

# For Physician's Office - Injectable Drug Request Form

Fax non-urgent requests to PerformRx Pharmacy Services at **866-369-6041** or urgent requests to **866-533-5497**. Urgent requests should be reserved for those situations in which applying the standard procedure may seriously jeopardize the enrollee's life, health, or ability to regain maximum function. To speak to a representative, call **866-369-6037**. **Form must be completed for processing.**



Patient's Name: \_\_\_\_\_ Plan ID#: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt # or Suite #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs = \_\_\_\_\_ Kg Birth Date: \_\_\_\_\_  
 Physician's Name: \_\_\_\_\_ NPI #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt # or Suite #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E Mail: \_\_\_\_\_

Is the member/patient currently residing in a Long-Term Care (LTC) facility? (please check)  Yes  No

To be Administered from (on): \_\_\_\_\_ to \_\_\_\_\_  
 Drug Name: \_\_\_\_\_ Item # (see below): \_\_\_\_\_  
 Sig (How Administered): \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_ ICD-9 Diagnosis Code: \_\_\_\_\_  
 Justification for use (add attachment if necessary) \_\_\_\_\_

Please Deliver to:  Physician's Office  Other \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Antibiotics	GCNs	Antibiotics	GCNs
#1 Ampicillin Sodium 500mg vial, 1s	39245	#24 Tobramycin 10mg/mL, 30mL, vial, 10s	41185
#2 Ampicillin Sodium 1g vial, 1s	39240	#25 Vancomycin HCl 500mg vial, 10s	41280
#3 Ampicillin Sodium 2g vial, 1s	39243	#26 Vancomycin HCl 1g vial, 10s	41281
#4 Ampicillin Sodium 250mg vial, 1s	39244	<b>Steroids</b>	
#5 Bicillin LA 300,000u/ml 10mL vial, 1s	38940	#27 Aristospan Parenteral 20mg/mL, 1mL vial, 1s	27560
#6 Bicillin LA 1.2mu/2mL syringe, 10s	50463	#28 Aristospan Intralesional 5mg/mL, 5mL vial, 1s	27562
#7 Bicillin LA 2.4mu/4mL syringe, 10s	50473	#29 Celestone Soluspan 3-3mg/mL, 5mL vial, 1s	82300
#8 Bicillin C-R 1.2mu/2mL syringe, 10s	82782	#30 Decadron LA 8mg/mL, 1mL vial, 1s	27280
#9 Bicillin C-R 2.4mu/4mL syringe, 10s	82783	#31 Methylprednisolone Acetate 40mg/mL, 1mL vial, 1s	27003
#10 Cefazolin Sodium 500mg vial, 1s	39908	#32 Methylprednisolone Acetate 80mg/mL, 1mL vial, 1s	27006
#11 Cefazolin Sodium 1g vial, 10s	39621	#33 Methylprednisolone Sod. Suc. 40mg/mL, 1mL vial, 1s	27032
#12 Gentamycin 10mg/ml, 2mL vial, 25s	41130	#34 Triamcinolone Acetonide 40mg/ml, 1mL, vial, 1s	27452
#13 Gentamycin 40mg/mg, 2mL vial, 25s	41132	<b>Hormones</b>	
#14 Gentamycin 40mg/mL, 20 mL vial, 10s	41132	#35 Depo-Testosterone 100mg/mL, 10mL vial, 1s	10191
#15 Pen G Potassium 5mu/ vial, 10s	38804	#36 Depo-Testosterone 200mg/mL, 1mL vial, 1s	10194
#16 Pen G Procaine 600000mu/1mL syringe	15937	#37 Depo-Estradiol 5mg/mL, 5mL vial, 1s	10660
#17 Pen G Procaine 1.2mu/2mL syringe	15938	<b>Arthritis Treatment</b>	
#18 Ceftriaxone 250mg vial, 10s	39960	#38 Methotrexate Sodium 25mg/mL, 2mL vial, 1s	38466
#19 Ceftriaxone 500mg vial, 10s	39961	<b>Miscellaneous</b>	
#20 Ceftriaxone 1g vial, 10s	39962	#39 Calcitonin Salmon 200mcg/mL, 2mL vial, 2s	26431
#22 Ceftriaxone 2mg vial, 10s	39963	#40 Cyanocobalamin 1000mg/mL, 1mL, vial, 25s	94594
#23 Tobramycin 40mg/mL, 2mL, vial, 10s	41185	#41 Dicyclomine 10mg/mL, 2mL Ampul, 5s	19290
#42 Other (write in):			