

# North Texas Specialty Pharmacy and Infusion Centers

3409 Worth St. Sammons Ste.710 Dallas, TX 75246 (214)823-2533 FAX (214)887-0436 www.NTISP.org

## Cidofovir Enrollment Form

### Patient Information

Last Name		First Name	MI
Street Address	City	State	Zip Code
Phone (daytime)	Phone (cell)	Date of Birth	Sex

### Primary Insurance Information

### Secondary Insurance Information

### Pharmacy Insurance Card

Insurance Name	Insurance Name	Insurance Name		
Cardholder Name	SSN	Cardholder Name	SSN	Member ID
Group / Policy Number	Group / Policy Number	BIN Number	Group Number	

### Physician Information

Physician Name		Contact Person	
Street Address	City	State	Zip Code
Physician's DEA Number	Phone Number	Fax Number	

### Statement of Medical Necessity : PLEASE INCLUDE A COPY OF CHART DOCUMENTATION OF DIAGNOSIS CODES

BK Nephropathy, requiring Cidofovir infusion

### Medical History : Please send copy of current labs (labs must have been drawn in the last 90 days)

Patient Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Patient previously treated with oral:  Yes - dates: \_\_\_\_\_

### Lab Draw Orders : (All Labs MUST be process by Baylor Lab)

Draw Serum Quantitative BK Virus by PCR

Other Labs \_\_\_\_\_

### Prescription Orders

Cidofovir (Check one box)  as Directed: (specify) \_\_\_\_\_

OR  Infuse 0.125 mg/kg by IV infusion over two hours OR  Infuse 0.25 mg/kg by IV infusion over two hours

Cidofovir Refills: \_\_\_\_\_ times

Check vitals signs (before and after infusion), blood pressure and pulse rate

Dispense as written  Substitution allowed

### Premedications:

Infuse one liter normal saline (0.9%) IV over one hour prior to Cidofovir infusion

Saline Lock  Other: \_\_\_\_\_

Refill:  12 months Refill \_\_\_\_\_ times Diet  \_\_\_\_\_

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

Standing orders: See Care Plan \_\_\_\_\_

Notify DTI (Dallas Transplant Institute) (214) 366- 6299 or Baylor Transplant Nephrologists at (214) 358-2300 for any patient problems during the infusion.

Physician's signature \_\_\_\_\_

Date \_\_\_\_\_

**Fax completed form to (214) 887-0436.**

Insurance / Clearance questions call (214) 276-5642 or e-mail [mike.ellis@ntisp.org](mailto:mike.ellis@ntisp.org). Pharmacy / Clinical questions call (214) 276-5623. Include the following documents when faxing the enrollment form: pt's insurance card(s) front & back, Pharmacy Benefit Card, lab work, letter of medical necessity and any other documentation supporting the use of Cidofovir.

Patient's Preferred Infusion Center Location: Downtown Dallas NorthPark