



# SAFE SCRIPT

P H A R M A C Y

Bushnell | Wildwood

## New Referral Checklist

Please use the attached checklist as a reference in order to provide the proper documentation to process the required prior authorization for your patient's treatment.

All lab reports (or EMR) must contain the following information within the last 30 days.

**Please forward any updates to us that you receive from the insurance company regarding approvals or denials**

### Required Information:

- |                                                                                               |                                                        |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Patient name                                                         | <input type="checkbox"/> ICD-10 Diagnosis Code         |
| <input type="checkbox"/> Patient Demographics (Address, Phone Number, DOB, etc)               | <input type="checkbox"/> Medication list and allergies |
| <input type="checkbox"/> MD name/NPI/Office contact/Phone number                              | <input type="checkbox"/> Drug indicated with refills   |
| <input type="checkbox"/> MD signature and date on referral form                               | <input type="checkbox"/> Other medical conditions      |
| <input type="checkbox"/> Insurance information with RX insurance. Please include copy of card |                                                        |

*If the only card included is a medical card, please include local pharmacy information*

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### Crohn's & Ulcerative Colitis:

- |                                                                              |                                             |
|------------------------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Hep B screening lab results                         | <input type="checkbox"/> Previous treatment |
| <input type="checkbox"/> Clinical notes                                      | <input type="checkbox"/> Symptoms           |
| <input type="checkbox"/> TB test within the last 12 months, results and date |                                             |

### Hepatitis C:

- |                                                                                  |                                                                |
|----------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Patient weight                                          | <input type="checkbox"/> Genotype (hard copy from lab)         |
| <input type="checkbox"/> HCV RNA (Viral load)                                    | <input type="checkbox"/> Liver biopsy/Metavir/FibroSure lab    |
| <input type="checkbox"/> HIV screening lab results                               | <input type="checkbox"/> Has patient had a liver transplant    |
| <input type="checkbox"/> NS5A Lab (required for Zepatier 1a patients)            | <input type="checkbox"/> Is the patient co-infected HIV/Hep C? |
| <input type="checkbox"/> Lab results with CBC, ALT/AST, HGB, INR, HFP AND GFR    | <input type="checkbox"/> Drug/alcohol test (if applicable)     |
| <input type="checkbox"/> Previous treatment with medications, dates, and outcome | <input type="checkbox"/> Hep B screening lab results           |



# SAFE SCRIPT

## PHARMACY

### Bushnell | Wildwood

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#### Psoriasis

- Severity of disease
- Documentation of phototherapy
- TB test within the last 12 months, results and date
- Previous treatment
- BSA Sheet
- Clinical notes
- Hep B screening lab results

#### Rheumatoid Arthritis

- Previous treatment
- TB test within the last 12 months, results and date
- Symptoms
- Hep B screening lab results

#### Oncology

- Concurrent medications for same diagnosis
- Concurrent medications and treatment cycle
- Authorization # (if applicable)
- Date of last negative pregnancy test results (if applicable)
- QTY, frequency and cycle of medication
- Weight based dosing (if applicable)
- Previous treatment

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