

Direct Ship Injectables Request Form For AmeriHealth members

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

Today's date _____

Date medication needed _____

Member information

Member name _____

Member ID # _____ Date of birth ____/____/____ Sex: Male Female

Address _____

City _____ State _____ ZIP _____

Day telephone # _____ Evening telephone # _____

Deliver drug to: Physician's office Member's home N/A – Authorization only for office supply

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 _____ Date _____

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.