

J&S Non-Formulary Pre-Approval Request

(Fax completed form to (405) 425-2911)

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: _____