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

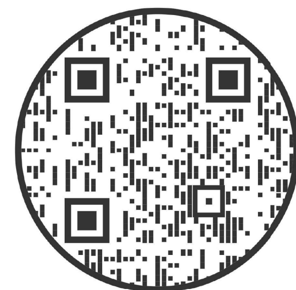
Your prescription will be processed by DirectRx Pharmacy.

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

Transplant Referral Form

830 KIRTS BLVD, 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.]

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.

Transplant Date:
Diagnosis Code:
Height:
Weight:

Medication	Dose/Strength	Directions	Qty	Rfs
Cyclosporine	☐ 25mg ☐ 100mg			
Tacrolimus, Extended Release, (Envarsus XR)	☐ 0.75mg ☐ 1mg ☐ 4mg			
Tacrolimus, Immediate Release	☐ 0.5mg ☐ 1mg ☐ 5mg			
Tacrolimus, Extended Release, (Astagraf XL)	☐ 0.5mg ☐ 1mg ☐ 5mg			
Mycophenolate Mofetil	☐ 250mg ☐ 500mg			
Mycophenolic Acid	☐ 180mg ☐ 360mg			
Sirolimus	☐ 0.5mg ☐ 1mg ☐ 2mg			
Everolimus	☐ 0.25mg ☐ 0.5mg ☐ 0.75mg			
Valganciclovir (Valcyte)	☐ 450mg			
Voriconazole	☐ 50mg ☐ 200mg			
Other Medication				

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.

IMPORTANT CONFIDENTIALLY NOTICE: This and any documents accompanying this transmission may contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity name above. He authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the content of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.
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