Hy-Vee health

ONCOLOGY Order Form

PHONE 515.225.2930 | **FAX** 515.559.2495

Patient Information

Fax completed form, insurance information and clinical documentation to 515.559.2495.

Patient Name: _____ **DOB:** _____ **Phone:** _____

Medical Information

ICD-10 code: _____ **Diagnosis:** _____

Allergies: _____

Weight: _____ **kg** Height: _____ inches BSA: _____ m^2 *(if applicable)*

☐ Call for weight change greater than 10% from baseline

☐ No dose modifications required for any weight change

Lab Orders or Other Tests Related to Treatment

☐ CBC w/plts, diff ☐ TSH ☐ LVEF done: _____ /Ejection fraction: _____ %

☐ CMP ☐ Creatinine ☐ Urine pregnancy test

☐ LFTs ☐ Renal function ☐ Other: _____

Lab Frequency: ☐ Prior to each cycle ☐ Other: _____ Labs to be drawn by: ☐ Infusion Center ☐ Referring Provider

Hold Parameters – Please Indicate

☐ No hold parameters for ANC/Platelets ☐ No hold parameters

☐ Hold and call for LFTs 3x ULN and/or Bili 1.5x ULN ☐ Hold and call for creatinine 1.5x ULN

☐ Hold and call for ANC: _____ /Platelets: _____

☐ Other hold parameters: _____

Premedication & Antiemetic Orders

☐ Zofran _____ mg IV ☐ Decadron _____ mg IV ☐ Benadryl _____ mg IV ☐ Pepcid _____ mg IV

☐ Reglan _____ mg IV ☐ Solu-Medrol _____ mg IV ☐ Benadryl _____ mg PO ☐ Tylenol _____ mg PO

☐ Granisetron _____ mg IV ☐ Hydration/other: _____ Frequency: ☐ PRN ☐ Standing order ☐ _____

Treatment Order

****All available drugs listed on page 2.****

Date/Day	Drug	Dosing (i.e., mg/kg)	Calculated Dose	Route	Frequency	Special Instructions *Volume, diluent and rate set by Hy-Vee Health unless otherwise noted here

Date of last infusion: _____ Cycle number: _____

Subsequent treatments may be given +/- _____ days

This order is good for _____ cycles from the date ordered. Next appointment with oncologist: _____

Call referring provider for: _____

Oral treatment patient is on: _____

Other orders/information: _____

Physician Information

By signing this form and utilizing our services, you are authorizing *Hy-Vee Health* and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies.

Provider Name: _____ **Signature:** _____ **Date:** _____

Provider NPI: _____ **Phone:** _____ **Fax:** _____ **Contact Person:** _____

☐ Opt out of Hy-Vee Health selecting site of care (if checked, please list site of care): _____

Service Areas

☐ Des Moines, IA ☐ West Des Moines, IA ☐ Chicago, IL ☐ Omaha, NE ☐ Buffalo, NY ☐ Dallas, TX ☐ Phoenix, AZ ☐ Other _____

HY-VEEHEALTHINFUSION.COM

COMPREHENSIVE SUPPORT FOR ONCOLOGY THERAPY

Patient Information

Patient Name: _____ **DOB:** _____

Required Documentation for Referral Processing & Insurance Approval

- ☐ Patient demographics including insurance information (copies of insurance cards preferred)
- ☐ Treatment orders – include drugs, dose, frequency, administration and cycle definition
- ☐ Premedication orders (including glucocorticoids) – *if applicable*
- ☐ Supportive therapy orders (including anti-emetics, CSFs, hydration, antibiotics) – *if applicable*
- ☐ Note: Oral prescriptions need to be filled at local pharmacy prior to infusion
- ☐ Monitoring and hold parameters
- ☐ Dose adjustment protocol, where applicable (i.e., weight changes, lab parameters)
- ☐ Standing orders (infusion reactions, management of CVC occlusion, etc.)
- ☐ Lab orders – if labs need to be drawn by Hy-Vee Health
- ☐ Clinical chart notes within the last 12 months
- ☐ Recent lab results and diagnostic results
- ☐ Medication list, if available
- ☐ Date of last cycle or infusion dose
- ☐ Next follow-up visit with oncologist

Oncology Therapies Available:

ado-trastuzumab*
amivantamab
bevacizumab and biosimilars
bortezomib*
brentuximab vedotin*
daratumumab and hyaluronidase
denosumab
dostarumab
durvalumab
fam-trastuzumab*
fulvestrant*
ipilimumab
lantreotide
leuprolide acetate
loncastuximab*
octreotide
pegfilgrastim
pembrolizumab
pemetrexed*
pertuzumab*
pertuzumab/trastuzumab/hyaluronidase*
rituximab and biosimilars
sirolimus*
tisotumab vedotin*
trastuzumab and biosimilars
triptorelin pamoate*

**only available at certain locations*

Hy-Vee Health will complete insurance verification and submit all required documentation for approval to the patient's insurance company for eligibility. Our team will notify you if any additional information is required. We will review financial responsibility with the patient and refer him/her to any available co-pay assistance as needed. Thank you for the referral.

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