DirectRx®

PHARMACY

Referral Form Checklist

To ensure the best possible insurance coverage, please provide:

- ☐ Completed and signed prescription referral form
- ☐ A copy of patient's insurance card and demographic information
- ☐ Copy of patient's most recent clinical notes

Fax

Complete referral form checklist and **provide required insurance and clinicals**.

Fax to:

877-892-4007

Required: Sending this documentation will ensure all insurance requirements are met

e-Prescribe

Send e-Scripts to:

GabeCare DirectRx
d/b/a DirectRx Pharmacy
830 Kirts Blvd. Suite 300
Troy, MI 48084
NPI: 1194725705

Tip: DirectRx can be found via a general pharmacy search by zip-code (48084)

Please remind the patient that DirectRx will be contacting them to schedule their medication delivery.

(P) 855-362-3397

Compassionate Connections. **Successful** Outcomes. **Healthy,** Happy Patients.

www.directrx.com

Provide to Patient

Your prescription will be processed by DirectRx Pharmacy.

Here is what you can expect next:

- A personalized Welcome Call
- Complete review of your insurance
- Free and convenient delivery
- On-going care and support

A member of our team will be contacting you shortly.

Please scan the QR Code to add DirectRx's phone number, *(855) 362-3397*, to your contact list.

(855) 362 - 3397 I info@directrx.com

Compassionate Connections. **Successful** Outcomes. **Healthy,** Happy Patients.
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Proporcionar al Paciente

Su receta será procesada por DirectRx Pharmacy.

Esto es lo que puede esperar de nosotros en el futuro:

- Una llamada de bienvenida personalizada
- Revisión completa de su seguro medico
- Entrega gratuita y cómoda
- Atención y apoyo continuos

Un miembro de nuestro equipo se comunicará con usted muy pronto.

Escanee el código QR para agregar el número de teléfono de DirectRx, *(855) 362-3397*, a su lista de contactos.

Conexiones **Compasivas**. Resultados **Exitosos**. Pacientes **Sanos** y Felices.
www.directrx.com

DirectRx® PHARMACY

SPANISH SPEAKING

Oncology Referral Form

830 KIRTS BLD STE 300 • TROY, MI 48084

855.362.3397 • Fax: 877.892.4007

FOR MORE INFORMATION/REFERRAL FORMS VISIT WWW.DIRECTRX.COM

Patient Information

Name | Date of Birth | Home Phone Number | Other Phone Number

Address | City | State | Zip

Patient SS# [Recommended] | ☐ Allergies | ☐ No Known Allergies

Drug Delivery Info

Date Shipment Needed: | **Ship to:** ☐ Patient ☐ Clinic

Doctor/Prescriber Info [NPI # is mandatory. DEA # is required if the prescription is for controlled substances or Medicare/Medicaid]

Name | Office Contact

Address | City | State | Zip

NPI # | Phone # | Fax #

Email Address

Statement of Medical Necessity ** Please FAX recent clinical notes, Tests, with the prescription to expedite the Prior Authorization.

Diagnosis Description: | ICD-10 Code:

Medication	Strength	Direction	Quantity	Refill	Medication	Strength	Direction	Quantity	Refill
Oral Oncolytics					**Oral Oncolytics**				
☐ Afinitor					☐ Xalkori				
☐ Bosulif					☐ Xeloda				
☐ Erivedge					☐ Xtandi				
☐ Gleevec					☐ Zelboraf				
☐ Hycamtin Capsules					☐ Zolinza				
☐ Iclusig					☐ Zytiga				
☐ Inlyta					☐				
☐ Jakafi					**Support Drugs**				
☐ Mekinist					☐ Aranesp				
☐ Nexavar					☐ Arixtra				
☐ Sprycel					☐ Caphosol				
☐ Stivarga					☐ Emend				
☐ Sutent					☐ Lovenox				
☐ Tafinlar					☐ Neulasta				
☐ Tarceva					☐ Neupogen				
☐ Tagreth Capsules					☐ Procrit				
☐ Tasigna					☐ Promacta				
☐ Temodar					☐ Sancuso				
☐ Thalomid					☐ Zofran				
☐ Tykerb					☐				
☐ Votrient									

Doctor/Prescriber Signature

Date

Federally approved, generic equivalent medications will be dispensed for brand name medications unless otherwise directed by the patient, physician or health plan. I authorize DirectRx, Inc and it's representatives to act as an agent to initiate & execute the insurance prior authorization and any future fills of the same prescription for the patient listed above. I understand that I may revoke this right at any time by providing written notice to DirectRx, Inc.

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