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|  | BEHAVIORAL HEALTH ADMINISTRATION (BHA)  **Non-Formulary Drug Use Request** | |  |
| DATE |
| PHYSICIAN’S NAME | | FACILITY | |
| PATIENT’S NAME | | MRN | WARD |
| NON-FORMULARY MEDICATION ORDERED | | | DOSE |
| 1. **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. | | | |
| 1. **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 | | | |
| 1. **Pharmacist to complete:** | | | |
| Check one:  Approve  Disapprove  Reason: | | | |
| 1. **Pharmacist Documentation / Notification** | | | |
| Pyxis / WellSky 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 | | | |
| 1. **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 | | | |