

# Referral Tips

## E-prescribe referrals

AllianceRx Walgreens Prime is helping to make prescribing easier and more efficient. E-prescribing can reduce the wait between the time a prescription is written and when the patient actually receives the medication. It also can effectively reduce the number of prescription errors attributable to hard-to-read handwriting or illegible faxes.

## Refer prescriptions to AllianceRx Walgreens Prime

Address	Phone #	NCPDP #	Fax #	E-Prescribing Name
AllianceRx Walgreens Prime 10530 John W. Elliott Drive Suite 100 Frisco, TX 75033	800-424-9002	4591055	800-874-9179	ALLIANCERX WALGREENS PRIME-SPEC-TX

## Easy referrals

To find AllianceRx Walgreens Prime in your ERx system, please try the following:

1. Search by **phone** or NCPDP number
2. If you are unable to locate us, you can:
  - Still reach us by calling 855-244-2555
  - Ask your system administrator to refresh the ERx system
3. Once you find AllianceRx Walgreens Prime in your system, add us to your favorites

## E-prescribe example

**Pharmacy Search**

Choose pharmacy for the following prescriptions:  
 Creon 12,000-38,000-60,000 unit capsule, delayed release [LEVEL 0] (Pharmacy not set) Pricing: no file found..

Name:  Address:   
City:  State:   
Zip:  Phone:   
Fax:  Pharmacy Type:

**Prescriber Favorite Pharmacies** | **Patient Favorite Pharmacies** | **Pharmacy Search Results**

Name	Address	City, State & Zip	Phone	Fax	Type
<input type="checkbox"/> ALLIANCERX WALGREENS PRIME-SPEC-FL	2354 Commerce Park Drive	Orlando, FL, 32819			Retail

E-prescribe example courtesy of RxNT.

See reverse for information on faxed referrals.

# Fax referrals

Fill out the referral form with patient information, clinical assessment and medication details. Fax the referral to the number below.

Address	Phone #	Fax #
AllianceRx Walgreens Prime 10530 John W. Elliott Drive Suite 100 Frisco, TX 75033	800-424-9002	800-874-9179

## Helpful tips to hasten the process

**REMEMBER** to include the true date by which the patient needs the medication in hand

**DO NOT** write “urgent” or “stat,” as neither is an applicable date, and entering either will cause delays in your patient receiving medication

**REMEMBER** to fill out the ICD-10 code carefully, as many pharma programs require it, as well as diagnosis, in order to ensure that a patient will be eligible to apply for assistance

**REMEMBER** to include the patient’s current weight, as it may impact medication dosing

Central Pharmacy: \_\_\_\_\_  
 Retail/Community Pharmacy Fax: \_\_\_\_\_ Pharmacy Phone: \_\_\_\_\_  
Date Needed: \_\_\_\_\_ Ship To:  Prescriber's Office  Patient's Home  Other: \_\_\_\_\_

**PATIENT INFORMATION**

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone # (Daytime): \_\_\_\_\_ Phone # (Evening): \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Case Manager: \_\_\_\_\_

Insurance provider (Please include copy of front and back of card): \_\_\_\_\_  
ID #: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_ Phone #: \_\_\_\_\_  Patient is eligible for Medicare  
Name of Insured: \_\_\_\_\_ Employer: \_\_\_\_\_  
Relationship to Patient:  Self  Other: \_\_\_\_\_ Prescription Card:  Yes  No Carrier: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_  
Will there be access to anaphylactic medications and oxygen at the administration site? \_\_\_\_\_

**CLINICAL ASSESSMENT – Please complete ALL sections to avoid delays in filling prescription.**

Patient is new to therapy  Patient is restarting therapy  Patient is currently on therapy Start date: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_  
Primary Diagnosis Code and Condition (ICD-10): \_\_\_\_\_  
Other Diagnosis/Conditions: \_\_\_\_\_  
Current Weight: \_\_\_\_\_  lb  kg Date: \_\_\_\_\_ Current Height: \_\_\_\_\_  in  cm Date: \_\_\_\_\_  
 Other Therapies Tried & Failed (Please List): \_\_\_\_\_  
Allergies: \_\_\_\_\_

Image above only captures part of the referral form. For the full form, as well as for disease- and drug-specific forms, please visit [alliancerxwp.com/hcp](http://alliancerxwp.com/hcp)

Fax the completed referral form along with the following documentation:

- Copy of each side of the patient’s insurance card
- Copies of clinical information for patient, including lab values
- Chart notes from the patient’s last two visits