DSHS
WASHINGTON STATE Department of Social and Health Services

Behavioral Health and Habilitation Administration (BHHA)

Non-Formulary Drug Use Request

Date

Practitioner's Name	Facility	
Patient's Name	MRN	Ward
Non-Formulary Medication Ordered		Dose

I. Pharmacist to complete

Patient Safety Considerations

Formulary Alternative to Consider

1) 2)

Are any of the medications listed above included on the current **NIOSH List of Hazardous Drugs in Healthcare Settings, 2024** located at https://www.cdc.gov/niosh/docs/2025-103/default.html?

☐ Yes ☐ No If "Yes," contact Safety Pharmacist. If unavailable, contact Pharmacy Director / Supervisor.

II. Practitioner to complete

Psychiatric and/or Medical Diagnosis for the Requested Medication (please include any underlying disease status)

Expected Length of Therapy

Reason for Rejecting Formulary Alternative(s)

Requesting Practitioner's Signature Date

If Prescribed by Consultant: Name and Specialty

III. Pharmacist to complete

Check one: ☐ Approve ☐ Disapprove

Reason:

IV. Pharmacist Documentation / Notification

Pyxis / WellSky Administrators and Supply Technician notified: ☐ Yes ☐ No ☐ N/A

Charge Nurse notified of safety considerations (i.e., Proper PPE / Handling / Side Effects): ☐ Yes ☐ No ☐ N/A

Pharmacist's Signature Date

V. Medical Director / Designee / Supervisor: To be completed if disagreement between MD / Pharmacist exists

Check one: ☐ Approve ☐ Disapprove

Rationale:

Medical Director / Designee / Supervisor's Signature Date