



# Non-Formulary Medication Request Form (Patient-specific request)

|                |  |                     |  |
|----------------|--|---------------------|--|
| Requested by   |  | Phone               |  |
| Requested Date |  | Requesting Provider |  |

| Patient Information  |  |            |  |
|--|--|------------|--|
| Patient name (Last, First)                                       |  | FIN or MRN |  |
| Patient Location   |  |            |  |
| Patient Insurance  |  |            |  |
| Indication (ICD-10 preferred)                                    |  |            |  |
| Anticipated LOS / Therapy Duration (days)                        |  |            |  |
| Reason patient is unable to use formulary alternative medication |  |            |  |

| Non-Formulary Medication Information  |  |                        |  |
|---|--|------------------------|--|
| Medication and strength   |  |                        |  |
| Brand   |  |                        |  |
| Order Directions  |  |                        |  |
| Non-Formulary medication is not available from patient.<br>This is a "prior to admission" medication that patient will supply.<br>This is a new "post discharge" medication that patient will supply. |  |                        |  |
| Doses Required  |  | Reimbursement expected |  |
| Comments  |  |                        |  |

**Please fax completed form to Pharmacy: on-campus: x3590, off-campus: (704) 878 -7283**

| This Section for Pharmacy use                |  |
|--|--|
| placeholder for "Please forward to..." field |  |
| This request applies to case #               |  |