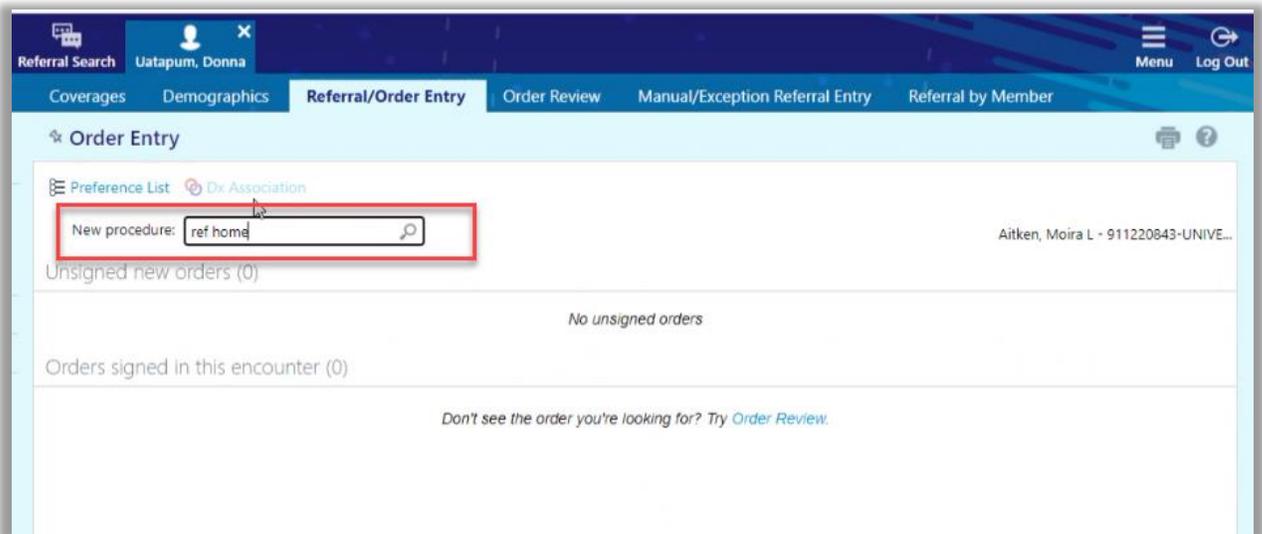


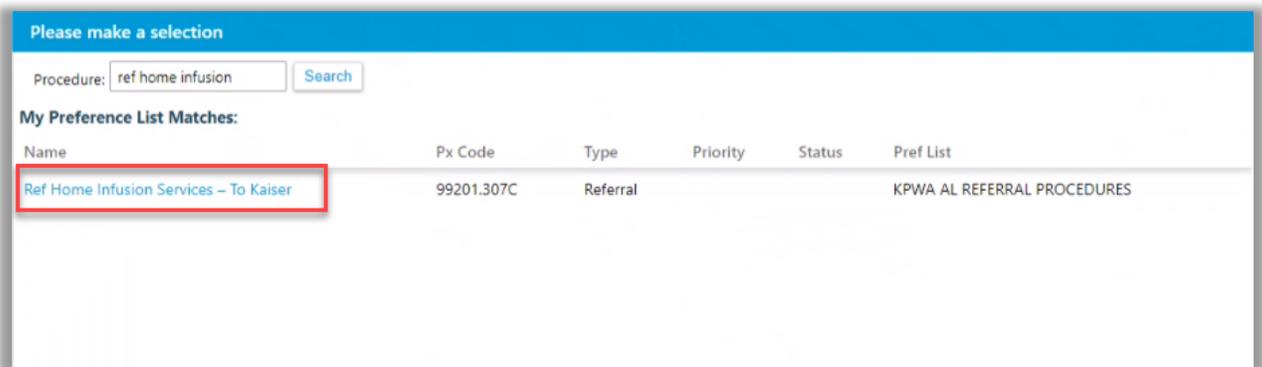
## JOB AID: Home Infusion Referral

Use this order to refer a patient to Kaiser Permanente Specialty Home Infusion. The request will simultaneously be reviewed for health plan authorization and an order will be placed with Kaiser Permanente Specialty Home Infusion. This order can only be used for non-Medicare, Kaiser Permanente insured members. Below are the steps for submitting a home infusion referral via this tool.

1. Enter 'ref home infusion'. Click the magnifying glass.



2. Click 'Ref Home Infusion Services – To Kaiser'



### 3. Complete the required fields of the order

**Ref Home Infusion Services – To Kaiser**

Process instructions: Ambulatory Infusion Therapy criteria and forms can be found at the reference link below. Please provide all required documentation. If ordering in AffiliateLink, documentation can be attached to order, click on Attachment button below and upload document. If faxing forms and documents, please fax to the infusion center where the patient will be receiving treatment.

Reference links: 1. [Home infusion Therapy Form](#)  
2. [Home infusion Formulary](#)

Questions:	Answer
1. Specific medication	<input type="text"/>
2. Dose	<input type="text"/>
3. Frequency of dose	<input type="text"/>
4. Duration of therapy	<input type="text"/>
5. Route	IV
6. Vascular Access	<input type="text"/>
7. Discontinuation Date (if known):	<input type="text"/>
8. Add another medication?	<input type="button" value="Yes"/> <input type="button" value="No"/>
9. Current location of patient	<input type="text"/>
10. KP Home Infusion requires that signed infusion protocol form be submitted by ordering provider for services to start. Forms are available in reference link above and can be attached to this order or faxed. Is the signed form attached to this order?	<input type="button" value="Yes"/> <input type="button" value="No"/>
11. Contact Name:	<input type="text"/>
12. Contact Phone/Ext:	<input type="text"/>

Note: If you receive this message, it means the member has a Medicare or non-Kaiser health plan. Cancel the order and use Ref Infusion CAM Pre-Authorization to refer to a provider that is in KP's contracted network.

Questions:	Answer
1. Kaiser Permanente Home Infusion can only accept referrals for Kaiser non-Medicare health plans at this time. Please cancel this order and use Ref Infusion CAM Pre-Authorization to refer to a provider that is in KP's contracted network.	<input type="text"/>
2. Specific medication	<input type="text"/>

### 4. Complete the relevant home infusion therapy referral form

10. KP Home Infusion requires that signed infusion protocol form be submitted by ordering provider for services to start. Forms are available in reference link above and can be attached to this order or faxed. Is the signed form attached to this order?

- 4.1. Click '[Home Infusion Therapy Form](#)' which will take you to the Kaiser Permanente Specialty Home Infusion website.

**Ref Home Infusion Services – To Kaiser**

Process instructions: Ambulatory Infusion Therapy criteria and forms can be found at the reference link below.  
Please provide all required documentation.  
If ordering in AffiliateLink, documentation can be attached to order, click on Attachment button below and upload document. If faxing forms and documents, please fax to the infusion center where the patient will be receiving treatment.

Reference link: **1. Home Infusion Therapy Form**  
2. Home Infusion Formulary

Questions:	Answer
1. Specific medication	<input type="text"/>
2. Dose	<input type="text"/>
3. Frequency of dose	<input type="text"/>
4. Duration of therapy	<input type="text"/>

- 4.2. Scroll to the bottom of the Kaiser Permanente Specialty Home Infusion Pharmacy website and click the relevant referral form

**Forms**

All links will open in a new window [🔗](#)

<a href="#">Agalsidase (Fabrazyme) prescription referral (PDF)</a>	<a href="#">Golimumab (Simponi Aria) prescription referral (PDF)</a>	<a href="#">Taliglucerase alfa (Elelyso) prescription referral (PDF)</a>
<a href="#">Aglucosidase (Lumizyme) prescription referral (PDF)</a>	<a href="#">Imiglucerase alfa (Cerezyme) prescription referral (PDF)</a>	<a href="#">Trastuzumab prescription referral (PDF)</a>
<a href="#">Alpha-1 proteinase inhibitor prescription referral (PDF)</a>	<a href="#">Idursulfase (Elaprase) prescription referral (PDF)</a>	<a href="#">Vedolizumab (Entyvio) prescription referral (PDF)</a>
<a href="#">Eculizumab (Soliris) prescription referral (PDF)</a>	<a href="#">Infliximab prescription referral (PDF)</a>	<a href="#">Velaglucerase alfa (Vpriv) prescription referral (PDF)</a>
<a href="#">Eteplirsen (Exondys 51) prescription referral (PDF)</a>	<a href="#">IVIg prescription referral (PDF)</a>	
<a href="#">Galsulfase (Naglazyme) prescription referral (PDF)</a>	<a href="#">Rituximab (Rituxan &amp; Truxima) prescription referral (PDF)</a>	

[🔗 All forms](#)

### 4.3. Complete the referral form



**Kaiser Permanente Washington Home Infusion Pharmacy (KPWAHIP)**  
**Truxima (Rituximab) Prescription Referral Form**  
 Phone: (206) 326-2990 Fax Referral To: (206) 326-2139

<b>1 PATIENT INFORMATION</b> Patient Name: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip: _____ MRN #: _____ DOB: _____ Drug Allergies: _____	<b>2 PRESCRIBER INFORMATION</b> Prescriber's Name: _____ DEA#: _____ NPI: _____ Clinic/Facility Name: _____ Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____ Fax: _____
<b>3 Instructions to Provider</b> All orders with ✓ will be placed unless otherwise noted. Please fax completed order form to 206-326-2139. For drug prior authorization, call 1-888-767-4670 or visit <a href="https://wa-provider.kaiserpermanente.org/provider-manual/clinical-review/preservice">https://wa-provider.kaiserpermanente.org/provider-manual/clinical-review/preservice</a> . Lab orders are not included on this form. KPWAHI does not provide laboratory monitoring.	
<b>4 CLINICAL INFORMATION</b> Diagnosis (ICD-10 code): _____ Date of Last Dose: _____	
<b>5 TRUXIMA MULTIPLE SCLEROSIS PRESCRIPTION INFORMATION</b> First Dose: <input type="checkbox"/> No <input type="checkbox"/> Yes, first two doses must be given in Infusion Center <b>riTUXimab (TRUXIMA, RITUXAN, RUXIENCE) in 0.9% sodium chloride</b> Weight: _____ kg      Date Recorded: _____ Dose: <input type="checkbox"/> 500 mg <input type="checkbox"/> 1000 mg <input type="checkbox"/> other _____      Route: Intravenous Frequency: <input type="checkbox"/> every _____ weeks or <input type="checkbox"/> every _____ months or <input type="checkbox"/> Other: _____ Refills: 11 months or <input type="checkbox"/> Other: _____ Infusion Access: <input type="checkbox"/> PIV <input type="checkbox"/> CVAD <input type="checkbox"/> Other: _____	

### 5. Attach the referral form to the order

Scheduling instructions: ? ↔ ↔ ↔

If the service is authorized, the Kaiser Permanente Home Infusion team will contact the nursing agency for scheduling and coordination with the patient.

Comment: ? ↔ ↔ ↔

(Empty comment box)

Attach files:

Add files

KP Home Infusion Vali...
✕

Description

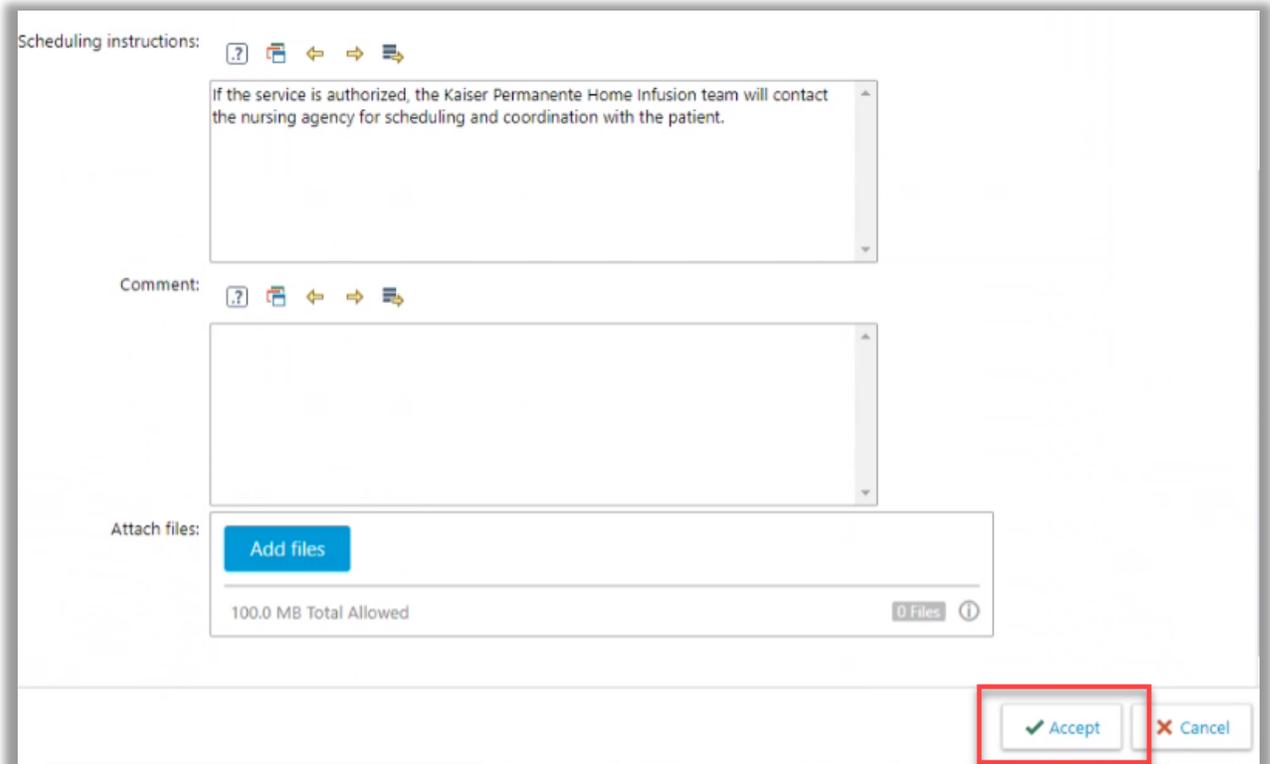
256 KB (100.0 MB Allowed)
1 File ⓘ

✓ Accept
✕ Cancel

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4

6. Click 'Accept'



Scheduling instructions: ? [copy] [undo] [redo]

If the service is authorized, the Kaiser Permanente Home Infusion team will contact the nursing agency for scheduling and coordination with the patient.

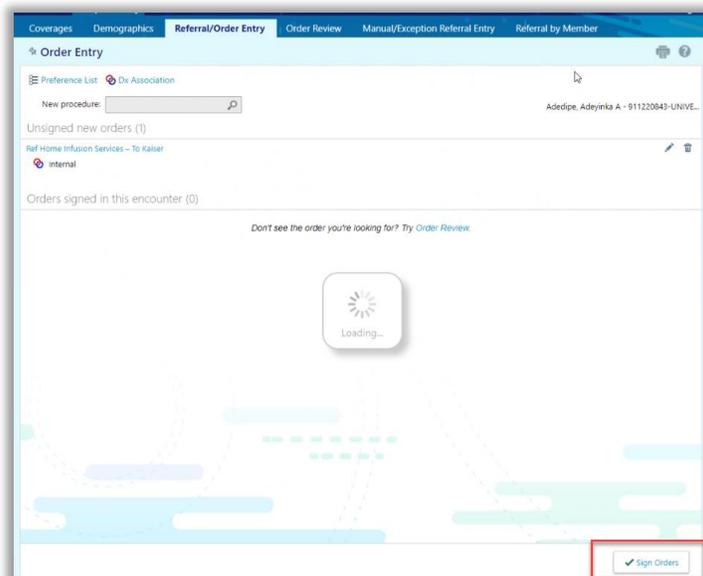
Comment: ? [copy] [undo] [redo]

Attach files: Add files

100.0 MB Total Allowed 0 Files ⓘ

✓ Accept ✗ Cancel

7. Click 'Sign orders'



Coverages Demographics Referral/Order Entry Order Review Manual/Exception Referral Entry Referral by Member

Order Entry

Preference List Dr. Association

New procedure: [input] Aedipe, Adeyinka A - 911220843-UNIVE...

Unsigned new orders (1)

Ref Home Infusion Services - To Kaiser

Internal

Orders signed in this encounter (0)

Don't see the order you're looking for? Try Order Review.

Loading...

✓ Sign Orders

Once the order has been signed and the service has been authorized by the health plan, which can take up to 5 days, Kaiser Permanente Home Infusion will work with its nursing partner to schedule the patient for their first infusion and will contact you if there are questions regarding the orders.