



Patient Name:
Medical Record #
Location:

NON-FORMULARY DRUG REQUEST FORM

The policies of the Medical Staff’s Pharmacy and Therapeutic Committee require that this form be completed in full (including appropriate signature) before a non-formulary drug can be purchased and dispensed by the Pharmacy Department. Because it will be necessary to obtain the non-formulary drug from outside the hospital, there may be at least a 24-hour delay in obtaining such drugs. Therefore, an equivalent formulary drug should be considered and used whenever possible. All non-formulary requests are reviewed by the Pharmacy and Therapeutics Committee.

ALL REQUESTS MUST BE ACCOMPANIED BY A WRITTEN PRESCRIBER ORDER FORM

DATE and TIME: _____

DRUG NAME, DOSE, ROUTE, FREQUENCY: _____

CHECK ALL APPROPRIATE THERAPEUTIC REASONS WHY THIS AGENT IS NECESSARY:

- Patient is allergic or intolerant to formulary alternatives.
Elaborate: _____
- Patient failed to respond to formulary alternatives.
Elaborate: _____
- No formulary alternatives available.
Elaborate: _____
- Other: _____

I have been informed by (Pharmacist’s name) _____, RPh., of possibly formulary options to my non-formulary request and have determined that my non-formulary request is medically necessary for my patient. I am also aware of the possible delay in obtaining my non-formulary request.

Name of Prescriber: _____ Service: _____

Signature of Prescriber: _____ Pager: _____

Name of Attending Physician: _____

Signature of Attending Physician: _____

For Office Use Only:

Approved: _____ Not Approved: _____

Signature of Pharmacist: _____ Date/Time: _____

Date/Time NF Drug Ordered: _____ Date/Time NF Drug Received: _____