

**Bon Secours Richmond Health System  
Non-Formulary Request Form**

Patient Name \_\_\_\_\_ Medical Record Number \_\_\_\_\_ Rm. \_\_\_\_\_

Specific diagnosis of the disease being treated with this drug \_\_\_\_\_  
\_\_\_\_\_

Name of the drug \_\_\_\_\_

Dose \_\_\_\_\_ Route \_\_\_\_\_ Schedule \_\_\_\_\_

Duration (check one): \_\_\_ < 1 day \_\_\_ < 3 days \_\_\_ < 10 days \_\_\_ < 30 days \_\_\_ > 30 days

Compared to formulary items, is this medicine unique in class, structure, or indication? Yes / No

Is there something to prevent this patient from receiving a suitable formulary drug? Yes / No

- Patient requires the following route of delivery \_\_\_\_\_
- Patient experienced the following adverse reaction to formulary item \_\_\_\_\_
- Patient has failed response to formulary item. Formulary item that failed: \_\_\_\_\_
- Other reason, please explain: \_\_\_\_\_

I have been informed by (Pharmacist's name) \_\_\_\_\_ of possible formulary options to my non-formulary request and have determined that my non-formulary request is medically necessary for my patient. I am also aware of the possible delay in obtaining my non-formulary request.

Requester name (Print) \_\_\_\_\_ Date \_\_\_\_\_ Pager \_\_\_\_\_

Requester signature \_\_\_\_\_

Potential Conflict of Interest Disclosure Form must be completed and submitted with the Non-formulary request form.

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**FOR PHARMACY USE ONLY**

Pharmacist name \_\_\_\_\_ Date \_\_\_\_\_ Ext. \_\_\_\_\_

Was the physician called to clarify or change the non-formulary order? Yes / No  
(If yes, please document the action taken, the physician response, and any pertinent outcome.)  
\_\_\_\_\_  
\_\_\_\_\_

Actual number of doses dispensed \_\_\_\_\_

Signature of approving physician \_\_\_\_\_

Signature of the Director of Pharmacy \_\_\_\_\_

The Pharmacy and Therapeutics Committee has approved the following statement:  
“Drugs that are newly approved by the Food and Drug Administration are automatically given a Non-formulary status. Non-formulary items are not regularly stocked in the Pharmacy and procurement may be delayed. It is strongly recommended that an appropriate formulary item be selected whenever possible. To initiate a Non-formulary request, the requester must complete all items on this form. Upon approval of the request, the pharmacy will obtain and dispense the item.”