic Name of Medication:			
Brand Name:			
Status of medication: ☐ Central Medication ☐ Regular Medication			
SPECIFIC DETAILS OF PATIENT			
Name:		Saudi ID:	
Age:	Weight (KG):	Sex:	Allergies:
Present Medical Problem(s):			
Patient Laboratory Data:			
Present Medication:			
Past Medical History/Drug History:			
Rationale for Using this Drug for this Patient (Please include information on previous treatment modalities which have failed):			
The use of medication has been discussed with patient/Guardian: ☐ Yes ☐ No			

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DRUG PROTOCOL			
Please provide specific information on how this drug will be used in this patient. The information should include the following:			
Dose:	Duration of therapy:	Frequency:	Route:
Therapeutic Monitoring Parameters:			
Adverse effects and their management:			
APPROVAL SIGNATORY SECTION			
Requesting Consultant:			
Name:	Signature	I.D. No.:	Date
Director Of Pharmacy:			
Name:	Signature	I.D. No.:	Date
Medical Director:			
Name:	Signature	I.D. No.:	Date
Review And Approved By Director Of Therapeutic In Reginal Assistant Directorate Of Health Affairs (For Central Medication)			
Name:	Signature	I.D. No.:	Date
Review And Approved By Deputy Minister For Therapeutic Affairs (For Central Medication)			
Name:	Signature	I.D. No.:	Date