Biologics
By McKesson

Oncology Prescription Referral Form

Fax: 800.823.4506 Phone: 800.850.4306, option 2

To ensure your patient receives his/her medication as soon as possible, please complete and fax this form with the patient's relevant treatment history and clinic notes to support the prior authorization process.

☐ **Contact prescriber with results of benefits investigation before initiating dispense or contacting patient.**

PATIENT INFORMATION

Full Name_____ Gender ☐ M ☐ F DOB_____ Social Security #_____

Shipping Address_____ City_____ State_____ Zip_____

Home Phone_____ Alternate Phone_____

Alternate Contact_____ Relationship_____

Alternate Contact Phone_____ **Oncology Care Model Patient** ☐ Yes ☐ No

INSURANCE INFORMATION

Please include a copy of the front and back of the patient's medical and prescription insurance cards.

CLINICAL INFORMATION

ICD-10 Code_____ Primary Diagnosis/Stage_____

Height_____ Weight_____ Allergies_____

Prior Therapies_____

_____

Reasons for Discontinuation_____ Year_____

Is Patient Receiving Oral Steroids? ☐ YES ☐ NO If Yes, Give Dose/Duration: Prednisone _____ Dexamethasone_____

Notes_____

List other medications that are being administered as part of this chemotherapy regimen including dose and duration.

_____

PRESCRIBER INFORMATION

Hospital/Clinic_____ Office Contact_____

Address_____ City_____ State_____ Zip_____

Phone_____ Fax_____ Tax ID_____

Prescriber Names	DEA #	NPI #
☐		
☐		
☐		
☐		
☐		
☐		
☐		
☐		
☐		

PRESCRIPTION INFORMATION

Rx Start Date _____ **Rx Sent Via** ☐ fax ☐ e-Scribe

1. Drug Name/Strength _____

Quantity_____ # of Refills_____ Brand Medically Necessary? ☐ Yes ☐ No

Directions_____

_____

2. Drug Name/Strength_____

Quantity_____ # of Refills_____ Brand Medically Necessary? ☐ Yes ☐ No

Directions_____

_____

Prescriber Signature (No Stamps)_____ **Date**_____

Please attach a separate prescription if this form does not comply with your state's prescription law.

QUESTIONS ABOUT OUR REFERRAL PROCESS?

Biologics Pharmacy
800.850.4306, option 2

Download additional forms at
www.biologicsinc.com/Rx