

**Medicines Optimisation Team**  
**Prescribing Support Authorisation Form**  
**Electronic Repeat Dispensing (eRD)**

<b>Name of GP practice</b>	
<b>Name of authorising GP</b>	
<b>Date</b>	

This form provides authorisation for a Medicines Optimisation Team (MOT) Pharmacy Technician or Pharmacist to carry out searches to identify patients who have had monitoring and a medication review in the last 12 months for electronic repeat. Identified patients will have suitable medication reauthorised by the MOT pharmacy professional and an eRD will be issued for a minimum of three months. Maximum issue will be dependent on next review date

The Medicines Optimisation Team member(s) authorised to carry out this work will be working in accordance with the team's operating principles.

Please email this form back to [nwicb.medsqueries@nhs.net](mailto:nwicb.medsqueries@nhs.net) if it is not practical for this form to be completed, the GP prescribing lead or designated GP may provide an e mail providing consent for a project to start.

**Authorisation:**

I, Dr ..... (Practice Prescribing Lead GP or other designated GP)

Authorize..... *(add MOT member name here)*..... to carry out searches, identify appropriate patients, reauthorise medication and issue electronic repeat dispensing (eRD) batch prescriptions.

Signed.....Date.....

<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Status</b>	<b>Comment</b>
2.0	Dec 2023	Updated by Jen Carroll, TAG Lead Technician	Final	Format and accessibility checks in preparation for transfer to Knowledge NoW website. Content not reviewed. Review date amended to Dec 2024