

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 2354 Commerce Park Drive #100 Orlando, FL 32819	877-627-6337	5710098	877-828-3939	ALLIANCERX WALGREENS PRIME-SPEC-FL

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 2354 Commerce Park Drive #100 Orlando, FL 32819	877-627-6337	877-828-3939

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

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