

Referral Tips

E-Prescribe Referrals

AllianceRx Walgreens Pharmacy 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 Pharmacy

Address AllianceRx Walgreens Pharmacy 10530 John W. Elliott Drive, Suite 200 Frisco, TX 75033	Phone # 800-541-4959	NCPDP # 4528874	Fax # 800-263-0251	E-Prescribing Name AllianceRx (Cystic Fibrosis Services) Walgreens Pharmacy
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Easy Referrals

To find AllianceRx Walgreens Pharmacy 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:
 - Reach us by calling 855-244-2555
 - Ask your system administrator to refresh the ERx system

3. Once you find AllianceRx Walgreens Pharmacy 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:	<input type="text"/>	Address:	<input type="text"/>
City:	<input type="text"/>	State:	Florida ▼
Zip:	<input type="text"/>	Phone:	<input type="text"/>
Fax:	<input type="text"/>	Pharmacy Type:	<input type="text"/>

SEARCH NEW PHARMACY NO PHARMACY MAIL ORDER CANCEL

Prescriber Favorite Pharmacies Patient Favorite Pharmacies Pharmacy Search Results

ADD TO MY FAVORITE

Name	Address	City, State & Zip	Phone	Fax	Type
<input type="checkbox"/> AllianceRx (Specialty) Walgreens Pharmacy - MICHIGAN	41460 Haggerty Circle South	Canton, MI, 48188			EPCS 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 AllianceRx Walgreens Pharmacy 10530 John W. Elliott Drive, Suite 200 Frisco, TX 75033	Phone # 800-541-4959	Fax # 800-263-0251
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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: _____ Pharmacy Phone: _____
 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

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