

Physician Chemotherapy Drug Request Form

Fax non-urgent requests to PerformRx Pharmacy Services at **877-693-8280** or urgent requests to **877-693-8476**. Urgent requests should be reserved for situations in which the standard procedure may seriously jeopardize the enrollee's life, health, or ability to regain maximum function. To speak to a representative, call **800-578-0898**. *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 #: _____

Drug to be administered from (on): _____ to _____
 Diagnosis: _____ ICD-9 Diagnosis Code: _____
 **Justification (Add attachment if necessary) _____

Deliver to: Physician's Office Patient's Address Other Location: _____
 Physician Signature: _____ Date: _____
 LTC member Yes No, Date Admitted _____

Premedications							
Cimetidine	mg IV Q	X	Day(s) or Dose(s)	Etoposide	mg IV Q	X	Day(s) or Dose(s)
Dexamethasone	mg IV Q	X	Day(s) or Dose(s)	Fludarabine	mg IV Q	X	Day(s) or Dose(s)
Diphenhydramine	mg IV Q	X	Day(s) or Dose(s)	Fluorouracil	mg IV Q	X	Day(s) or Dose(s)
Ranitidine	mg IV Q	X	Day(s) or Dose(s)	Gemcitabine	mg IV Q	X	Day(s) or Dose(s)
Antiemetics				Ifosfamide			
Dolasetron	mg IV Q	X	Day(s) or Dose(s)	Irinotecan	mg IV Q	X	Day(s) or Dose(s)
Metoclopramide	mg IV Q	X	Day(s) or Dose(s)	Methotrexate	mg IV Q	X	Day(s) or Dose(s)
Ondansetron	mg IV Q	X	Day(s) or Dose(s)	Mitomycin	mg IV Q	X	Day(s) or Dose(s)
Prochlorperazine	mg IV Q	X	Day(s) or Dose(s)	Mitoxantrone	mg IV Q	X	Day(s) or Dose(s)
Chemotherapy/Adjuvant Agents				Paclitaxel			
Amifostine	mg IV Q	X	Day(s) or Dose(s)	Pamidronate	mg IV Q	X	Day(s) or Dose(s)
Bleomycin	mg IV Q	X	Day(s) or Dose(s)	Rituximab	mg IV Q	X	Day(s) or Dose(s)
Carboplatin	mg IV Q	X	Day(s) or Dose(s)	Thiotepa	mg IV Q	X	Day(s) or Dose(s)
Carmustine	mg IV Q	X	Day(s) or Dose(s)	Topotecan	mg IV Q	X	Day(s) or Dose(s)
Cisplatin	mg IV Q	X	Day(s) or Dose(s)	Vinblastine	mg IV Q	X	Day(s) or Dose(s)
Cyclophosphamide	mg IV Q	X	Day(s) or Dose(s)	Vincristine	mg IV Q	X	Day(s) or Dose(s)
Cytarabine	mg IV Q	X	Day(s) or Dose(s)	Vinorelbine	mg IV Q	X	Day(s) or Dose(s)
Dacarbazine	mg IV Q	X	Day(s) or Dose(s)	Interferons			
Docetaxel	mg IV Q	X	Day(s) or Dose(s)	Interferon alfacon-1	µg SCQ	Day(s) or times weekly	X Weeks
Doxorubicin	mg IV Q	X	Day(s) or Dose(s)	Interferon alfa-2A	IU SCQ	Day(s) or times weekly	X Weeks

Other/Hydration: _____