

MRN: _____

DOB: _____

Standard Plan of Treatment for Adakveo® (crizanlizumab-tmca)

NOTE: We *may* require a detailed Letter of Medical Necessity or clinical supporting documentation (depending on diagnosis), to be able to verify eligibility and payment for this treatment through Medicare and/or other insurance plans.

1. Patient Name: _____ Height (inches): _____ Weight (lbs): _____

2. Allergies: _____

3. Diagnosis:

Primary ICD-10 Code: D57. _____ Sickle Cell Disease

4. Order: Adakveo 5 mg/kg IV infusion over 30 minutes at weeks 0, 2, then every 4 weeks.

After administration, flush the line with **25 ml 0.9% Sodium Chloride Injection or 5% Dextrose Injection**

Special orders: _____

If adverse drug reaction occurs, utilize the ADVERSE DRUG REACTION GUIDELINES

5. Physician's Signature: _____ / _____ Date: _____
No Stamp Signatures (Dispense as written) (Substitution permitted)

Printed Physician's Name with Credentials: _____ NPI: _____

MRN: _____

DOB: _____

Guidelines for Prescribing Adakveo® (crizanlizumab-tmca)
(Required documentation with all initial referrals)

Patient Name: _____

Referral Date: _____

- ___ Include signed and completed **Plan of Treatment**.

- ___ Include patient demographic information and insurance information. (Copy of insurance cards if available)

- ___ **Supporting clinical MD notes to include any past tried and/or failed therapies, intolerance, outcomes or contraindications to conventional therapy. Include any lab results and/or tests to support diagnosis.**

- ___ Other as requested: _____



Checklist for referrals to AccuRX Infusion Center:

Fax referral to 1-866-990-3192

- Patient demographics – address, phone number, SS#, etc.
- Insurance Information – copy of the card(s) if possible
- Plan of Treatment/Orders
- Most recent physician office notes to include tried and failed therapies – all insurance companies that require a pre-authorization require the note. This includes Medicare/Medicaid HMOs
- Any lab results or other diagnostic procedures to support the diagnosis

AccuRx Infusion Center will complete insurance verification and submit all required clinical documentation to the patient's insurance company for eligibility. Our office will notify you if any further information is required. We will review financial responsibility with the patient and refer them to any available Co-pay assistance as required. Thank you for the referral.