

Physician Request Form for Patient Self-Administered Injectable and Specialty Drugs
 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: _____ Patient 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: _____ to _____ or on: _____

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

Sig (How Administered): _____

Diagnosis: _____ ICD-9 Diagnosis Code: _____

Justification for Drug Use (Add Attachment if Necessary): _____

Please Check if Patient is Filling at Their Local Pharmacy; or If You Desire PerformRx Pharmacy Services to Arrange Home Delivery, or Physician Delivery (for Patient Instruction)

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

LTC member Yes No, Date Admitted _____

Physician Signature: _____ Date: _____

Anticoagulants	GCNs	Multiple Sclerosis Treatments
#1 Fragmin 2,500U/0.2mL syringe, 10s	63488	Indicate Type of MS
#2 Fragmin 5,000U/0.2mL syringe, 10s	63431	<input type="checkbox"/> Relapsing Remitting
#3 Fragmin 7,500U/0.3mL syringe, 10s	94116	<input type="checkbox"/> Secondary Progressive with Relapses
#4 Fragmin 10,000U/1mL syringe, 10s	95075	<input type="checkbox"/> Primary Progressive
#5 Fragmin 2,500U/mL vial, 3.8mL	95776	#24 Copaxone 20 mg/2mL, 16431
#6 Fragmin 10,000U/mL vial, 9.5mL	63731	#25 Rebif 22mcg 15914
#7 Lovenox 30mg/0.3mL syringe, 10s	00420	#26 Rebif 44mcg 15918
#8 Lovenox 40mg/0.4mL syringe, 10s	70022	#27 Rebif Titration Pack 24286
#9 Lovenox 60mg/0.6mL syringe, 10s	62771	#28 Other (write in):
#10 Lovenox 80mg/0.8mL syringe, 10s	62772	
#11 Lovenox 100mg/1mL syringe, 10s	62773	
#12 Lovenox 120mg/0.8mL syringe, 10s	42091	
#13 Lovenox 150mg/1mL syringe, 10s	42071	
#14 Lovenox 100mg/1mL vial, 3.0mL	96334	
#15 Arixtra 2.5mg/0.5ml syringe, 10s	15494	
#16 Arixtra 5mg/0.4ml syringe, 10s	23775	
#17 Arixtra 7.5mg/0.6ml syringe, 10s	23776	
#18 Arixtra 10mg/0.8ml syringe, 10s	23777	
Hormones		
#19 Depo-Testosterone 100 mg/mL	10191	
#20 Depo-Testosterone 200 mg/mL	10194	
#21 Depo-Estradiol	10660	
Pulmonary Drugs		
#22 Pulmozyme 1 mg/mL 2.5mL Neb-Ampul 30s	27200	
#23 Tobi 300mg/5mL 5mL Neb-Ampul, 1s	61551	

