Proposal Response - B1 Method of Approach
SOLICITATION # YH23-0093
Specialty Pharmacy Services for Anti-Hemophilia and Other Blood Disorder Medications

B1 Method of Approach

5.2.1 Method of Approach Narrative Proposal (B1)

5.2.1.1 Describe the procedures, if applicable, for the transition of member care to the Offeror's services to minimize disruption of care and to address member and family concerns.

Through our Center of Excellence model, InfuCare Rx offers a dedicated Hemophilia Care Team to AHCCCS and your members. This team will manage the AHCCCS Hemophilia member population upon notice of award and thereafter. Each member will be assigned a Care Manager. The Care Manager will be the primary contact and liaison with our Clinical Care Team and the members. When assigned a Care Manager, the member(s) will be provided with the Care Manager's direct number. Care Managers are available 24/7 to support all member needs. The relationship between the Care Manager and the member is a key component in addressing member and family concerns. Communication is direct, frequent, and immediate. In addition, all members can reach our Pharmacy Care Team by calling our toll-free dedicated number. We believe our "high touch" dedicated Care Manager approach will ensure any member issues that may arise from the transition are addressed quickly.

Additionally, InfuCare Rx has an established Vendor Transition Plan (see screenshot) template which is a guide to supporting all payer transitions. Upon award, InfuCare Rx will work with AHCCCS to incorporate and approve established communication and transition tasks and timelines meeting the needs of AHCCCS within our established Vendor Transition Plan template.

- InfuCare Rx will work with the transitioning vendor along with AZ Medicaid to secure information and data transfer on the transitioning member/prescriber population.
- InfuCare Rx will obtain and track all authorizations (if applicable) to ensure there is no gap in service.
- InfuCare Rx will increase member and prescriber communication to ensure a smooth transfer from the servicing vendor to InfuCare Rx.

Communication with the Member(s)

- InfuCare Rx will perform outreach to each patient to notify them of the change and introduce our services.
- The Care Manager (along with the Clinical Care Team) will speak with their assigned members and complete an initial assessment.
- The transitioning patients will be required to sign a "Change of Pharmacy" form which will be kept for documentation and faxed to the prescriber's office.
- The Care Manager will establish a baseline inventory for both drug and supplies on hand.

Communication with the Prescriber(s)

- InfuCare Rx ® will coordinate with the previous vendor to transfer prescriptions.
- "Change of Pharmacy" form will be faxed to the prescribing physician and the transitioning vendor. This process will let the physician and transitioning vendor know that InfuCare Rx is the new managing and dispensing pharmacy.
- If an order is not transferable (no refills), the Clinical Care Team will reach out to the patient and then to the prescriber to request a new order.

Communication with the Transitioning Vendor

- InfuCare Rx will work with the transitioning vendor to ensure all transitioning members are identified and is inclusive of last dispense date and quantity dispensed.
- "Change of Pharmacy" form will be faxed to the prescribing physician and the transitioning vendor. This process will let the physician and transitioning vendor know that InfuCare Rx is the new managing and dispensing pharmacy.

Once InfuCare Rx has worked with the member, the prescriber and the transitioning vendor, our Hemophilia Care Team will establish a customized care plan for each individual patient. The Care Team will monitor progress monthly and quarterly. This approach to transitioning AHCCCS members from their current vendor to InfuCare Rx was established to ensure there is no disruption in care.

5.2.1.2 Describe how the Offeror ensures the availability of adequate anti-hemophilic and blood disorder medications and supplies.

As a leading provider of bleeding disorder medications, InfuCare Rx has access to all clotting factor products available on the market. To ensures adequate anti-hemophilic and blood disorder medications and supplies to all our hemophilia patients, inclusive of AHCCCS hemophilia members; we source drugs and supplies through multiple distribution channels. InfuCare Rx utilizes ASD, the specialty distributor division of AmerisourceBergen along with secondary wholesale accounts through Cardinal, McKesson, Biocare and CuraScript. To ensure greater product availability to our members we have direct purchasing relationships with the following manufacturers, Genentech, Sanofi and Takeda.

Factor products are shipped to the pharmacy overnight and available to dispense the next day. If an emergent need arises, InfuCare Rx will ensure that the patient has access to factor concentrate within 12 hours of expressed need, with a goal of 3 hours where logistically possible (reference MASAC, Medical and Scientific Advisory Council) guideline #188).

To ensure inventory on hand is adequate and without significant overage, the Care Managers will complete inventory checks, at a minimum, every 4 weeks for prophylactic regimens and every 3 months for PRN only regimens. An Order Form is completed by the Care Manager after each inventory check to ensure all members have the necessary ancillary supplies for administration. At this time, members will have the ability to request specific supplies. Supplies requiring prescription will be dispensed in accordance with all state/federal rules and regulations.

5.2.1.3 Describe how the Offeror will provide personalized education and enhanced monitoring, including addressing issues of member non-compliance.

The cornerstones of InfuCare Rx 's Hemophilia Management Program are to engage, to educate, to manage, monitor, modify (when needed) and then repeat. Our comprehensive model focuses on the patient from enrollment throughout the continuum of care with streamlined admissions and refill processes. Every AHCCCS member will be assigned a Care Manager who will be the members' primary contact.

Engagement starts at the time a referral is received by InfuCare Rx®. Through the completion of assessments (initial) and ongoing, our Hemophilia Care Team identifies a baseline to measure the patient's response and adherence to therapy.

The Hemophilia Care Team will establish a customized care plan with each member to establish an ongoing communication plan, this includes but is not limited to those on a prophylaxis regimen every 4 weeks and patients that are on a prn regimen every 3 months, to ensure the following:

a. there is an appropriate supply of clotting factor in the patient's home.

b. reportable records are maintained to support therapy compliance and make these reports available for audit purposes when necessary.

c. determines if there are any upcoming planned life events that require an adjustment to the care plan.

Frequency of communication will increase if the member has a bleed and/or the customized care plan establishes a more frequent interval of outreach.

Upcoming completion of each assessment and the initial Care Plan, the Hemophilia Care Team will provide education to patients. Patient education is ongoing and modified (when needed) to ensure medication compliance, therapy management, progression toward treatment goals while improving and/or maintaining the patient's activities of daily living (ADL).

Additional clinical management activities in support of compliance and adherence through the management, monitoring and modifying (when needed) of the care plan.

- Developing patient profiles and monitoring for appropriateness and effectiveness of all drug regimens by frequently assessing the patient and using clinical judgement; (clinical appropriateness)
- Identify possible changes to therapy to help patient adherence for example: alternative product, dosage form, formulation, frequency, or administration adjustment. [URAC SDrM 2 (a)] [URAC SDrM 6 (c)] Page 7 of 9
- Identifying and reporting of potential adverse drug reactions; [URAC SDrM 6 (a)]
- Determining appropriate medication usage and reporting any misuse to the patient's physician; [URAC SDrM 4 (a, j)] [URAC SDrM 5]
- Documenting complete and accurate information in the patient's profile, including all patient and physician communication.
- Providing necessary counseling services, according to law and regulation, by a registered pharmacist; i. Pharmacist or qualified healthcare professional supervised by a pharmacist provides all patient management services, including initial assessments, reassessments, education, interventions, and care plans.

- Providing access to a Registered Pharmacist 24 hour a day 7 day a week.
- Distributing appropriate written information about the pharmaceutical product delivered

As part of our medication compliance monitoring program, our pharmacy department, nurse case-managers and RN (Registered Nurses) field staff closely monitor patient medication refill patterns. This program includes performing in-house inventory counts and asking specific compliance related questions during patient follow-up phone calls as part of our medication refill process. AHCCCS members will be contacted before every delivery to ensure there is no gap or surplus of supplies and factor doses support compliance and adherence while maintaining inventory levels.

In the event a medication adherence issue is identified, the following factors are considered to determine which medications the pharmacist might recommend to the prescriber and/or patient (with permission from the physician): Caregiver support, culture, patient dexterity, cognitive abilities, NPO status, nutritional needs, comorbidities, contraindications, complications, history of compliance/adherence, history of abuse, grip strength, frequency of administration, quality of life, patient schedule, language barriers, etc., Alternative therapy regimens may include, converting patient from one factor therapy to another, increase dosing, orals to injectables, injectables to IV infusion, IV infusions to sub-q injections and/or changes to the frequency of administration, etc.,

Medication Adherence and Access is also tracked via internal reporting and tracking of Proportion of Days Covered (PDC) which measures the number of days the patient is covered by the medication to the number of days the patient is eligible to have the medication on hand.

Program Outcomes

- Clinical evidence provides support for a standard PDC threshold of 80%.
- For the previous twelve (12) months, InfuCare Rx has met an average PDC threshold of 91% for all bleeding disorder patients that are on a prophylactic regimen. For Hemlibra, the PDC increases to 97%.

An additional indicator supporting adherence and inventory management is the number of hospitalizations which would be classified as avoidable.

- The InfuCare Rx Care Team has had zero avoidable hospitalizations for our current bleeding disorder patients over the last 12 months.

5.2.1.4 Describe the Offeror's customer service business and after-hours availability for members and process for responding to provider questions within Arizona time zones and the calendar days of operation.

Upon award, InfuCare Rx will establish a dedicated toll-free number for AHCCCS and AHCCCS members to have access to InfuCare Rx's Hemophilia Care Team twenty- four (24) hours a day, seven (7) days a week. All pharmacies are open from 9am to 5:30pm local time zone. On-call pharmacy and nursing are available 24 hours a day, 365 days a year. InfuCare Rx will assign a Care Manager to each AHCCCS hemophilia member as their primary point of contact. All Care Managers will provide their direct number.

5.2.1.5 Describe the Offeror's capability to provide Member and provider emergency access to appropriately trained, qualified, and licensed professional staff twenty- four (24) hours a day, seven (7) days a week, through a toll-free telephone number including information on how the Offeror ensures that its staff are culturally competent, and its customer services can be provided in other languages as appropriate for the population or as required.

Upon award, InfuCare Rx will establish a dedicated toll-free number for AHCCCS and AHCCCS members to have access to InfuCare Rx's Hemophilia Care Team twenty- four (24) hours a day, seven (7) days a week. All pharmacies are open from 9am to 5:30pm local time zone. On-call pharmacy and nursing are available 24 hours a day, 365 days a year.

During the onboarding process, the InfuCare Rx Hemophilia Care Team evaluates and identifies if additional communication support is needed. If a translator is needed, InfuCare Rx ® utilizes "LanguageLine Solutions" for language interpretation.

Translators are available to translate written educational materials, formulary notices, Bill of Patient Rights and Responsibilities, consent to treatment and all other patient materials disseminated by our organization. [URAC CSCD 12 (d-ii)] In addition to translating written material, "LanguageLine Solutions" can support telephonic translation between our Care Team and the members. This service is available 24 hours a day, 7 days a week. This service is available 24 hours a day, 7 days a week. In addition, two of the three Care Managers who will be dedicated to the AHCCCS member population live in Arizona and are fluent in Spanish.

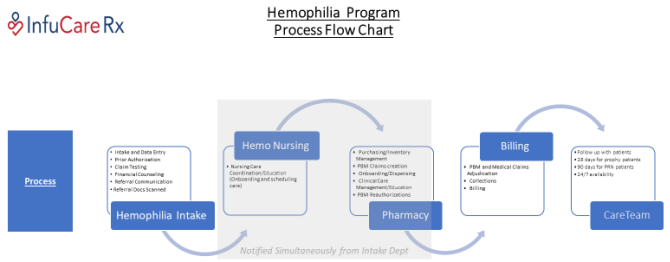
5.2.1.6 Describe the Offeror's proposed use of translation services.

InfuCare Rx ® utilizes "LanguageLine Solutions" for language interpretation. Translators are available to translate written educational materials, formulary notices, Bill of Patient Rights and Responsibilities, consent to treatment and all other patient materials disseminated by our organization. [URAC CSCD 12 (d-ii)] In addition to translating written material, "Language Line Solutions" can support telephonic translation between our Care Team and the members. This service is available 24 hours a day, 7 days a week. In addition, two of the three Care Managers who will be dedicated to the AHCCCS member population live in Arizona and are fluent in Spanish.

https://www.languageline.com

5.2.1.7 Describe the Offeror's delivery of services to ensure high quality, cost-effective care delivery, including, but not limited to:

5.2.1.7.1 Workflow and quality assurance procedures in place for procurement, dispensing, and home/site delivery of appropriate quantities of anti- hemophilic/other blood disorder medications, related products and supplies;



InfuCare Rx ® has access to blood clotting factor products approved by the federal Food and Drug Administration in multiple assay ranges and vial sizes, including products manufactured from human plasma and those manufactured with recombinant biotechnology techniques, based on existing manufacturer supply.

All new orders are filled within 48 hours or in accordance with the patient's need, which is based on the patient's current inventory on-hand. All new orders are filled within 48 hours (about 2 days) or in accordance with the patient's need and current inventory on hand. For an emergency, our wholesale partners can provide same day/24-hour service for shipping blood factor product(s) to our location. Then upon receipt by InfuCare Rx, the pharmacy will courier the medication to the patient, within a 24-hours. All orders received are dispensed as written without substitution.

If an emergent need arises, InfuCare Rx will ensure that the patient has access to factor concentrate within 12 hours of expressed need, with a goal of 3 hours where logistically possible (reference MASAC guideline #188). A prescription written for "factor" or nonspecific products must be clarified by the provider prior to dispensing.

Inventory management of hemophilic factor, non-factor & other blood disorder medications and related products and supplies is a primary focus of our Hemophilia program.

All doses for hemophilia medications will be dosed to assay and will be double checked by the clinical pharmacist when new prescriptions are received and/or when patient reports significant weight change (> 10%). All therapies are individualized per patient a. Bleeding episodes will be verified against the manufacturers package insert dosing guideline. b. Prophylaxis dose will follow manufacturer guidelines according to the package insert.

All orders will be filled to ensure the "target" dose is met. InfuCare Rx ® avoids multiple vials/doses, when possible, to minimize change of error and contamination. Our Hemophilia Care Team will contact the prescriber if 3 or more vials are required per dose, the assay available exceeds the +2.5% assay variance threshold established by AHCCCS.

If no assay is available to meet the requirement, InfuCare Rx will do the following: a. Contact wholesale supplier to see if other factor assays can be ordered and/or b. Contact the prescriber for a new prescription and/or verbal authorization for an adjusted order.

Orders that contain prophy and PRN doses will be processed separately to avoid extra doses on hand. PRN orders should only be filled with documentation of a bleed or replacing expiring doses.

The labeling and packaging of all doses is critical to adherence and inventory management. Every dose dispensed must be labeled.

- Multi-vial doses (2 or more) will be attached per patient preference (taped, bagged, etc.) and labeled as an individual dose.
- PRN doses will be labeled and packaged in bag, apart from prophy doses, and expiration date prominently displayed on manufacture packaging.
- Complex dosing- Use of auxiliary labels (high/low dose, major/minor bleed, etc.) and highlighting will be utilized to promote patient safety and compliance.

Patients are educated to rotate doses to ensure minimal waste. Prior to dispensing, our Hemophilia Care Team will ensure patients have enough bleed doses on hand (per prescription) to avoid hospitalization or ER (Emergency Room) visits and to minimize need for emergency deliveries. Finally, ancillary supplies will be provided to patients to aid in medication administration. Patient specific supply kits will be made for patients unless they request otherwise. Kits will be composed per dose of all necessary supplies to promote adherence, ease of administration, and quality of life. Sharps containers will be provided upon request. All sharps' containers will contain a prepaid return label for disposal.

The Care Team will document the number of doses the patient has on hand via the refill assessment. Bleed doses will only be replaced if they are used or expired with proper documentation. Bleed logs will be provided to all bleeding disorder patients. Refill assessment will allow the clinical team to make sure the patient does not have too many doses on hand and will allow them to monitor compliance by making sure they are following their prescribed regimen and how any doses on hand are reported.

5.2.1.7.3 Packaging, shipping, and delivery procedures to assure safe and timely delivery according to manufacturer guidelines in Arizona's climate extremes;

Ensuring safe and timely delivery of your member's medication(s) is of the utmost importance to InfuCare Rx®. The Hemophilia Care Team follows rigorous pharmacy operating procedures to ensure the accurate and safe storage and dispensing of medications.

Our team is fully compliant with cold chain and room temperature requirements which are critical to ensuring your members receive medication that is at full potency. As an accredited pharmacy vendor (URAC/ACHC), InfuCare Rx meets all manufacturer's guidelines which define how each drug is required to be shipped and stored. In addition, we ensure all FDA (Food and Drug Administration) established regulations that define appropriate storage conditions for pharmaceuticals (CFR2111) are met.

Packaging

The packing materials used are dependent on the medication's required temperature range (referenced above), the packaging size, and season shipped (see Packing Instructions). All shipments are packed in a size appropriate, shipping box, bubble wrap pouch which includes ice bricks, and packing material to protect the integrity and stability.

A tamper evident seal is applied to the packaging and testing is done for all packing materials to ensure that proper temperature stability is maintained during transportation. A shipping checklist is completed before a package is sealed for delivery. The checklist verifies correct patient name, DOB, drug, delivery confirmation, and address.

The standard requirement is to protect the inside of a package for 24 hours. InfuCare Rx packs to ensure the integrity of the inside package and medication is protected for up to 48 hours (50% more protection).

Shipping and Delivery

InfuCare Rx ships only refrigerated and room temperature medications. Frozen medications are currently not shipped. Shipped medications are kept at the recommended temperature ranges per USP guidelines: a. Refrigerated: Any temperature between 36° and 46° Fahrenheit. b. Controlled room temperature: Any temperature between 68°–77° Fahrenheit.

All shipments will be sent as requested by member/caregiver and/or prescriber. InfuCare Rx does not allow auto-fill on Blood-Factor. A delivery date must be confirmed with the member/caregiver prior to shipment. When selecting a mode of transportation, the program team considers the following criteria: accessibility, transit time, reliability, shipment size, and medication stability. Once the package is released for shipment, our team tracks all packages via the carrier website until delivery is confirmed.

InfuCare Rx's preferred vendor for shipments across the US is FedEx. InfuCare Rx is supported by FedEx Premier Healthcare customer service. InfuCare Rx has a ship completion rate of 99.8%.

To ensure our team is meeting performance indicators related to the packaging and shipping of medications, the InfuCare Rx ® Quality Management team will review all qualification tests and any shipping complaints. This team will work closely with pharmacy operations to resolve complaints and modify the packing and shipping process as needed.

Additionally, all complaints are reported to the Quality Management Committee ("QMC") for an additional review every quarter.

5.2.1.7.4 Inventory management of daily demand for anti-hemophilic medications including protocols on the management of short-dated pharmaceuticals (the expiration date is less than 90 days from the current date of dispensing) and maintenance of inventory levels to ensure fulfillment of initial and refill orders;

As part of our medication compliance monitoring program, our pharmacy department, nurse case-managers and RN field staff closely monitor patient medication refill patterns. This program includes performing in-house inventory counts and asking specific compliance related questions during patient follow-up phone calls as part of our medication refill process.

Pharmacy will identify trends in dosing and dispensing and stock medications for patients that can be utilized in emergencies situations. No products will be dispensed to AHCCCS members with an expiration date of less than 90 days.

Prophy patients will be notified if their shipment contains any product that expires within 6 months and will be labeled with "use first" stickers. PRN patients will be shipped products that have an expiration date of greater than 12 months to minimize replacement.

5.2.1.7.5 Established procedures and responses to product shortages for any reason;

As a leading provider of factor, InfuCare Rx ® works closely with our wholesale partners and the manufacturers to ensure in the times of shortages, we can manage all active patient dispenses. In addition, FDA notification is utilized for identification of drug shortage or outages. In the event a drug is on short order, additional supply will be ordered as allowed and alternate vendors will be utilized to obtain drug. In the event a drug is on back order, any or all the following will be done.

- Generate a report of all affected medications, distribution status, and estimated release date.
- Purchase direct from manufacturer.
- Purchase from alternate vendors d. Complete back-order quantity with vendor to assure earliest delivery date once available.

In the event all resources become exhausted, Medication alternative(s) deemed appropriate by clinical pharmacist, Pharmacy Manager, and prescriber will be substituted for treatment until the drug becomes available. 4. Notification of outage/shortage will be communicated to appropriate providers and staff via email and/or delivered letter.

5.2.1.7.6 Procedures for monitoring and AHCCCS quarterly reporting of the appropriate selection of factor assay versus prescribed amounts within established maximum variances approved by AHCCCS;

InfuCare Rx will ensure an assay management of hemophilic factor and other blood disorder agents, as appropriate, within a 2.5% percent variance from the prescribed amounts and reported to AHCCCS on a quarterly basis. Upon award, InfuCare Rx and AHCCCS will agree to the reporting format, which includes at a minimum, the reports provided in "Exhibit B – Quarterly Reporting Template. Inventory management of hemophilic factor, non-factor & other blood disorder medications and related products and supplies is a primary focus of our Hemophilia program.
All doses for hemophilia medications will be dosed to assay and will be double checked by the clinical pharmacist when new prescriptions are received and/or when patient reports significant weight change (> 10%). All therapies are individualized per patient a. Bleeding episodes will be verified against the manufacturers package insert dosing guideline. b. Prophylaxis dose will follow manufacturer guidelines according to the package insert. All orders will be filled to ensure the "target" dose is met. InfuCare Rx avoids multiple vials/doses when possible. Our Hemophilia Care Team will contact the prescriber if 3 or more vials are required per dose, the assay available exceeds +2.5%.

If no assay is available to meet the requirement, InfuCare Rx will do the following: a. Contact wholesale supplier to see if other factor assays can be ordered and/or b. Contact the prescriber for a new prescription and/or verbal authorization for an adjusted order. Orders that contain prophy and PRN doses will be processed separately to avoid extra doses on hand. PRN orders should only be filled with documentation of a bleed or replacing expiring doses.

The labeling and packaging of all doses is critical to adherence and inventory management. Every dose dispensed must be labeled.

- Multi-vial doses (2 or more) will be attached per patient preference (taped, bagged, etc.) and labeled as an individual dose.
- PRN doses will be labeled and packaged in bag, apart from prophy doses, and expiration date prominently displayed on manufacture packaging.
- Complex dosing- Use of auxiliary labels (high/low dose, major/minor bleed, etc.) and highlighting will be utilized to promote patient safety and compliance.

Patients are educated to rotate doses to ensure minimal waste. Prior to dispensing, our Hemophilia Care Team will ensure patients have enough bleed doses on hand (per prescription) to avoid hospitalization or ER visits and to minimize need for emergency deliveries.

5.2.1.7.7 Management of member's anti-hemophilic and blood disorder medications and supplies to minimize unnecessary stockpiling;

Inventory management of hemophilic factor, non-factor & other blood disorder medications and related products and supplies is a primary focus of our Hemophilia program. The InfuCare Rx® Hemophilia Care Team

InfuCare Rx has access to blood clotting factor products approved by the federal Food and Drug Administration in multiple assay ranges and vial sizes, including products manufactured from human plasma and those manufactured with recombinant biotechnology techniques, based on existing manufacturer supply.

All new orders are filled within 48 hours (about 2 days) or in accordance with the patient's need and current inventory on hand. For an emergent need, our wholesale partners can provide same day/24-hour service for shipping blood factor product(s) to our location. Then upon receipt by InfuCare Rx, the pharmacy will courier the medication to the patient, within a 24-hours. All orders received are dispensed as written without substitution.

If an emergent need arises, InfuCare Rx will ensure that the patient has access to factor concentrate within 12 hours of expressed need, with a goal of 3 hours where logistically possible (reference MASAC guideline #188). A prescription written for "factor" or nonspecific products must be clarified by the provider prior to dispensing.

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All therapies are individualized per patient a. Bleeding episodes will be verified against the manufacturers package insert dosing guideline. b. Prophylaxis dose will follow manufacturer guidelines according to the package insert. All orders will be filled to ensure the "target" dose is met. InfuCare Rx avoids multiple vials/doses, when possible, to minimize change of error and contamination. Our Hemophilia Care Team will contact the prescriber if 3 or more vials are required per dose, the assay available exceeds +/-10% or the payer's requirements.

If no assay is available to meet the requirement, InfuCare Rx ® will do the following: a. Contact wholesale supplier to see if other factor assays can be ordered and/or b. Contact the prescriber for a new prescription and/or verbal authorization for an adjusted order. Orders that contain prophy and PRN doses will be processed separately to avoid extra doses on hand. PRN orders should only be filled with documentation of a bleed or replacing expiring doses.

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Patients are educated to rotate doses to ensure minimal waste. Prior to dispensing, our Hemophilia Care Team will ensure patients have enough bleed doses on hand (per prescription) to avoid hospitalization or ER visits and to minimize need for emergency deliveries. Finally, ancillary supplies will be provided to patients to aid in medication administration. Patient specific supply kits will be made for patients unless they request otherwise. Kits will be composed per dose of all necessary supplies to promote adherence, ease of administration, and quality of life. Sharps containers will be provided upon request. All sharps containers will contain a prepaid return label for disposal.

5.2.1.7.8 Medical waste removal and disposal for members; and

InfuCare Rx will meet all state and federal requirements for medication disposal. InfuCare Rx staff will not remove or facilitate removal of blood factor from the patient's home unless the blood factor is recalled by the manufacturer. Sharps containers will be provided upon request. All sharps containers will contain a prepaid return label for disposal. If AHCCCS has an expectation that InfuCare Rx would support medical waste removal and disposal for members, this can be discussed post award and InfuCare Rx will look to meet the needs of AHCCCS.

5.2.1.7.9 Emergency delivery service procedures, tracking and response logs/times.

If an emergent need arises, InfuCare Rx will ensure that the patient has access to factor concentrate within 12 hours of expressed need, with a goal of 3 hours where logistically possible (reference MASAC guideline #188). Additionally, our wholesale partners provide the same day/24-hour service for shipping blood factor product(s) to our location. Then upon receipt by InfuCare Rx, the pharmacy will courier the medication to the patient, within that 24-hour period.

When non-emergent, all new orders are filled within 48 hours or in accordance with the patient’s need, which is based on the patient’s current inventory on-hand. All orders received are dispensed as written without substitution. A prescription written for “factor” or nonspecific products must be clarified by the provider prior to dispensing.

5.2.1.8 Provide a detailed description and examples of proposed quarterly clinical, statistical, and financial analyses. Include the following at a minimum:

5.2.1.8.1 Assessment, reporting, and consultation with AHCCCS on current and future trends regarding the use of prescribed anti-hemophilic agents;

InfuCare Rx employs experienced business representatives within its Sales and Operations departments that consult regularly with manufacturer personnel (i.e., Market Access and Medical Science Liaison teams). Via these business/clinical interactions, InfuCare Rx can gain significant insight into current and future trade relations.

More specifically, InfuCare Rx can understand, well in advance, future market trends and product pipelines as well as potential launch dates to include any available product research and associated clinical and statistical data. Upon award, InfuCare Rx can provide insight on how current and future trends may impact AHCCCS hemophilia population.

5.2.1.8.2 Identification of trends that may be a result of over or under-utilization of anti-hemophilic agents;

InfuCare Rx employs experienced business representatives within its Sales and Operations departments that consult regularly with manufacturer personnel (i.e., Market Access and Medical Science Liaison teams). Via these business/clinical interactions, InfuCare Rx can gain significant insight into current and future trade relations. More specifically, InfuCare Rx can understand, well in advance, future market trends and product pipelines as well as potential launch dates to include any available product research and associated clinical and statistical data.

InfuCare Rx ® leads the industry in providing innovative specialty infusion therapy services at home and alternate site settings with our mobile-integrated digital platform. We are committed to delivering customized data-driven infusion services to meet each patient's individual needs and optimize outcomes. We would like to work with AHCCCS to implement a customized version of our mobile-integrated digital platform for your hemophilia population.

5.2.1.8.3 Documentation of members' treatment compliance;

The InfuCare Rx ® Hemophilia Care Team will contact hemophilia members that are on a prophylaxis regimen, at a minimum, every 4 weeks and members that are on a as needed (PRN) regimen every 3 months to ensure there is an appropriate supply of blood factor in the patient's home reportable records are maintained to support therapy compliance and make these reports available for audit purposes when necessary.

As part of our medication compliance monitoring program, our pharmacy department, nurse case-managers and RN field staff closely monitor patient medication refill patterns. This program includes performing in-house inventory counts and asking specific compliance related questions during patient follow-up phone calls as part of our medication refill process.

All assessments, interventions and member outreach are documented in the member's electronic medical record. Pharmaceutical interventions are entered via progress notes by our pharmacists, include but are not limited to, potential avoidance of hospital and ED visits, over and under medication utilization, lab monitoring, dosing, product, administration, and regimen changes and/or recommendations as part of our compliance and side effect management process.

Member progress towards meeting the Care Plan treatment goals during ongoing assessment process include:

- Drug to Drug Interactions - this measure assesses the percentage of members who received a prescription for a target medication who were dispensed a concurrent prescription for a precipitant medication.

- Adverse Events, Near Misses and Side Effect Management – this measures medication errors and potential errors before they reach a patient, product quality complaints resulting in adverse events including adverse reactions, and the management of undesirable effects related to a drug

- Patient Health Related Quality of Life – this measure assesses the percentage of members who received a prescription for a target medication who demonstrated a) reduction of lost workdays, b) increased functions of daily living, c) reduction of disease related symptoms, d) reduction in hospital/ED visits

5.2.1.8.4 Documentation including claims data per member, data trends in utilization and costs, and cost control strategies; and

InfuCare Rx will ensure an assay management of hemophilic factor and other blood disorder agents, as appropriate, within a 2.5% percent variance from the prescribed amounts and reported to AHCCCS on a quarterly basis. The InfuCare Rx Care Team will maintain constant monitoring/communication with the patient to ensure adherence to the prescribed therapy regimen which will decrease/minimize the use of prn/bleed doses. InfuCare will utilize multiple vial dosing and multiple vendors to stay within AHCCCS's allowable variance.

5.2.1.8.5 Documentation of scheduled and emergency shipping and delivery times of anti-hemophilic and other blood disorder medication, related products, and supplies.

If an emergent need arises, InfuCare Rx will ensure that the patient has access to factor concentrate within 12 hours of expressed need, with a goal of 3 hours where logistically possible (reference MASAC guideline #188).

5.2.1.8.6 Utilization reports by product, member, and prophylaxis/non- prophylaxis use.

In 2022, InfuCare dispensed over 44M units of factor and managed ~3400 dispenses. Upon award, InfuCare Rx will provide comprehensive utilization reports by product, by member, inclusive of but not limited to member severity, inhibitor, age, interventions, and case highlights.

5.2.1.9 Describe the process for transitioning members who are required to meet the 340B Covered Entity relationship requirements. The 340B Covered Entity must demonstrate that the one-to-one relationship between the patient, the covered entity and the prescribing clinician has been met in order to be compliant with the 340B Program requirements, if applicable to the Offeror.

InfuCare Rx will work with prescriber and 340B HTC (Hemophilia Treatment Centers) to ensure all members are identified under the operational processes which includes the covered entity, the contract pharmacy, and the designated third-party administrator, or through another specifically designed process to assure the prevention of diversion is demonstrated. Upon award, InfuCare Rx will identify all 340B entities to which we will work with the covered entity to become one of their contracted pharmacies.

Additional Supporting Exhibits are available upon request.

OP-21 MANAGEMENT OF HEMOPHILIA
Effective Date: 09/22/2022
Owner: Pharmacy Operations
Department: Pharmacy, Nursing

I. PURPOSE:

To define guidelines and requirements for staff involved in the management of patients with Hemophilia.

II. POLICY:

Bleeding disorders are among the highest touch disease states and thus require highly educated and experienced providers. InfuCare Rx requires staff involved in the management of hemophilia to have extensive knowledge of bleeding disorders and associated treatments in addition to disease state management to ensure positive outcomes.

III. PROCESS/PROCEDURE:

A. Staff Education
   1. Only highly trained pharmacy and nursing personnel will be involved in the management of patients with bleeding disorders.
   2. Education and competency assessments will occur upon hire and annually thereafter.
   3. Education includes:
      a. Comprehensive disease state education for all forms of bleeding disorders
      b. Factor replacement therapy (drug specific options)
      c. Bleed specific treatment options
      d. Adjunct management/treatments
      e. Monitoring and outcomes
      f. Home therapy to include storage and disposal
      g. Complications and risk factors
      h. Patient counseling
      i. Ancillary supplies
      j. Understanding and application of WFH guidelines
   4. A minimum of 2 hours continuing education credits on bleeding disorders/year
      i. Different requirements may be mandated depending on specific payor requirements.

B. Prescription Orders
   1. Patient Education and Services
      a. InfuCare Rx Clinical staff will provide education to patients during onboarding and on ongoing basis regarding home inventory rotation to avoid the expiration of the blood factor product.
      b. InfuCare Rx Clinical staff will contact hemophilia patients that are on a prophylaxis regimen every 4 weeks and patients that are on a as needed regimen every 3 months, at minimum, to ensure the following:
         i. there is an appropriate supply of blood factor in the patient's home

ii. reportable records are maintained to support therapy compliance and make these reports available for audit purposes when necessary
iii. any upcoming planned life events are discussed with the patient and records are maintained for audit purposes.

c. InfuCare Rx staff will not remove or facilitate removal of blood factor from the patient's home unless the blood factor is recalled/outdated product.

2. Processing
   a. InfuCare Rx can provide its patients with all brands of blood clotting factor products approved by the federal Food and Drug Administration in multiple assay ranges and vial sizes, including products manufactured from human plasma and those manufactured with recombinant biotechnology techniques, based on existing manufacturer supply.
   b. All new orders are filled within 48 hours or in accordance with the patient's need/request based on on-hand inventory.
   c. On an as needed urgent basis, various wholesalers provide a same day/24-hour service for shipping blood factor product to our location. Similarly, upon receipt of the drug, the pharmacy will courier the medication to the patient, within that 24-hour timeframe.
   d. All orders received will be dispensed as written without substitution.
      i. Rx written for "factor" or nonspecific products must be clarified by the provider prior to dispensing.
      ii. All orders will be as close to the prescribed assay as possible. Avoid multiple vials/doses when possible. Contact provider if 3 or more vials are required per dose, assay available exceeds +/-10% or insurance standards. Each patient will be noted of stricter requirements (Ex. 1.5% or 3%) set by payors and will be followed.
      iii. If no assay is available to meet the requirement, we will do the following:
         a. Contact wholesale supplier to see if other factor assays can be ordered.
         b. Contact Doctor for new prescription or verbal authorization for one fill or multiple fills.
   e. Orders that contain prophy and PRN doses will be processed separately to avoid extra doses on hand
      i. Patients will be educated to rotate doses to ensure minimal waste
      ii. Clinicians will ensure patients have enough bleed doses on hand (per prescription) to avoid hospitalization or ER visits and to minimize need for emergency deliveries.
      iii. PRN orders should only be filled with documentation of a bleed or replacing expiring doses.
      iv. All doses for hemophilia medications will be dosed to assay and will be double checked by the clinical pharmacist when new

prescriptions are received and/or when patient reports significant weight change (> 10%). All therapies are individualized per patient

a. Bleeding episodes will be verified against the manufactures package insert dosing guideline.
b. Prophylaxis dose will follow manufacturer guidelines according to the package insert

3. Dispensing
   a. Prescriptions cannot be filled without an expressed need from the patient, caregiver, or provider.
   b. Assay will be chosen as close to ordered dose as possible to avoid waste and maintain compliance with insurance standards.
   c. Orders will be shipped via cold chain distribution to maintain product integrity and stability (Policy 9.3).
   d. If a call is received about an emergency situation, the pharmacy will ensure that the patient has access to factor concentrate within 12 hours of expressed need, with a goal of 3 hours where logistically possible (reference MASAC guideline #188).
   e. Inventory
      i. Factor will be ordered as directed and patient specific.
      ii. Factor products will have an expiration date exceeding 6 months at minimum and 1 year for patients using infrequent demand therapy (i.e., less than 6 times per year).
         a. Approval will need to be documented from patient and physician if expiration dates criteria cannot be met
      iii. Pharmacy must keep record of all lots and expiration dates of products dispensed.
      iv. All blood factor product will be stored, shipped, and delivered as required by all state and federal mandated standards, including but not limited to that standards listed on each product's approved package insert.
   f. Labeling
      i. Every dose dispensed must be labeled.
      ii. Multi-vial doses (2 or more) will be attached per patient preference (taped, bagged, etc.) and labeled as an individual dose.
      iii. PRN doses will be labeled and packaged in bag, apart from prophy doses, and expiration date prominently displayed on manufacture packaging
      iv. Complex dosing- Use of auxiliary labels (high/low dose, major/minor bleed, etc.) and highlighting will be utilized to promote patient safety and compliance.
   g. Supplies
      i. Ancillary supplies will be provided to patients to aid in medication administration.
      ii. Patient specific supply kits will be made for patients unless they request otherwise. Kits will be composed per dose of all necessary

supplies to promote adherence, ease of administration, and quality of life.

iii. Sharps containers will be provided upon request. All sharps containers will contain a prepaid return label for disposal.

4. Nursing
   a. Need for nursing will be established during initial intake and reviewed monthly during patient outreach.
   b. The nurse manager will be notified to set up nursing services.
      i. In the event we cannot provide in-house nursing, the nurse manager will arrange for contract nursing starting with established contracts (HR-07).
   c. Nurses are responsible for:
      i. Training and/or infusing patients
      ii. Completing an in-home patient assessment to verify adequate storage, inventory, proper waste
      i. Proper medication administration
      ii. Review of treatment/bleed logs
      iii. Identification of Adverse Events
      iv. Completing and sending visit notes to pharmacy within 72 hours of visit to include:
         - Any issues or concerns
         - Quality of life and depression screen, as applicable
         - Education/intervention opportunities
         - ADR's/Infections
         - Factor and supply management/compliance
   d. Nursing may deliver medication and supplies in addition to disposing of sharps container at the patient's request.

IV. CROSS REFERENCES

None

V. REFERENCES/CITATIONS

MASAC Guidelines

VI. FORMS/APPENDICES

None

VII. TRAINING/ENFORCEMENT

Training on this policy will be provided to as it pertains to their job functions. Pharmacy management is responsible for enforcing and providing training on this policy and procedure.

VIII. APPROVAL AUTHORITY

Executive Committee

InfuCare Rx
Phone: (844) 773-6779 Fax: (844) 533-1131
Website: InfuCareRx.com

NOTICE TO CHANGE HOME CARE PROVIDERS

Effective _____, I _____ would like to change my home care company provider from _____ to InfuCare Rx for the following reason(s):

1. _____
   _____
2. _____
   _____

I understand that this change will not take place until all the necessary documentation has been completed/received. I also understand that this change will not be immediate and that there will be some time needed to process this request. This form will be provided to the physician and to insurance.

Print name: _____

Signature: _____

Date: _____

Revised 08/2020*

InfuCare Rx

Bleeding Disorders Initial Assessment

Phone: 1-844-773-6779
Fax: 1-844-533-1131
www.infucarerx.com

DEMOGRAPHIC INFORMATION

Patient Name: | DOB: | Date:

Patient Address: | Patient Shipping Address:

Phone: | Email: | Gender: | Height: | Weight:

Preferred Contact Method: | Bleeding Disorder Medication(s):

Emergency Contact: | Relationship: | Contact:

Local Pharmacy (name and phone number):

Primary Diagnosis (including ICD-10):

Is Patient a Minor (less than 18 years old)? ☐Y ☐N
If yes, who can we speak to for patient questions (Mom, Dad, Both)? _____
If no, who else can we speak to for questions about the patient (need to be listed as an emergency contact)?_____

GOVERNMENT REQUIRED QUESTIONS

Language Preference: | Special Needs (vision/hearing impairment):

Employment Status: | Occupation:

Current Living Situation: | Are there children in the home? ☐Y ☐N

Do you have any home healthcare in place? ☐Y ☐N | Please Explain:

Does patient have a Living Will and/or Advanced Directives? ☐N ☐If Yes, DNR ☐If Yes, Full Code ☐Unknown
Neighborhood is safe to leave deliveries and RN to visit? ☐Y ☐ N
Home environment is clean and safe from potential hazards? ☐Y ☐N
(E.g., area for nurse to teach/administer therapy, smoke detectors, clear path to exits in case of emergency, no frayed/loose throw rugs or cords in walkway.)

ASSESSMENT COMPLETED BY

☐Patient ☐ Caregiver:_____ ☐ Other:_____

PATIENT DRUG/FOOD ALLERGIES

Does patient have any medication allergies? ☐Y ☐N
If yes, list name of medications and reaction:

Does patient have any food allergies? ☐Y ☐N If yes, list food items:

Is patient allergic to latex? ☐Y ☐N Is patient allergic to any others items (adhesives, cleaners, etc.)? ☐Y ☐N

If yes, list other items:

GENERAL MEDICAL HISTORY

List of current medical/health condition(s):

Are you currently pregnant? ☐Y ☐N Are you currently breastfeeding? ☐Y ☐N
Do you have routine blood work scheduled? ☐Y ☐N
If so, who schedules and follows? ☐Rheumatologist ☐Dermatologist ☐PCP ☐Hematologist ☐Other:_____
How often? ☐1-2 mo ☐3-4 mo ☐every 6 months ☐every 12 months

Smoking Status:
Current Smoker ☐Y ☐N
If yes: Number of cigarettes per day:_____ How many years?_____
Former Smoker ☐Y ☐N
If yes: Number of cigarettes per day:_____ How many years?_____ Quit Date:_____

Alcohol Use:
Frequency of Use: ☐Daily ☐Weekly ☐Monthly ☐Yearly ☐Never ☐Number of Drinks:_____

Have you ever used illegal or IV drugs? ☐Y ☐N Type:_____

Vaccination History:
Do you get a flu shot annually? ☐Y ☐N
Have you had the shingles vaccine? ☐Y ☐N
Have you been vaccinated for Hepatitis A and/or B? ☐Y ☐N

Revised 4/28/2022

List current medication that you are taking: (include dosage and frequency)	
Drug Name:	**Directions:**

GENERAL MEDICAL HISTORY

List any Bleeding Disorder medication previously tried and/or failed: (include reason for discontinuation)	

Infusion Training:
Were you and/or caregiver trained on how to administer the injection? ☐Y ☐N
If not, will the physician or a manufacturer nurse be giving the first injection?_____
Do you need a nurse to assist you with infusions? ☐Y ☐N
Do not try to inject any medication until you or your caregiver has been properly trained

Baseline Symptoms:
Current quality of life (Rate from 0 to 10 with 10 Being Excellent):_____
Are you able to participate in recreational activities and sports as you would like? ☐Y ☐N
Have you had missed any days of work/school due to your diagnosis over the past week? ☐Y ☐N
If so, how many days?_____
Are you in pain regularly? ☐Y ☐N
Current pain level (Rate from 0 to 10 with 10 Being the Worst):_____
Have you been hospitalized recently? ☐Y ☐N Reason:_____

Disease Specific Questions:
At what age were you first diagnosed with a bleeding disorder?_____
How would you rate your understanding of this condition/therapy? ☐Basic ☐Moderate ☐Comprehensive
What type of bleeding disorder do you have? ☐Hemophilia A ☐Hemophilia B ☐von Willebrand Disease ☐Other:_____
What is the severity of your bleeding disorder? ☐Mild ☐Moderate ☐Severe
What was your most recent factor level?_____ Date:_____
Have you ever been screened/diagnosed with a factor inhibitor? ☐Y ☐N
Have you had any severe bleeding episodes or brain bleeds in the past? ☐Y ☐N
If yes, explain:_____
What are your target joints or recurrent bleed locations?_____
Do you have any joint damage or arthritis? ☐Y ☐N Joints:_____
Do you need any assistance with walking? ☐Y ☐N In what way?_____
Would you like any information on support groups for your condition? ☐Y ☐N
Do you know how to store and dispose of your medications? ☐Y ☐N
What type of intravenous device do you use for infusion? ☐Butterfly ☐PICC ☐Port ☐ Indwelling Peripheral ☐Central (Hickman, Groshong, etc.) ☐ Other: _____

Activities of Daily Living: (Rate from 1 to 5 with 5 Being Able to Do)
Ability to dress yourself?_____
Ability to get in and out bed?_____
Ability to bend down to pick something from the floor? _____
Ability to walk outside on flat ground? _____
Ability to get in and our of a car, bus, or airplane? _____

Patient Name: _____

Phone: 1-844-773-6779
Fax: 1-844-533-1131
www.infucarerx.com

Engage patient in the understanding of their medication and dose:

Can you repeat to me the name of your medication?_____

Can you tell me how you are supposed to take the medication?_____

Why are you taking this medication?_____

What are your goals for therapy? (Check all that apply)

- ☐ Minimize joint/muscle bleeds
- ☐ Minimize any administration issues (Be able to self administer)
- ☐ Minimize any storage problems
- ☐ Minimize any reactions to the infusion site
- ☐ Reduce or minimize joint pain
- ☐ Reduce or minimize joint damage
- ☐ Minimize compliance issues
- ☐ Other:_____

Do you have any financial concerns regarding your care? ☐Y ☐N Explain:_____

Did the patient require financial counseling? ☐Y ☐N Explain:_____

Explain to the patient that they will receive a welcome packet with forms to fill out and/or review

Information provided by: _____ Date:_____

Clinically reviewed by: _____ Date:_____

Notes:

Patient Name: _____

InfuCare Rx

Bleeding Disorders Refill Assessment

Phone: 1-844-773-6779
Fax: 1-844-533-1131
www.infucarerx.com

PATIENT INFORMATION

Patient Name:	DOB:	Patient Weight:	Date:

Spoke to (relationship with patient):	Factor Medications:

DOSES CURRENTLY ON HAND

	Assay	Doses on Hand	Expiration Date
Prophy:			
PRN/ On Demand:			

Reason For Order:
Routine Refill ☐
Surgery ☐
Dental Procedure ☐
Other:_____

REASON FOR ORDER

Date of Next Infusion: _____
How many missed doses since your last fill? ☐N/A Quantity:_____ Reason:_____

Any bleeds since last refill? ☐Yes ☐No
Number of bleeds since last refill?_____ Number of PRN/bleed doses used?_____
1. Assay:_____ Number of Doses Used: _____ Date: _____ Details: _____
2. Assay:_____ Number of Doses Used: _____ Date: _____ Details: _____

Target Joint(s):_____ Non-target Joint(s):_____ Other:_____
Details continued:_____
Did you use any other treatment for bleeds? ☐None ☐Rest ☐Ice ☐Compression ☐Crutches/Walker ☐Elevation
Any other PRN doses used since last refill (e.g., dental procedure or surgery)? ☐Yes ☐No Number of Doses:_____
Reason:_____
Since last refill, any other visits? ☐None ☐Clinic ☐Dentist ☐Hospital/ER ☐Other
Reason:_____

ASSESSMENT

On a scale of 1-10 (1-poor, 10-excellent) how are you currently feeling (current quality of life):_____
On a scale of 1-10 (1-not working, 10-excellent) how do you feel your medication is working:_____
On a scale of 1-10 (1-no pain, 10-worst pain) rate your current pain level:_____
On a scale of 1-10 (1-poor, 10-excellent) how satisfied is the patient with the pharmacy's services:_____
Have there been any changes to your medications (Rx or OTC) or any new allergies? ☐Yes ☐No
If Yes, please explain: _____

Any issues or concerns with administration? ☐Yes ☐No Details:_____
Do you require nursing services/infusion training? ☐Yes ☐No Details:_____
Has patient had any serious infections or fever since last delivery? ☐Yes ☐No Details:_____
Has patient experienced any medication related side effects? ☐Yes ☐No ☐Rash ☐Headache ☐Nausea ☐Difficulty Swallowing ☐Difficulty Breathing Other:_____
Have you been newly diagnosed with an inhibitor? ☐Yes ☐No ☐Not Sure
Any changes to address, phone number, doctor, HTC, insurance, etc.? ☐Yes ☐No Explain:_____

Have you missed any days of school/work? ☐ Yes ☐No Number of days missed:_____
Reason:_____
Does your current treatment regimen meet your expectations for symptom control? ☐Yes ☐No
Any issues with last delivery? ☐Yes ☐No Explain:_____
How is your condition: ☐Significantly Improved ☐Improved ☐No Change ☐Worse ☐Significantly Worse
How many days a week do you participate in 30-60 minutes of physical activity?_____
Is patient pregnant/breastfeeding or planning? ☐Yes ☐No ☐N/A
Do you wish to speak with a pharmacist? ☐Yes ☐No
Additional Comments (please include patient contact attempt history): _____

Assessment Completed By: _____

COMPLETED BY CLINICAL PHARMACY

Interventions (select all that apply): ☐Take medication as prescribed, ☐Report any bleeding episodes to pharmacy, ☐Prescriber contacted (specify in note section below), ☐Dose clarification, ☐ Dose adjustment, ☐Home visit scheduled, ☐Recommend non-medication treatment (RICE), ☐Re-education, ☐Other intervention (specify in note section below)

Follow up in: ☐30 days, ☐60 days, ☐90 days

Pharmacist notes:

Pharmacist name, credentials, date:

InfuCare Rx

Bleeding Disorder Patient Order Form

Phone: 1-844-773-6779
Fax: 1-844-533-1131
www.infucarerx.com

PATIENT INFORMATION

Patient Name:	Ship To:
DOB:	Name:
Order Date:	Address:
Requested Receive Date:	City, State, Zip:
FedEx Tracking Number:	

CLOTTING FACTOR MEDICATION

Administration Method: ☐ Central Line ☐ Peripheral ☐ SubQ

Medication:	Prescribed Dose:	Doses Needed:	Total Doses Per Month:
	Units or mg Dose: (Pharmacy Only)	Quantities: (Pharmacy Only)	LOT: EXP:
		Refills Remaining:_____	

Cold Chain: ☐ Yes ☐ No Maximum Temperature: _____ Valid for: _____ Expiration Date: _____

OTHER Rx MEDICATIONS

Quantity:	Description:	Notes/Comments:
	Heparin Flush Syringe: _____u/ml _____ml	
	Saline Flush: ☐ Syringe ☐ Vial	
	Numbing Cream: ☐ EMLA ☐ LMX	

SUPPLIES

Quantity:	Description:	Notes/Comments:
	Alcohol: ☐ Prep Pads ☐ Swab Sticks	
	☐ Betadine Swab Stick ☐ Chloraprep Sticks (25/pk)	
	Band-Aids: ☐ Youth ☐ Adult ☐ Plastic ☐ Flexible Fabric	
	Tape: ☐ Cloth ☐ Paper ☐ Coban _____ inches wide	
	Tegaderm: ☐ 2x2 ☐ 4x4 ☐ 6x8 ☐ 8x12	
	Gauze Pads: ☐ 2x2 ☐ 4x4	
	Gloves: ☐ S ☐ M ☐ L ☐ Latex Free ☐ Non-Sterile Latex ☐ Sterile	
	Dressing Change Kit: ☐ Chloraprep ☐ PVP ☐ MediMark	
	Syringes: ☐ 1 ml ☐ 3 ml ☐ 5ml ☐ 10ml ☐ 20ml ☐ 30ml ☐ 60ml	
	Butterfly Needles: ☐ 23g ☐ 25g ☐ 27g	
	Huber Needles: ☐ Gripper ☐ Gripper Plus _____ / _____ length/gauge	
	Sharps: ☐ 1Pt ☐ 1Qt ☐ 1Gal ☐ 2Gal ☐ 5Qt	
	Tourniquet: ☐ Cloth ☐ Rubber ☐ Orange Caps ☐ Claves	
	Face Masks: ☐ Adult ☐ Pediatric	
	Hemlibra: ☐ Brown Needle 26G 3/8 ☐ Red Blunt Filter Needle Syringe: ☐ 1ml ☐ 3ml	

PACKING (if multiple vials per dose)

- ☐ Doses taped together and labeled (standard)
- ☐ Doses in single bag and each bag labeled
- ☐ Each assay in one bag and bag labeled
- ☐ Kits – dose/supplies in bag, bag labeled
- ☐ Other: _____

Additional Notes:

Representative:

Phone:

Bleeding Disorder Treatment Log

InfuCare Rx

Patient Name: _____ DOB: ___/___/___

Reason for treatment Circle choice(s)	Prophylaxis Surgery Physical therapy Injury Spontaneous bleed Other	**Date/Time of infusion** ___/___/___ ___:___ AM PM
Bleed location(s) Circle choices	**Drug information**	**Notes/Comments:**
Ankle - Left or Right Elbow - Left or Right Foot - Left or Right Hand - Left or Right Head Hip - Left or Right Knee - Left or Right Shoulder - Left or Right Other _____	Factor Name:_____ Dose: _____ Lot #:_____ Exp Date:_____ **RICE used?** Rest Ice Compression Elevation	**Missed work or school?** No Yes If Yes, how many? Work _____ School _____

Reason for treatment Circle choice(s)	Prophylaxis Surgery Physical therapy Injury Spontaneous bleed Other	**Date/Time of infusion** ___/___/___ ___:___ AM PM
Bleed location(s) Circle choices	**Drug information**	**Notes/Comments:**
Ankle - Left or Right Elbow - Left or Right Foot - Left or Right Hand - Left or Right Head Hip - Left or Right Knee - Left or Right Shoulder - Left or Right Other _____	Factor Name:_____ Dose: _____ Lot #:_____ Exp Date:_____ **RICE used?** Rest Ice Compression Elevation	**Missed work or school?** No Yes If Yes, how many? Work _____ School _____

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Ankle - Left or Right Elbow - Left or Right Foot - Left or Right Hand - Left or Right Head Hip - Left or Right Knee - Left or Right Shoulder - Left or Right Other _____	Factor Name:_____ Dose: _____ Lot #:_____ Exp Date:_____ **RICE used?** Rest Ice Compression Elevation	**Missed work or school?** No Yes If Yes, how many? Work _____ School _____