FERRING
PHARMACEUTICALS

Implementation Checklist

PRE- ADMINISTRATION

Identify Patients

☐ Will referrals be taken? ☐Yes ☐No If yes, what is the referral process? _____

☐ What specialties are allowed to refer? _____

Check Benefits

☐ Who will be responsible for submission of the benefits verification? _____

☐ Will benefit investigation be submitted through Ferring benefit verification portal or office process? _____

- Will this be specialty distributor, specialty pharmacy or home health? _____

Scheduling & Ordering

☐ Who will schedule the patient? _____

☐ Who will schedule the procedure? _____

☐ Who will confirm patient intent to attend appointment before preparing product? _____

☐ Who will order the product? _____

☐ Is the product in EMR? _____

Storage & Handling

☐ Where will the product be delivered and stored? _____

☐ Where will administration materials (ie. tubing) be stored? _____

☐ Who will be responsible for prepping product before scheduled patient receives it? _____

☐ How will they know when to begin prepping product? _____

☐ Where will the product be prepped? _____

DAY OF ADMINISTRATION

☐ Where will the product be administered? _____

☐ Who will take the product and administration materials (ie. tubing) to the location of administration?

☐ Who will administer the product (nurse, doctor, physician's assistant, medical assistant, tech, etc.)? _____

POST ADMINISTRATION

Clinical

☐ Who will follow-up after the procedure? _____

- Will doctor or nurse call patient the following day? _____

Operational

☐ How does the billing department know the product has been administered? _____

☐ Who confirms that the billing department has the correct codes? _____

☐ Who is responsible to ensure reimbursement is submitted and accounted for? _____

☐ Who will help redeem copay? _____

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