

Specialty Pharmacy Profile

Pharmacy Name _____ Date Completed _____
Primary Contact _____ Phone # _____
Email _____ Website _____

Authorization Contact Phone # _____ Ordering Contact Phone # _____
Authorization Contact Fax # _____ Ordering Contact Fax # _____
Hours of Operation: _____ (am) _____ (pm) _____ (note time zone)

Prior Authorization (PA) Procedure

- Drug PA obtained by Specialty Pharmacy Yes No
- If drug PA includes authorization for infusion services, how is it communicated to office?

- Lead-time to obtain drug PA _____ (business days)
- Special forms for PA required by Specialty Pharmacy Yes No (If yes, obtain copy of form)

Ordering, Reordering Process, and Infusion Supplies

- Are supplies included with drug at no charge to practice Yes No Other _____
- Shipped automatically Yes No
- Lead-time to shipment _____ (business days)
- Are induction (0, 2, 6) doses shipped in single shipment? Yes No
- Maximum number of doses shipped at one time (i.e., loading dose) _____
- Is patient consent required by Specialty Pharmacy to ship order? Yes No
If yes, what are patient consent requirements?

- Reordering process (i.e., SPP or physician initiated)

- Additional instructions/notes

Delivery Information

- Shipment goes to Physician office Patient
- Carrier used for shipping

- How is shipping confirmation provided?

- Process for "shipment held" notification

- Weekend/holiday shipping policy

- Signature required Yes No
- Policy for breakage, spoilage, disaster, and/or shortage

- Policy for product returns (i.e., infusion cancellation)

- Policy for delayed shipment (i.e., drug not available for scheduled infusion)

- Ship multiple patients in one shipment for same site Yes No
- Additional comments/notes

Dosing Change

- Process for dose adjustment (i.e., PA required)

- Policy for urgent use (drug replacement)

Additional Information

Recommended Attachments

- Prior Authorization Form
- Prescription/Order Form
- Wastage and Breakage Policy
- Insurance Policy Summary
- AccessOne® e-BIF
- Return Policy
- _____
- _____



Centocor Ortho Biotech Inc.
800 Ridgeview Drive
Horsham, PA 19044 USA