

Patient Information

Patient Name: _____ DOB: _____

Required Documentation for Referral Processing & Insurance Approval

Include signed and completed order (MD/prescriber to complete page 1)

Include patient demographic information and insurance information

Include patient's current medication list

Supporting clinical notes to include any past tried and/or failed therapies, intolerance, benefits or contraindications to conventional therapy

Has the patient had a documented contraindication/intolerance or failed trial of corticosteroids? Yes No

Is the patient a current smoker? Yes No If yes, has smoking cessation been discussed? Yes No

CAS score: _____ 0-10 scale **(required)**

Indicate any symptoms the patient has:

Lid retraction \geq 2mm Moderate or severe soft tissue involvement

Exophthalmos \geq 3mm above normal for race and gender Diplopia

Other: _____

Include labs and/or test results to support diagnosis

TSH, T3, T4

If history of diabetes, glucose is under control

Has the patient had a course of Tepezza previously? Yes No

Other Medical Necessity: _____

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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