Immunoglobulin

lg

Neurological Autoimmune Referral Quick Check

1 Enrollment Form

- Type <u>cvs.co/ig-enrollment</u> into your browser
- Complete the six simple steps to submitting a referral
- · Use this card for helpful Ig referral information
- Contact your concierge service team for a personalized form
- Have you already filled out another form? No problem! Just send it to us, and we'll take it from there.

2 Essential Data

Patient demographics and insurance card(s)

Prescription with drug name, dose and frequency

Clinical documentation supporting diagnosis

H&P, including clarifications of diagnosis

Recent BUN and creatinine results

Diagnostic test results (e.g., EMG, nerve conduction test, muscle/nerve biopsy if available, etc.)

MRI of nerve roots (if available)

CSF examination (if available)

Previous treatment(s) and their clinical outcomes

Adverse side effects from previous treatments

Ig Comparison Chart



Scan code or visit **cvs.co/ig-comparison** to view Ig therapy options side by side.







ICD-10 Code	Description
G11.3**	Cerebellar ataxia with defective DNA repair
G35	Multiple sclerosis – relapsing, remitting
G61.0	Guillain-Barré syndrome
G61.81**	Chronic inflammatory demyelinating polyneuropathy (CIDP)
G70.00	Myasthenia gravis - without exacerbation
G70.01	Myasthenia gravis - without acute exacerbation
M33.20	Polymyositis
M33.90	Dermatomyositis

^{*}Common ICD-10 codes for Ig therapy; visit www.icd10data.com for a complete list.

5 Concierge Service Team

Centralized Referral Intake:

Phone: 1-866-899-1661 Fax: 1-866-843-3221

Email: DL-NCCNEWREFERRAL@cvshealth.com

Specialty care, made better together™

- 98% Ig therapy service coverage across the continental U.S.
- Large Ig inventory and direct manufacturer relationships
- Expedited patient onboarding with PA support, clinical appeals and connections to financial resources
- Ig-experienced pharmacists and care coordinators plus specially trained infusion nurses
- Only home infusion provider accredited by The Joint Commission and received 95% patient satisfaction¹

H&P (History and physical). BUN (Blood urea nitrogen). EMG (Electromyogram). MRI (Magnetic resonance imaging). CSF (Cerebral spinal fluid). DNA (Deoxyribonucleic acid). PA (Prior authorization).

1. Coram® CVS Specialty® Infusion Services Press Ganey Patient Satisfaction Scores, 2021. Patient privacy is important to us. Our employees are trained regarding the appropriate way to handle patients' private health information.

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^{**}Medicare Part B Coverage available for G11.3 (most Ig therapies) and G61.81 (Hizentra only).