

Request for Use of Non-Formulary Medication

All sections of this form must be completed by the individual making this request – not by another party and then signed by the physician. The completed form should then be forwarded to the Pharmacy Director to be assessed. Please attach applicable references/documentation to support this request.

Type of non-formulary use request: Inpatient, ambulatory

Generic Name _____

Trade Name/Manufacturer _____

Dosage Form _____

Drug Class or Action _____

Indications _____

Advantages this Medication has Over any Medication Currently on the Formulary and reason/rational for this request _____

Other Products on Formulary with Similar Action(s) _____

Studies reviewed comparing this medication to other medications on formulary:

Cost and Cost compared to other medications within the same medications category:

Reason for Non-Formulary Use Request:

- No medication of this type in formulary _____
- More effective than similar medications on formulary _____
- Less side and adverse effects than similar medications in formulary _____
- More cost effective than similar medications on formulary _____

I do not have financial conflict of interest with use request.

I do have financial conflict of interest with this use request

REQUESTED BY _____ DATE _____