Biologics By McKesson

To ensure your patient receives their 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.

Prescription Referral Form

Fax: 800.823.4506 **Phone:** 800.850.4306, option 0

Patient Information

Full Name: _____ DOB: _____ Gender: ☐ M ☐ F

Physical Address *(cannot ship to P.O. Boxes)*: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Alternate Contact: _____ Relationship: _____ Alternate Contact Phone: _____

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

Prescriber Name: _____

Hospital/Clinic: _____ Office Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Tax ID: _____

Supervising Physician Name: _____ Supervising Physician NPI#: _____

DEA#: _____ NPI#: _____

Prescription Information

Rx Start Date: _____ **Rx Sent Via:** ☐ Fax ☐ e-Scribe

1. Drug Name/Strength _____

Quantity: _____ # of Refills: _____

Prescription will be filled with generic unless prescriber writes "brand medically necessary" here: _____

Directions: _____

_____

2. Drug Name/Strength _____

Quantity: _____ # of Refills: _____

Prescription will be filled with generic unless prescriber writes "brand medically necessary" here: _____

Directions: _____

_____

Prescriber Signature (no stamps): _____ **Date:** _____

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

QUESTIONS ABOUT OUR REFERRAL PROCESS?
Biologics Pharmacy 800.850.4306, option 0