

Physician Prescription Form – INR@Home Patient Self-Testing

1. Physician Information

Practice Name: _____ Contact Person: _____
Practice Address: _____
Physician Name: _____ Phone: _____ Fax: _____
Physician NPI#: _____ Contact Email: _____

2. Patient Information

 Gender: Female Male

Name: _____ Patient SSN#: _____ Patient DOB: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Phone: _____ Cell Phone: _____
Alternate Contact Name: _____ Alternate Contact Phone: _____
Primary Insurance: _____ Member ID#: _____ Phone: _____
(1° Insurance) Patient Relationship to Insured: _____ Insured's DOB: _____
Secondary Insurance: _____ Member ID#: _____ Phone: _____
(2° Insurance) Patient Relationship to Insured: _____ Insured's DOB: _____
Patient's PCP Name: _____ PCP Phone: _____

Please include front and back of patient's insurance card, and recent clinical notes if non-Medicare.

3. Patient Diagnosis

- | | |
|--|--------|
| <input type="checkbox"/> Atrial fibrillation (established, paroxysmal) | 427.31 |
| <input type="checkbox"/> Venous embolism & thrombosis (DVT) | 453.40 |
| <input type="checkbox"/> Pulmonary embolism & infarction | 415.19 |
| <input type="checkbox"/> Primary hypercoagulable state | 289.81 |
| <input type="checkbox"/> Mechanical heart valve | V43.3 |
| <input type="checkbox"/> Other (see back for other Dx) | _____ |

4. Notification Protocol Selection

 (Please select A, B, or C)

- A. Fax all tests B. Obtain reports online
C. Receive test results through Standing Stone:
Subscriber ID: _____ Pat. PST ID#: _____
Pat. PST PIN#: _____

Philips Standard Phone Notification: We will call your office for any results below 1.7 or above 4.4

- Other phone notification range: Below _____ Above _____
 No phone notification - fax only.

5. Warfarin and Meter Information

Patient has been on warfarin ≥ 90 days: Yes No If no, date
patient began warfarin _____ Therapeutic Range _____ to _____
Low High

Meter Preference: INRatio Brand meter ITC
Patient Training: By Philips By Practice/Clinic
Ship Meter to: Patient Practice/Clinic

6. Statement of Medical Necessity/Prescription

This patient's condition requires long-term warfarin therapy to reduce the risks of thromboembolism. I am ordering Philips' PT/INR self-testing service to enable this patient to test more frequently in order to help maintain a stable INR. The patient or patient's caregiver is capable of performing these tests, understanding implications of the test results, and contacting Philips as directed. I believe that patient self-testing is reasonable and necessary for this patient. If you require additional information, please contact me.

Further Support for Medical Necessity (Check all that apply): Requires Frequent Testing Venipuncture Difficulty Unstable INR Difficult to Travel
 History of Major Bleeding or Stroke Travels Extensively Other _____

Physician and patient acknowledge that this service is for weekly self-testing and reporting of test results to Philips.

► **Physician's Signature** _____ Date: _____

To Enroll: Fax with insurance card (front & back) to: 877-618-2754
For questions call: 877-799-3132

For your doctor

If your doctor is unfamiliar with INR Self-Testing, the information below may be helpful. Thousands of doctors across the country are prescribing self-testing to their suitable, long-term warfarin patients.

PT/INR Self-Testing

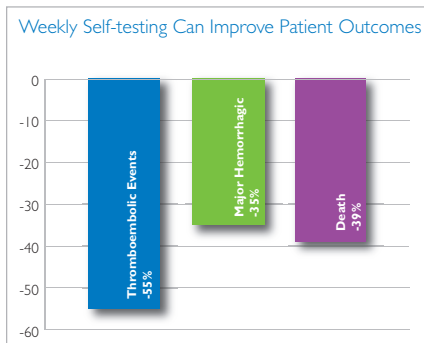
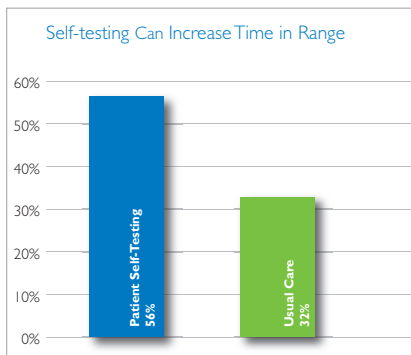
A Service that Makes Clinical Sense

Published studies support patient self-testing (PST) for appropriate patients

For some chronic warfarin patients, self-testing may be a better option than traditional lab or office testing.

Patients who are suitable for INR self-testing should:

- ▶ Have one of the following conditions requiring long-term warfarin therapy
 - Atrial fibrillation
 - Mechanical heart valve
 - Hypercoagulable state
 - Deep vein thrombosis
 - Pulmonary embolism
- ▶ Be mentally and physically capable to use a testing device similar to a glucometer
- ▶ Be motivated to participate in their own care
- ▶ Be compliant to follow a schedule of testing frequency and reporting of results



Increase Time in Therapeutic Range

A randomized study (Byeth RJ et al. *Annals of Internal Medicine* 2000;133:687-695) of 365 patients on warfarin therapy demonstrated that those who self-tested were in range 56% of the time while patients who received usual care were in range only 32% of the time.

Lower Risk

An analysis of studies on PST (Henagen C. et al. *Lancet* 2006;367:404-11) revealed that "patients capable of self-monitoring their warfarin therapy could benefit from a one-third reduction in death from all causes."

CMS has approved INR self-testing for selected patients on long-term warfarin therapy

In a 2001 decision memorandum, CMS concluded "that home prothrombin monitoring significantly improved time in therapeutic range for selected groups of patients, compared to testing done in physician offices or anticoagulation clinics. Increased Time in Therapeutic Range (TTR) leads to improved clinical outcomes with reductions in thromboembolic and hemorrhagic events." (CMS Decision Memorandum #CAG-00087N September 18, 2001.)

For questions or more information, call Philips at (877) 799-3132 or visit www.inrselftest.com.

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