



Compound Drug Worksheet

This form can be used as a worksheet to help prepare your compounded formulation to be submitted electronically. Once the PharmaStar Help Desk receives this completed form, they will calculate the allowable price, enter the compound into our system and notify your pharmacy the compound is ready to electronically submit.

Pharmacy Information		
Pharmacy Name:	NPI #:	Phone Number
Pharmacy Contact Name		

Patient Information		
Patient Name	Date of Birth	ID #

Claim Information				
Rx #:	Date Written:	Fill Date:	Physician DEA #:	Physician Name:
NDC# of Primary Legend Ingredient. <i>Note: Use this NDC to submit compound claim.</i>				Preparation Time in Minutes

Compound Information			
	Ingredient Name	Ingredient NDC #	Metric Quantity
1			
2			
3			
4			
5			
6			
			Total Metric Quantity

<p>Compounds are reimbursed at the following rate:</p> <p>Cumulative Warehouse Acquisition Costs of legend drugs</p> <p>Cumulative AWP of OTC ingredients</p> <p>PharmaStar Dispensing Fee</p> <p>Compounding fee equivalent to \$1.50/min up to 30 minutes.</p>

I certify that the above information is a correct and an accurate description of the compounded formulation prepared
I also attest that the preparation time indicated is a true reflection of the time it takes to prepare this formulation.

Signature: _____ Date: _____

PLEASE RETURN COMPLETED WORKSHEET TO PHARMASTAR
FAX #: 715-852-2053
We will call you when you can electronically submit your compound.