NEUROLOGY ORDER SET

P: 888-386-0886 | F: 586-263-3306

PATIENT INFORMATION:

Fax completed form, insurance information and clinical documentation to 586-263-3306

Patient Name: ______________________ DOB: ____________ Phone: ______________

Last 4 of SS #: ______________ **Patient Status:** ❐ New ❐ Continuing Therapy **Next Treatment Date:** __________

MEDICAL INFORMATION

Patient Weight: ________ lbs. (required) Allergies: ______________________

Lab orders: ______________________ **Frequency:** ❐ Each infusion ❐ Other: ______________

Required labs to be drawn by: ❐ Provider

THERAPY ORDER

Diagnosis	Infusion Orders
❐ Pompe Disease ICD-10: ______________	❐ **Lumizyme** 20mg/kg IV every 2 weeks x1 year ❐ **Nexviazyme** 20mg/kg IV every 2 weeks x1 year
❐ Diagnosis ______________ ICD-10: ______________	**Soliris** *(neuro dosing)* ❐ 900mg IV weekly for the first 4 weeks, followed by 1200mg for the fifth dose 1 week later, then 1200mg every 2 weeks thereafter x1 year (initial start with maintenance) ❐ 1200mg IV every 2 weeks x1 year (maintenance dosing)
❐ Multiple Sclerosis ICD-10: ______________	❐ **Tysabri** 300mg IV every 4 weeks (after registering patient with TOUCH) ❐ **Ocrevus*** ❐ 300mg IV at 0 and 2 weeks, then 600mg IV every 6 months x1 year ❐ 600mg IV every 6 months x1 year ❐ **Premed Protocol** Solu-Medrol 100mg IV and Benadryl 25mg PO/IV to be given 30 minutes before infusion
❐ Diagnosis: ______________ ICD-10: ______________	**IVIg** Orders: __________ mg/kg **OR** __________ gm/kg IV divided over ________ day (s) **Frequency:** Every ________ weeks x1 year **OR** __________ one time dose only Preferred brand: ______________ (Compassus to choose if not indicated)
Pre-medication Orders	❐ Tylenol 1000mg PO ❐ Cetirizine 10mg PO ❐ Benadryl 25mg PO ❐ Benadryl 25mg IV ❐ Loratadine 10mg PO ❐ Solu-Medrol __________ mg IVP ❐ Other ______________

PROVIDER INFORMATION

By signing this form and utilizing our services, you are authorizing Compassus and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies, and to select the preferred site of care for the patient.

Provider Name: ______________ Signature: ______________ Date: __________

Provider NPI: __________ Phone: __________ Fax: __________ Contact Person: ______________

❐ Opt out of Compassus selecting site of care (if checked, please list site of care): ______________

PREFERRED LOCATION

City: ______________ State: __________

Compassus

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COMPREHENSIVE SUPPORT FOR NEUROLOGY THERAPY

P: 888-386-0886 | F: 586-263-3306

PATIENT INFORMATION:

Fax completed form, insurance information and clinical documentation to 586-263-3306

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 medication list

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

Has the patient tried and failed previous drug therapy?

If yes, which drug(s)? ______________________________

❒ Labs attached

- ❒ JCV antibody (Tysabri orders)
- ❒ Hepatitis B antigen and Hepatitis B core total (Ocrevus)
- ❒ Serum immunoglobulins (Ocrevus)
- ❒ Other supporting labs based on diagnosis/order

❒ Diagnostic testing

- ❒ MRI documentation (Tysabri, Ocrevus)
- ❒ Other diagnostic testing to support diagnosis/order

❒ Vaccine record

- ❒ Meningococcal vaccinations - both Men B and Men ACWY (Soliris & Ultomiris orders)

❒ Other medical necessity: ______________________________

Compassus will complete insurance verification and submit all the 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.

Please fax all information to 586-263-3306 or call 888-386-0886 for assistance

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