

**PATIENT INFORMATION:**

Fax completed form, insurance information, and clinical documentation to 855.889.2946

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

**Patient Status:**  New to Therapy  Continuing Therapy **Next Treatment Date:** \_\_\_\_\_

**MEDICAL INFORMATION**

**Diagnosis:**  Type 1 diabetes mellitus with unspecified complications (ICD-10: E10.8)  
 Type 1 diabetes mellitus without complications (ICD-10: E10.9)  
 Other: \_\_\_\_\_ **ICD-10 code:** \_\_\_\_\_

Patient Weight: \_\_\_\_\_ lbs. (required) Patient Height: \_\_\_\_\_ inches (required)

Allergies: \_\_\_\_\_

**THERAPY ORDER**

- Infuse Tzield IV daily for 14 days according to the following dosing regimen:
- Day 1: 65 mcg/m<sup>2</sup>
  - Day 2: 125 mcg/m<sup>2</sup>
  - Day 3: 250 mcg/m<sup>2</sup>
  - Day 4: 500 mcg/m<sup>2</sup>
  - Day 5 through 14: 1,030 mcg/m<sup>2</sup>

*Patients should be pre-medicated with APAP or NSAID, antihistamine, and/or an anti-emetic for 1st 5 doses*

**Pre-medication orders:**

- Acetaminophen \_\_\_\_\_ mg PO  Ibuprofen \_\_\_\_\_ mg PO  Toradol 30mg IV  
 Diphenhydramine 25 mg PO  Cetirizine 10mg PO  Loratadine 10mg PO  
 Zofran \_\_\_\_\_ mg IV  Cetirizine 10mg IV  Other: \_\_\_\_\_  
Administer pre-meds for:  First 5 doses only  Prior to all doses  Other: \_\_\_\_\_

**Lab orders:**

- Baseline CBC & LFTs (required)  
Baseline hold parameters: Lymphocyte count <1,000/mcL, Hgb <10g/dL, Platelets <150,000/mcL,  
ANC <1,500/mcL, ALT/AST > 2x ULN, or bilirubin > 1.5x ULN
- Repeat CBC & LFTs every \_\_\_\_\_ day(s)  
Notify physician for abnormal labs.  
Discontinue treatment for AST/ALT > 5x ULN or bilirubin > 3x ULN  
Discontinue treatment for prolonged lymphopenia (<500/mcL) lasting 1 week or longer

Required labs to be drawn by:  Paragon  Referring physician

**Other orders:** \_\_\_\_\_

**PROVIDER INFORMATION**

By signing this form and utilizing our services, you are authorizing Paragon Healthcare, Inc. 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 Paragon selecting site of care (if checked, please list site of care): \_\_\_\_\_

**PREFERRED LOCATION**

City: \_\_\_\_\_ State: \_\_\_\_\_

View our locations here:



**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 medication list
- Supporting clinical notes (H&P) to support primary diagnosis - Including:
  - Does the patient have a at least two positive pancreatic islet cell autoantibodies?  
 Yes  No If yes, please indicate: \_\_\_\_\_
  - Does the patient have dysglycemia without overt hyperglycemia?  Yes  No
  - Patient does not have a clinical history to suggest type 2 diabetes
  - Patient does not have an acute infection with Epstein-Barr Virus or Cytomegalovirus
- Supporting labs/tests
  - Oral glucose tolerance test (if available)
  - Lab results indicating pancreatic islet cell autoantibodies
- Other medical necessity: \_\_\_\_\_

**REQUIRED PRE-SCREENING**

- Baseline CBC & LFTs - attach results**
- Pancreatic islet cell autoantibodies**
- Documentation of dysglycemia without overt hyperglycemia**

ParagonHealthcare 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.

**Please fax all information to (855) 889-2946 or call (877) 365-5566 for assistance**