

# J&S Non-Formulary Pre-Approval Request

(Fax Completed form to 405-962-6102)

## To be completed by Jail Administrator: (please print)

County: \_\_\_\_\_ County Sheriff: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Offender Name: \_\_\_\_\_

Certified J&S Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Diamond County Code: \_\_\_\_\_

Are there any pending cases or holds from another jurisdiction?: \_\_\_\_\_

Is this offender in your county on a writ?: \_\_\_\_\_

## To be completed by Health Care Provider: (please print)

Prescribing Provider: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Patient/Offender Name: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Non-formulary medication requested: \_\_\_\_\_

Justification for non-formulary medication: (please attach additional information if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you reviewed the DOC formulary for an alternative to the requested medication?: \_\_\_\_\_

Formulary: <https://www.ok.gov/doc/documents/OK%20DOC%20Formulary%20FEB%202016%20-%20202.pdf>

Signature of Prescribing Provider: \_\_\_\_\_

## To be completed by DOC Medical Services:

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Reason for denial: \_\_\_\_\_

\_\_\_\_\_

Signature of approving authority: \_\_\_\_\_