

# Non-Formulary Drug Use Request

DATE

PHYSICIAN'S NAME	FACILITY	
PATIENT'S NAME	MRN	WARD
NON-FORMULARY MEDICATION ORDERED		DOSE

### I. Pharmacist to complete:

PATIENT SAFETY CONSIDERATIONS (SIDE EFFECTS / MONITORING NEEDS)

FORMULARY ALTERNATIVES TO CONSIDER

1) \_\_\_\_\_ 2) \_\_\_\_\_

Are any of the medications listed above included on the current **NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings** located at <https://www.cdc.gov/niosh/docs/2016-161/pdfs/2016-161.pdf>?

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

### II. Physician 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 PHYSICIAN'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