

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

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

Patient Status: New to Therapy _____ Continuing Therapy _____ **Next Treatment Date:** _____

Medical Information

Patient Weight: _____ lbs. (required) **Allergies:** _____

Lab orders: _____ **Frequency:** Every infusion _____ Other: _____

Required labs to be drawn by Hy-Vee Health Referring provider

Therapy Order

Diagnosis	Infusion Orders
Pompe disease ICD-10: _____	Lumizyme 20 mg/kg IV every 2 weeks x1 year Nexviazyme 20 mg/kg IV every 2 weeks x1 year
Acute migraines ICD-10: _____	Premedication: Zofran 4 mg IVP Zofran 8 mg IVP Pepcid IV 20 mg IVP Toradol 30 mg IVP Solu-Medrol 125 mg IVP Reglan 10 mg IV/100 mL NS over 20 minutes Benadryl 25 mg IV Protocol: Depacon 500 mg 750 mg IV in 250 mL NS Magnesium sulfate 1 gm IV in 250 mL DHE 45 0.5 mg 1 mg IV in 100 mL NS (<i>must premedicate for nausea</i>) Standing PRN Order: 1 month 2 months 3 months Repeat regimen daily for _____ days/week
Migraines ICD-10: _____	Vyepti: 100 mg IV every 3 months x1 year OR 300 mg IV every 3 months x1 year
MS Other: _____ ICD-10: _____	Solu-Medrol 1 gm IV daily x _____ days OR Solu-Cortef 1 gm IV daily x _____ days
Diagnosis: _____ ICD-10: _____	Soliris: 900 mg IV weekly for the first 4 weeks, followed by 1200 mg for the 5th dose 1 week later, then 1200 mg every 2 weeks thereafter x1 year (initial start with maintenance) 1200 mg IV every 2 weeks x1 year (maintenance dosing)
Multiple sclerosis ICD-10: _____	Tysabri 300 mg IV every 4 weeks (after registering patient with TOUCH) Ocrevus 300 mg IV at weeks 0 and 2, then 600 mg IV every 6 months x1 year 600 mg IV every 6 months x1 year Premedication protocol: Solu-Medrol 100 mg IV and Benadryl 25 mg PO to be given 30 minutes before infusion
Diagnosis: _____ ICD-10: _____	IVlg Orders: _____ mg/kg OR _____ gm/kg IV divided over _____ day(s) Frequency: Every _____ weeks x1 year OR _____ 1 time dose only Preferred brand: _____ (<i>Hy-Vee Health to choose if not indicated</i>)
Diagnosis: Myasthenia gravis ICD-10: _____	Ultomiris: Loading dose: 2,400 mg (40-59kg) 2,700 mg (60-99kg) 3,000 mg (100kg+) IV followed 2 weeks later by Maintenance dose of: 3,000 mg (40-59kg) 3,300 mg (60-99kg) 3,600 mg IV (100kg+) IV every 8 weeks x1 year Vyvgart: 10 mg/kg IV once weekly for 4 weeks (<120kg) 1200 mg IV over 1 hour once weekly for 4 weeks (≥120kg)
hATTR amyloidosis ICD-10: _____	Amyvuttra 25 mg Sub-Q every 3 months x1 year
Premedication orders:	Tylenol 1000 mg PO Cetirizine 10 mg PO Benadryl 25 mg PO Benadryl 25 mg IV Loratadine 10 mg PO Solu-Medrol _____ mg IVP Other: _____

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 _____

Patient Information

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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 medication list

Supporting clinical notes (H&P) to support primary diagnosis

Has the patient tried and failed previous drug therapy? Yes No

If yes, which drug(s)? _____

Labs attached

JCV antibody (Tysabri orders)

AChR antibody (Vyvgart and Ultomiris)

Hepatitis B antigen and Hepatitis B core total (Ocrevus orders)

Other supporting labs based on diagnosis/order

Diagnostic testing

MRI documentation (Tysabri and Ocrevus)

Other diagnostic testing to support diagnosis/order

Vaccine record

Meningococcal vaccinations – both Men B and Men ACWY (Soliris and Ultomiris orders)

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.

HY-VEEHEALTHINFUSION.COM

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