

REQUEST TO USE NON-FORMULARY DRUG



PROVIDERS: This form should be completed when it appears clinically necessary to prescribe a drug that is not included in the Department of Corrections formulary. This form may be printed and filled in manually. Use additional sheets if necessary.

Patient's Name: ACOMS #

Admit Date: Discharge Date:

GENERIC NAME(S)

PROPRIETARY NAME(S)

Prescribed dosage:

Anticipated Length of Treatment:

Diagnoses:

Comparable Drugs in Formulary: <input type="text"/>	Reason(s) why comparable drugs in formulary, if applicable, will not suffice: <input type="text"/>
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Other medications used by patient:

Allergies:

Institution: Requested by: Date:

Action by Pharmacist:

- Prescription filled
- Returned to prescriber today for completion of form
- Referred to clinical Director or Designee

Comments:

Signature of Pharmacist

Date:

Action by Clinical Director or Designee (if referred)

Comments:

- approved non-formulary request
- disapproved non-formulary request (notify prescriber today to choose a medication in the formulary)

Signature of Clinical Director or designee:

Date: