



NON-FORMULARY REQUEST FORM

This form must be completed by the ordering provider and submitted to the Pharmacy Department (fax 704.878.3590) 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 provider, and the provider 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 Provider

Signature of Physician

Date requested