

For Physician's Office - Injectable 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'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 #: _____

To be Administered from (on): _____ to _____ LTC member Yes No, Date Admitted _____

Drug Name: _____ Item # (see below): _____

Sig (How Administered): _____

Diagnosis: _____ ICD-9 Diagnosis Code: _____

Justification for use (add attachment if necessary) _____

Please Check for Delivery to Physician's Office or Other Location. *Form is for Drug(s) to be Administered only in Physician's Office.*

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 | Steroids | | | | |
| #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 | Hormones | | | | |
| #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 | Arthritis Treatment | | | | |
| #18 | Ceftriaxone | 250mg | vial, 10s | 39960 | #38 | Methotrexate Sodium | 25mg/mL, 2mL vial, 1s | 38466 | |
| #19 | Ceftriaxone | 500mg | vial, 10s | 39961 | Miscellaneous | | | | |
| #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): | | | | | | | | | |