Department of Corrections
WASHINGTON STATE

Offender Name:
DOC #:
Date of Birth:

REQUEST TO USE NON-FORMULARY DRUG (NFR)

Facility:

DO NOT THIN

PRACTITIONER
- DIAGNOSIS other than Level I in OHP will require CRC approval prior to submission of NFR. **- NFR will be returned if the answers to questions 1-4 are blank or if insufficient data is provided.** **- Fill out NFR electronically and email as an attachment to your local pharmacist designated by P&T Committee.**
Generic name: Brand name(s): Dosage form, strength, frequency:
Diagnosis(es) relevant to this request: Anticipated length of treatment:
1) Previous unsuccessful medication therapies including dosage, frequency, and duration: 2) Measures (objective if applicable) used to determine failure of first line agents: 3) Identify the benchmark or baseline (ie: functional deficit, lab values, ADLs, walking distance): 4) Identify objective measure or specific goal(s) trying to achieve: 5) Were relevant protocols, algorithms, or guidelines followed? ☐ Yes ☐ No ☐ N/A 6) Other explanation to support your request: a) Web address: b) Copy attached: ☐
Requested by (include title): Date of Request:
ACTION BY PHARMACY AND THERAPEUTICS COMMITTEE *A completed copy of this form must be placed in Legal section of patient's health record.*
A. Action: B. Comments: C. KOP vs. PLN recommendation:
Chairperson P&T Committee or Designee: Date of Response:

State law (RCW 70.02; RCW 70.24.105; RCW 71.05.390) and/or federal regulations (42 CFR Part 2; 45 CFR Part 164) prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.