

Request For Non-Formulary
Drug

John Dempsey Hospital
University of CT Health
Center
Department of Pharmacy

Patient Name:

Date:

Time:

Drug Name:

Dosage Schedule:

Length of Therapy:

Justification for Use:

Formulary Drugs Tried or Suggested:

Required Signatures:

Attending Physician or
Order
Resident Physician

Pharmacist

Initial

Service or Division

Pharmacist Follow Up

Pharmacy Follow-up:

Has physician been contacted for pre-authorization of
high cost therapy?

NOTE:

2-3 days may be required to obtain a non-
formulary drug. All non-formulary requests will be
reviewed by the Pharmacy and Therapeutics
Committee.