Washington State Department of Social & Health Services
Transforming lives

BEHAVIORAL HEALTH ADMINISTRATION (BHA)

Non-Formulary Drug Use Request

PHYSICIAN'S NAME		FACILITY	DATE
PATIENT'S NAME	MRN	WARD	
NON-FORMULARY MEDICATION ORDERED		DOSE	

I. Pharmacist to complete:

PATIENT SAFETY CONSIDERATIONS (SIDE EFFECTS / MONITORING NEEDS)

FORMULARY ALTERNATIVES TO CONSIDER

1) 2)

Are any of the medications listed above included on the current **NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings** located at https://www.cdc.gov/niosh/docs/2016-161/pdfs/2016-161.pdf?

☐ Yes ☐ No If "Yes," contact Safety Pharmacist. If unavailable, contact Pharmacy Director / Supervisor.

II. Physician to complete:

PSYCHIATRIC AND/OR MEDICAL DIAGNOSIS FOR THE REQUESTED MEDICATION (PLEASE INCLUDE ANY UNDERLYING DISEASE STATUS)

EXPECTED LENGTH OF THERAPY

REASON FOR REJECTING FORMULARY ALTERNATIVE(S)

REQUESTING PHYSICIAN'S SIGNATURE DATE

IF PRESCRIBED BY CONSULTANT: NAME AND SPECIALTY

III. Pharmacist to complete:

Check one: ☐ Approve ☐ Disapprove

Reason:

IV. Pharmacist Documentation / Notification

Pyxis / WORx / CERNER Administrators and Supply Technician notified: ☐ Yes ☐ No ☐ N/A

Charge Nurse notified of safety considerations (i.e., Proper PPE / Handling / Side Effects): ☐ Yes ☐ No ☐ N/A

PHARMACIST'S SIGNATURE DATE

V. Medical Director / Designee / Supervisor: to be completed if disagreement between MD / Pharmacist exists.

Check one: ☐ Approve ☐ Disapprove

Rationale:

MEDICAL DIRECTOR / DESIGNEE / SUPERVISOR'S SIGNATURE DATE