

Compound Prescription Claim Form

Number of compound prescriptions you are submitting for reimbursement: _____

1. A compound prescription must contain more than one ingredient.
2. List the VALID 11-digit NDC number for each ingredient used in the compound prescription.
3. List the ingredient names for each NDC.
4. Indicate the "metric quantity" (for example – expressed in number of tablets, grams, or milliliters) for each ingredient NDC number.
5. Indicate the cost for each ingredient (dollar amount).

Compound Prescription 1	Pharmacy Name:	Date Filled (MM/DD/YY) □□ / □□ / □□	Prescription (Rx) Number □□□□□□□□□□□□
	DRUG NAME: _____		
	National Drug Code (NDC Number) □□□□□ - □□□□□ - □□	Metric Quantity □□□□□□□□□□	Cost □□□□□□□.□□
	DRUG NAME: _____		
	National Drug Code (NDC Number) □□□□□ - □□□□□ - □□	Metric Quantity □□□□□□□□□□	Cost □□□□□□□.□□
	DRUG NAME: _____		
	National Drug Code (NDC Number) □□□□□ - □□□□□ - □□	Metric Quantity □□□□□□□□□□	Cost □□□□□□□.□□
DRUG NAME: _____			
National Drug Code (NDC Number) □□□□□ - □□□□□ - □□	Metric Quantity □□□□□□□□□□	Cost □□□□□□□.□□	
DRUG NAME: _____			
SUMMARY FOR COMPOUND PRESCRIPTION 1		Total Metric Quantity □□□□□□□□□□	Total Cost □□□□□□□.□□
Compound Prescription 2	Pharmacy Name:	Date Filled (MM/DD/YY) □□ / □□ / □□	Prescription (Rx) Number □□□□□□□□□□□□
	DRUG NAME: _____		
	National Drug Code (NDC Number) □□□□□ - □□□□□ - □□	Metric Quantity □□□□□□□□□□	Cost □□□□□□□.□□
	DRUG NAME: _____		
	National Drug Code (NDC Number) □□□□□ - □□□□□ - □□	Metric Quantity □□□□□□□□□□	Cost □□□□□□□.□□
	DRUG NAME: _____		
	National Drug Code (NDC Number) □□□□□ - □□□□□ - □□	Metric Quantity □□□□□□□□□□	Cost □□□□□□□.□□
DRUG NAME: _____			
National Drug Code (NDC Number) □□□□□ - □□□□□ - □□	Metric Quantity □□□□□□□□□□	Cost □□□□□□□.□□	
DRUG NAME: _____			
SUMMARY FOR COMPOUND PRESCRIPTION 2		Total Metric Quantity □□□□□□□□□□	Total Cost □□□□□□□.□□

Compound Prescription Claim Form (continued)

Compound Prescription 3	Pharmacy Name:	Date Filled (MM/DD/YY) □□ / □□ / □□	Prescription (Rx) Number □□□□□□□□□□□□□□
	DRUG NAME: _____		
	National Drug Code (NDC Number) □□□□□ - □□□□□ - □□□	Metric Quantity □□□□□□□□□□	Cost □□□□□□□.□□□
	DRUG NAME: _____		
	National Drug Code (NDC Number) □□□□□ - □□□□□ - □□□	Metric Quantity □□□□□□□□□□	Cost □□□□□□□.□□□
	DRUG NAME: _____		
	National Drug Code (NDC Number) □□□□□ - □□□□□ - □□□	Metric Quantity □□□□□□□□□□	Cost □□□□□□□.□□□
DRUG NAME: _____			
National Drug Code (NDC Number) □□□□□ - □□□□□ - □□□	Metric Quantity □□□□□□□□□□	Cost □□□□□□□.□□□	
SUMMARY FOR COMPOUND PRESCRIPTION 3			
	Total Metric Quantity □□□□□□□□□□	Total Cost □□□□□□□.□□□	

Compound Prescription 4	Pharmacy Name:	Date Filled (MM/DD/YY) □□ / □□ / □□	Prescription (Rx) Number □□□□□□□□□□□□□□
	DRUG NAME: _____		
	National Drug Code (NDC Number) □□□□□ - □□□□□ - □□□	Metric Quantity □□□□□□□□□□	Cost □□□□□□□.□□□
	DRUG NAME: _____		
	National Drug Code (NDC Number) □□□□□ - □□□□□ - □□□	Metric Quantity □□□□□□□□□□	Cost □□□□□□□.□□□
	DRUG NAME: _____		
	National Drug Code (NDC Number) □□□□□ - □□□□□ - □□□	Metric Quantity □□□□□□□□□□	Cost □□□□□□□.□□□
DRUG NAME: _____			
National Drug Code (NDC Number) □□□□□ - □□□□□ - □□□	Metric Quantity □□□□□□□□□□	Cost □□□□□□□.□□□	
SUMMARY FOR COMPOUND PRESCRIPTION 4			
	Total Metric Quantity □□□□□□□□□□	Total Cost □□□□□□□.□□□	

For compounded drugs that contain more than four ingredients, please submit all additional prescription details along with your submission. If you have questions or concerns completing the form, please ask your pharmacist to complete it for you.