

IREDELL MEMORIAL NON-FORMULARY REQUEST FORM

This form must be completed by the ordering physician and submitted to the Pharmacy Department (fax 704.878.7283) for each non-formulary medication requested for each patient.

Completion of this form does not constitute a request for addition of this medication to the formulary. The "Request For Formulary Addition" form must be completed by the physician, and the physician must provide a presentation at a Pharmacy and Therapeutics Committee meeting in order for the medication to be considered for formulary addition.

1. Patient name: _____

FIN: _____

2. Generic name: _____

3. Brand/trade name: _____

4. Dose and route: _____

5. Anticipate duration of therapy: _____

6. Indication: _____

7. Explanation of why a formulary agent is not acceptable in this patient: _____

Printed Name of Physician

Signature of Physician

Date requested