



**Specialty Pharmacy Program  
Prescription Order Form  
Phone: 888-773-7376  
Fax: 866-239-5502**



**Patient Information**

Last Name	First Name	Home Phone Number ( )	Work Phone Number ( )
Parent / Guardian (for minors)			
Home Address			
City	State	Zip	
Social Security Number (patient)		Date of Birth (patient)	

**Physician Information**

Today's Date	Date Needed:		
Physician's Name (please print)	Practice Name		
Address	City	State	Zip
Phone Number ( )	Fax Number ( )		
Office Contact			

**Insurance Information**

Primary Insurance Company <b>Neighborhood Health Plan</b>	Phone ( )	Name of Insured / SSN	Employer Name / ID Number	Group Number
Secondary / Supplemental Insurance Company	Phone ( )	Name of Insured / SSN	Employer Name / ID Number	Group Number

**Special Instructions**

Special Instructions (Non-English Speaking Patients, etc.)	Instruction: <input type="checkbox"/> Self-Injected <input type="checkbox"/> Doctor's Office <input type="checkbox"/> Home Health Agency
Patient's Current Weight _____ Allergies _____	
Delivery Instructions: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Physician Office <input type="checkbox"/> Other _____	
Shipping Address (If different from above): _____	
Statement of Medical Necessity : Primary Diagnosis: _____ ICD 9 Code: _____	
Other Treatments Tried and Failed: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list _____	

**Medications**

Medication: _____	Medication: _____
Direction of Use: _____	Direction of Use: _____
Quantity: _____ Refill x _____ month(s)	Quantity: _____ Refill x _____ month(s)

**PHYSICIAN SIGNATURE REQUIRED TO VALIDATE PRESCRIPTIONS**

Physician's Signature: \_\_\_\_\_ UPIN # / DEA \_\_\_\_\_

**INTERCHANGE IS MANDATED UNLESS THE PRACTITIONER WRITES THE WORDS "NO SUBSTITUTION"**

## Neighborhood Health Plan Specialty Pharmacy Program

CuraScript Pharmacy, Inc. is a specialty pharmacy provider contracted with Neighborhood Health Plan to provide selected specialty medications to Neighborhood Health Plan members and providers.

### MEDICATIONS TO BE OBTAINED THROUGH CURASCRIPT PHARMACY, INC.

Aldurazyme	Depo-Testosterone	Intron A	Procrit*
Alferon N	Eligard	Kineret <sup>PA</sup>	Protropin <sup>PA</sup>
Amevive <sup>PA</sup>	Enbrel <sup>PA</sup>	Leukine	Pulmozyme
Aranesp	Epogen	Lovenox*	Raptiva <sup>PA</sup>
Arixtra*	Euflexxa	Lupron*	Rebetol
Avonex	Fabryzyme	Lupron Depot	Rebif
Betaseron	Fragmin	Methotrexate*	Remicade <sup>PA</sup>
Botox <sup>PA</sup>	Genotropin <sup>PA</sup>	Neulasta*	Ribavirin
Calcijex	Gentamycin*	Neupogen*	Roferon A
Cerezyme	Geref	Norditropin <sup>PA</sup>	Saizen <sup>PA</sup>
Copaxone	Heparin*	Nutropin AQ/Depot <sup>PA</sup>	Sandostatin/LAR
Cyanocobal*	Hyalgan	Pamidronate	Synvisc
Delatestryl	Humatrope <sup>PA</sup>	Pegasys & Copegus	Trelstar LA/Depot
Depo-Provera*	Humira <sup>PA</sup>	Peg Intron	Zavesca
	Infergen		Zoladex
	Innohep		

<sup>PA</sup> -- Prior Authorization Required

\* -- Available via CuraScript or a participating retail pharmacy

### HOW TO ORDER SPECIALTY MEDICATIONS THROUGH CURASCRIPT PHARMACY, INC.

#### Ordering Procedure

1. Physician's office contacts CuraScript by telephone at 888-773-7376 or by completing and faxing the reverse side of this form to 866-239-5502.\*\*
2. If the medication requires prior authorization, CuraScript will obtain the necessary information and contact Neighborhood Health Plan for the approval to dispense and bill.
3. Upon verification of eligibility, the medication and accompanying supplies will be shipped to the requested location (physician or patient) within the requested timeframe so that therapy can begin or continue as needed.

\*\*Only the physician's office can call or fax the prescription order.

#### Patient Counseling Services

Before dispensing a new prescription, a CuraScript pharmacist will discuss the medication therapy with the patient, if appropriate.

#### Medication & Supply Delivery

- Based on the date needed, all medications will be shipped as soon as the next day to the physician's office or the patient's home, office or other United States destination.
- Medications will be shipped with all required supplies (needles, syringes and sharps kits) at no additional charge.
- Medications requiring a nurse will be coordinated with the patient and/or home care agency to ensure that the necessary medication arrives in time for the nurse's arrival to the patient's home.

#### **CONTACT INFORMATION**

CuraScript Pharmacy Phone 1-888-773-7376  
CuraScript Pharmacy Fax 1-866-239-5502