

NON-BAD APPROVED UNLICENCED PRODUCT REVIEW FORM

All sections of the form must be completed before a non-approved product can be manufactured by a Production Unit.

Part A. Condition to be treated	

Part B. Drug Details	
Drug Name:	
Formulation /Strength	
Pack size	
Annual useage	

Part C. Justification for Request	
Continuation of established treatment	YES / NO
New treatment	YES / NO
Previous formulations used	
Reason why approved alternative unsuitable	
For novel treatment requests Clinical references / evidence supporting safety and effectiveness (copies attached)	
Comments	

Part D. Consultant Details	
Consultant Name	Hospital
Contact details (email/phone number)	Date

Part E. Pharmacy (Must be completed prior to manufacture)	
Pharmacy contact	
Contact details (email/phone number)	Date:
Comments	

Part F. BAD Review Group	
Final Outcome	Request Approved Yes / No
Comments	

Completed forms should be emailed to sbath@nhs.net on behalf of the BAD Unlicensed Product Review Group.