Today's date ____________________

Date medication needed ___________

Direct Ship Injectables Request Form

Please use this form for non-infusion injectable drugs covered under the medical benefit. If your request is for botulinum toxins, Makena™, Stelara®, Synagis®, viscosupplementation (e.g., Synvisc®, Euflexxa®), Prolia®, Xgeva® or Xolair®, please use a drug-specific form.

Patient information (please print)

Patient name __________________________ Patient ID # ____________________________________

Address ______________________________ City, state, ZIP __________________________________

Telephone # __________________________ Date of birth _________Height _______ Weight _____

Upon approval, delivery is available by completing the section below.

☐ **N/A – No delivery requested, authorization only — physician will use office supply**

☐ **Delivery requested (indicate where medication should be delivered: ❍ Physician's office ❍ Patient's home)**

Physician information

Physician's name (please print) ___________________________________ NPI _______________

Office contact _____________________________ Contact telephone #______________________

Address____

City ____________________________________ State _________________ ZIP ______________________

Office telephone # __________________________ Office fax # ___________________________________

Prescribed drug/Statement of medical necessity

Prescribed drug name _______________________ Strength _________________

Sig____

Dispense quantity ____________________________ Refills* ___________________________________

Diagnosis ____ ICD-9 code ________________________

Comments or pertinent medical history ____

Prescription options: ❒ Substitution permissible ❒ Dispense as written

Physician signature

____

**A new form is not needed for each refill. Refills will be coordinated by the injectable distributor.*

Fax completed form to 215-761-9165. Your office will receive a response by fax within two business days.

11/2013 INJ-001