

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

Fax to Keystone Mercy Pharmacy Services at 215-937-5018, or to speak to a representative call **800-588-6767**. Form must be completed for processing.

Patient Name: _____ Keystone Mercy 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: _____

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: | | | Multiple Sclerosis Treatments |
| #2 Fragmin 2,500U/0.2mL | syringe, 10s | 62856-0250-10 63488 | Indicate Type of MS |
| #3 Fragmin 5,000U/0.2mL | syringe, 10s | 62856-0500-10 63431 | <input type="checkbox"/> Relapsing Remitting |
| #4 Fragmin 7,500U/0.3mL | syringe, 10s | 62856-0750-10 94116 | <input type="checkbox"/> Secondary Progressive with Relapses |
| #5 Fragmin 10,000U/1mL | syringe, 10s | 62856-0101-10 95075 | <input type="checkbox"/> Primary Progressive |
| #6 Fragmin 2,500U/mL | vial, 3.8mL | 62856-0251-01 95776 | #25 Copaxone 20 mg/2mL, 2 mL vial, kit, 32s 00088-1150-03 16431 |
| #7 Fragmin 10,000U/mL | vial, 9.5mL | 62856-0102-01 63731 | #26 Rebif 22mcg 0.5 syringe 44087-0022-03 15914 |
| #8 Lovenox 30mg/0.3mL | syringe, 10s | 00075-0624-30 00420 | #27 Rebif 44mcg 0.5 syringe 44087-0044-03 15918 |
| #9 Lovenox 40mg/0.4mL | syringe, 10s | 00075-0620-40 70022 | #28 Rebif Titration Pack 44087-8822-01 24286 |
| #10 Lovenox 60mg/0.6mL | syringe, 10s | 00075-0621-60 62771 | Miscellaneous |
| #11 Lovenox 80mg/0.8mL | syringe, 10s | 00075-0622-80 62772 | Cyanocobalamin DOES NOT require prior authorization |
| #12 Lovenox 100mg/1mL | syringe, 10s | 00075-0623-00 62773 | #29 Cyanocobalamin 1000mcg/mL, 10mL vial, 1s 00517-0032-25 94594 |
| #13 Lovenox 120mg/0.8mL | syringe, 10s | 00075-2912-01 42091 | #30 Other (write in): |
| #14 Lovenox 150mg/1mL | syringe, 10s | 00075-2915-01 42071 | |
| #15 Lovenox 100mg/1mL | vial, 3.0mL | 00075-0626-03 96334 | |
| #16 Arixtra 2.5mg/0.5ml | syringe, 10s | 00007-3230-02 15494 | |
| #17 Arixtra 5mg/0.4ml | syringe, 10s | 00007-3232-02 23775 | |
| #18 Arixtra 7.5mg/0.6ml | syringe, 10s | 00007-3234-11 23776 | |
| #17 Arixtra 10mg/0.8ml | syringe, 10s | 00007-3236-11 23777 | |
| 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 | |