



Hansen’s Disease Program Non-Formulary Medication Order Form

For medications not listed in the HD formulary: fill out the following information, place in patient’s medical record, and send to the DSHS Hansen’s Disease Nurse Administrator before requesting medication from the DSHS pharmacy. Include the following information (if emailing, do not use PII/PHI):

Name of Patient:

DOB:

Status:

HD Type:

Name of medication requested:

Dosage:

Route:

Frequency:

Expected duration:

Rationale for why this medication is requested - (*may attach progress note*)**

Physician name:

Physician signature:

Date:

***In order for the DSHS HD program to order non-formulary medications for patients in the HD program, there must be a justification explaining the direct relation to either Hansen’s disease, sequelae of the disease including reaction, or side effects to the medications prescribed for the treatment of HD or its complications. A physician note is required for this justification. If approved by the DSHS HD Program, contact DSHS pharmacy to order the medication.*