

**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<sup>2</sup>  
(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 \_\_\_\_\_

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

*\*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.

HY-VEEHEALTHINFUSION.COM

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