



Department of Pharmacy
NON-FORMULARY MEDICATION
REQUEST FORM

Please paste patient information label in this area

This form must be completed before the pharmacy can order and dispense a Non-Formulary drug.

1. The medication order must accompany this form.
2. Only attending physicians may initiate therapy with non-formulary drugs.
3. House staff may order non-formulary medications to continue treatment that was started prior to admission.
4. Non-formulary medications generally cost more than their formulary counterparts. A therapeutic equivalent may be available from the formulary. If you need assistance in selecting a formulary equivalent (other than what was recommended below), please call the pharmacy at 4-2680
5. Since non-formulary medications are obtained from outside sources, you CAN expect a DELAY of up to 24 hours before the drug is available.

Date of order: _____ Name of medication: _____

Dose: _____ Frequency: _____ Dosage form: _____

Expected duration of therapy: _____ Prescriber: _____

Reason why non-formulary medication is required:

You must indicate the clinical reason if a formulary therapeutic substitution is not appropriate for this patient:

Physicians signature: _____ Stamp:

↓ Pharmacy Use Only ↓

FORMULARY EQUIVALENTS RECOMMENDED

1

3

2

Pharmacists name