



**NORTHAMPTONSHIRE PRESCRIBING ADVISORY GROUP**  
 (Advising Medical, Pharmacy Practitioners and Non-Medical Prescribers  
 on prescribing across the county)

**THE SUPPLY OF UNLICENSED RELEVANT MEDICINAL  
 PRODUCTS FOR INDIVIDUAL PATIENTS**

Request for importation of unlicensed melatonin formulation

I confirm that an unlicensed melatonin preparation is required for the special clinical need of the patient whose prescription accompanies this request. The patient is aged less than 55 years of age.

The licensed melatonin preparation does not meet the needs of my patient with regard to the dosage form, strength or need for an immediate-release product.

Signature of Prescriber .....

Name in capitals .....

Date .....

Address of Hospital/Clinic/ .....  
 GP practice .....

Clinical need:  
 (ie why licensed product not suitable e.g. patient stabilised on unlicensed preparation or unable to swallow tablets)  
 .....  
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**MHRA Guidance Note No.14 Revised January 2008**  
<http://www.mhra.gov.uk/Howweregulate/Medicines/Importingandexportingmedicines/Importingunlicensedmedicines/index.htm>