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 41460 Haggerty Circle South Canton, MI 48188	Phone # 888-282-5166	NCPDP # 2348046	Fax # 888-570-4700	E-Prescribing Name AllianceRx (Specialty) Walgreens Pharmacy - MICHIGAN
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Easy Referrals

E-Prescribe Example

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

armacy Search					
ose 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				
me:	Address:				
y:	State:		Florida		
	Phone:				
c	Pharmacy Tj	/pe:		,	
SEARCH NEW PHARMACY NO PHARMAC	Y MAIL ORDER CANCEL				
Prescriber Favorite Pharmacies Patient	Favorite Pharmacies Pharmacy Search Res	ults			
ADD TO MY FAVORITE					
Mana	A 14	Olev Parts 8 The	D	P	1.121
Name	Address	City, State & Zip	Phone	Fax	Туре
AllianceRx (Specialty) Walgreens Pharmacy - MICHIG	AN 41460 Haggerty Circle South	Canton, MI, 48188			EPCS Retail

E-prescribe example courtesy of RxNT.

alliance *Walareens* Pharmacy

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 41460 Haggerty Circle South Canton, MI 48188 **Phone #** 888-282-5166

Fax # 888-570-4700

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

Retail/Community Pharmacy Fax: Date Needed: Date Needed:	iber's Office Patient's Home Othe	Pharmacy Phone:			
PATIENT INFORMATION					
Patient name:		DOB:		Male Female	
Address:					
City:		State:		Zip code:	
Phone # (Daytime):	Phor	ne # (Evening):			
E-mail Address:	Case	Manager:			
Insurance provider (Please include copy of front and bac	k of card):				
ID #: Policy/Group #:	Phone #:		Patient is e	Patient is eligible for Medicare	
Name of Insured:	Employer:				
Relationship to Patient: Self Other:		n Card: Yes No Carrier:	Policy/Group	#:	
Will there be access to anaphylactic medications and oxyge	en at the administration site?				
CLINICAL ASSESSMENT – Please complete A	LL sections to avoid delays in	filling prescription.			
Patient is new to therapy Patient is restarting thera					
Primary Diagnosis Code and Condition (ICD-10):			Date of Diagnosis:		
Other Diagnosis/Conditions:					
Current Weight: Dib 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

