|  |  |  |
| --- | --- | --- |
|  | BEHAVIORAL HEALTH ADMINISTRATION (BHA)**Non-Formulary Drug Use Request** |  |
| DATE |
| PHYSICIAN’S NAME | FACILITY |
| PATIENT’S NAME | MRN | WARD |
| NON-FORMULARY MEDICATION ORDERED | DOSE |
| 1. **Pharmacist to complete:**
 |
| PATIENT SAFETY CONSIDERATIONS (SIDE EFFECTS / MONITORING NEEDS) |
| FORMULARY ALTERNATIVES TO CONSIDER1) 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. |
| 1. **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 |
| 1. **Pharmacist to complete:**
 |
| Check one: [ ]  Approve [ ]  DisapproveReason:  |
| 1. **Pharmacist Documentation / Notification**
 |
| Pyxis / WORx / CERNER Administrators and Supply Technician notified: [ ]  Yes [ ]  No [ ]  N/ACharge Nurse notified of safety considerations (i.e., Proper PPE / Handling / Side Effects): [ ]  Yes [ ]  No [ ]  N/A |
| PHARMACIST’S SIGNATURE DATE |
| 1. **Medical Director / Designee / Supervisor: to be completed if disagreement between MD / Pharmacist exists.**
 |
| Check one: [ ]  Approve [ ]  DisapproveRationale:  |
| MEDICAL DIRECTOR / DESIGNEE / SUPERVISOR’S SIGNATURE DATE |