





# COMPREHENSIVE SUPPORT FOR VPRIV THERAPY

## 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

Does the patient have symptomatic Gaucher disease as evidence by moderate to severe anemia, thrombocytopenia, bone disease, hepatomegaly and/or splenomegaly?    Yes    No

Include labs and/or test results to support diagnosis

CBC, Hepatic function tests

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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