

**APPENDIX I**

**NON-FORMULARY DRUG REQUEST FORM**

To: MAP Pharmacy Staff

Tel: (512) 978-8139 (Mon - Fri 8:00AM to 5:00PM)

Fax: (512) 901-9763

Request Date

Pages

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Prescriber Name

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Office Contact

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Tel

Fax

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Email

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Instructions:

1. Complete the Non-Formulary Drug Request Form to request evaluation for non-formulary medications and interim fills.
2. Use a separate form for each request. **Please attach any additional supporting documentation.**
3. Pharmacy staff will send a fax disposition back to the Office Contact Person.

***MEMBER INFORMATION***

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Patient Name

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Member ID

DOB

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Phone

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***REQUESTED MEDICATION INFORMATION***

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Medication Name

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Instructions

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Dose

Duration

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***PREVIOUS MEDICATION THERAPIES FOR CONDITION*** (Fax progress notes)

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Medication 1

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Reason for Change

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Medication 2

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Reason for Change

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Medication 3

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Reason for Change:

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