

Physician Request Form for Patient Self-Administered Injectable and Specialty Drugs

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 Name: _____ Plan ID#: _____
 Address: _____ Apt # or Suite #: _____
 City: _____ State: _____ Zip Code: _____
 Phone #: _____ Height: _____ Weight: _____ lbs = _____ Kg Birth Date: _____

Physician 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: _____ to _____ or on: _____
 Drug Name: _____ Item # (see below): _____
 Sig (How Administered): _____
 Diagnosis: _____ ICD-9 Diagnosis Code: _____
 Justification for Drug Use (Add Attachment if Necessary): _____

Deliver to:
 Patient's Home Physician's Office Patient Filling at Local Pharmacy (Name): _____ Phone: _____ E Mail: _____
 Physician Signature: _____ Date: _____

Anticoagulants	Preferred NDCs	GCNs	Pulmonary Drugs
Heparin Sodium Does Not require prior Authorization			#23 Pulmozyme 1 mg/mL 2.5mL Neb-Ampul 30s 50242-0100-40 27200
#1 Heparin Sodium			#24 Tobi 300mg/5mL 5mL Neb-Ampul, 1s 63430-0065-01 61551
Dose:	Sig:		Multiple Sclerosis Treatments
#2 Fragmin 2,500U/0.2mL	syringe, 10s	00013-2406-91 63488	Indicate Type of MS
#3 Fragmin 5,000U/0.2mL	syringe, 10s	00013-2426-91 63431	<input type="checkbox"/> Relapsing Remitting
#4 Fragmin 7,500U/0.3mL	syringe, 10s	00013-2426-01 94116	<input type="checkbox"/> Secondary Progressive with Relapses
#5 Fragmin 10,000U/1mL	syringe, 10s	00013-5190-01 95075	<input type="checkbox"/> Primary Progressive
#6 Fragmin 2,500U/mL	vial, 3.8mL	00013-5191-01 95776	#25 Avonex 30 mcg/1.1mL, 1.1 mL vial, kit, 4s 59627-0001-03 23230
#7 Fragmin 10,000U/mL	vial, 9.5mL	00013-2436-06 63731	#26 Betaseron 0.3 mg/3mL, 3 mL vial, 15s 50419-0521-15 70023
#8 Lovenox 30mg/0.3mL	syringe, 10s	00075-0624-30 00420	#27 Copaxone 20 mg/2mL, 2 mL vial, kit, 32s 00088-1150-03 16431
#9 Lovenox 40mg/0.4mL	syringe, 10s	00075-0620-40 70022	Miscellaneous
#10 Lovenox 60mg/0.6mL	syringe, 10s	00075-0621-60 62771	Cyanocobalamin DOES NOT require prior authorization
#11 Lovenox 80mg/0.8mL	syringe, 10s	00075-0622-80 62772	#28 Cyanocobalamin 1000mcg/mL, 10mL vial, 1s 00517-0032-25 94594
#12 Lovenox 100mg/1mL	syringe, 10s	00075-0623-00 62773	#29 Other (write in):
#13 Lovenox 120mg/0.8mL	syringe, 10s	00075-2912-01 42091	REBIF :
#14 Lovenox 150mg/1mL	syringe, 10s	00075-2915-01 42071	
#15 Lovenox 100mg/1mL	vial, 3.0mL	00075-0626-03 96334	
Hormones			
#16 Depo-Testosterone 100 mg/mL	10 mL vial, 1s	00009-0347-02 10191	
#17 Depo-Testosterone 200 mg/mL	10 mL vial, 1s	00009-0417-02 10194	
#18 Depo-Estradiol 5 mg/mL	5 mL vial, 1s	00009-0271-01 10660	
#19 Estrone 2 mg/mL	30 mL vial, 1s	00536-5501-75 10824	
#20 Estrone 5 mg/mL	10mL vial, 1s	00418-0301-10 10828	
#21 Deca-Durabolin 100 mg/mL	2mL vial, 1s	00052-0697-02 10580	
#22 Deca-Durabolin 200mg/mL	2mL vial, 1s	00052-0698-01 10582	

Avonex, Betaseron, Copaxone, Hormones, Pulmozyme: initial 30 days supply & 5 refills allowed. All other medications must be requested monthly.