



Jayhawk Pharmacy Services

Patient Supply

2620 SW 6th Ave.
Suite "E"
Topeka, KS 66606
785-235-9700
785-235-9703 Fax

Pharmacy

2860 SW Mission Woods Driv
Topeka, KS 66614
785-228-9700
785-228-1375 Fax

Custom Prescription Center

6730 SW 29th
Topeka, KS 66614
785-228-9740
800-338-9700

Trilogy Pressure Support Ventilator with Volume Control and AVAPS Medical Necessity for Mechanical Ventilator

Physician: _____ Start of Care: _____

Patient Name: _____ DOB: _____

Height: _____ Weight: _____

Diagnosis: Check all that apply

- Respiratory Failure
- Pulmonary Insufficiency
- Chronic Respiratory Failure
- ALS
- Acute and Chronic Respiratory Failure
- Other: _____

Length of Need: Lifetime (99months): _____ Other: _____ Months

Prognosis: _____

Mode of Delivery: _ E0464 Non Invasive Volume Ventilator with Pressure Control

Parameters: _ Pressure Control, BiPAP – S/T with AVAPS

IPAP Max 30cm, IPAP Min 8cm, EPAP 4CM, Rate 10-12 BPMVT=8cc/kg IBW

_ BIPAP – S/T (Dual More in addition to AVAPS above)

IPAP _____ cmH₂O, EPAP _____ cm H₂O, RR _____ BPM

_ Bleed in oxygen as previously ordered and/or at _____ LPM via ventilator

Frequency/Hours of Use: _ During Sleep & PRN _ 24 hours/day

Additional info:

_ Respiratory Assistive Device (RAD) been tried and found ineffective for reasons below. (Check all that apply)

_ Patient could not tolerate RAD.

_ RAD is not controlling patients CO₂ level

_ It is unsafe to place on RAD due to recent hospital stay that required mechanical ventilation, thus requiring ventilation not available with RAD at home to prevent re-hospitalization.

Physician's Name (printed): _____ NPI #: _____

Physician Signature: _____ Date: _____



Jayhawk Pharmacy Services

Patient Supply

2620 SW 6th Ave.
Suite "E"
Topeka, KS 66606
785-235-9700
785-235-9703 Fax

Pharmacy

2860 SW Mission Woods Drive
Topeka, KS 66614
785-228-9700
785-228-1375 Fax

Custom Prescription Center

6730 SW 29th
Topeka, KS 66614
785-228-9740
800-338-9700

Trilogy Non-Invasive Ventilation (NIV) w/ AVAPS Criteria Reference

- Indications for NIV:
 - COPD Diagnosis (Chronic Obstructive Pulmonary Disease)
 - Chronic Respiratory Failure or Respiratory Insufficiency
 - Multiple Exacerbations (more than 2 or 3 admissions/year)
 - "Frequent flyers"
 - CO₂ Retainers (PaCO₂ ≥ 52mmHg)
 - Recurring pneumonia or abnormal chest x-ray
 - Dyspnea, shortness of breath, hypoxemia
- Goal of Trilogy NIV with AVAPS versus Bi-Level Therapy
 - Trilogy with AVAPS (average volume assured pressure support) provides guaranteed volume-triggered ventilation via a non-invasive interface rather than pressure support, which only augments ventilatory assistance.
 - Reduces readmissions
- Initial Setting (Recommendation)
 - Pressure Control, Bi-PAP – S/T with AVAPS
 - IPAP Max 30cm, IPAP Min 8cm, EPAP 4CM, Rate 10-12
BPMVT=8cc/kg IBW
 - Nocturnal Use or PRN during day
- Supporting Documentation
 - Diagnosis of Respiratory Failure, Pulmonary Insufficiency, Chronic Respiratory Failure, ALS or Acute and Chronic Respiratory Failure
 - Progress notes indicating Dyspnea, SOB, exacerbations/readmissions
 - Abnormal Chest X-Ray or Abnormal Spirometry Results
 - Blood Gases indicating hypercapnia or CO₂ retention
- Additional Considerations:
 - Current data for COPD indicates that as many as 25% of patients with COPD readmit to the hospital within 30 days. Trilogy can be a useful tool to break this trend and offer solutions for hospitals which will likely be penalized under the Affordable Care Act

"Never Stop Improving"



Jayhawk Pharmacy Services

Trilogy 100 Checklist

Patient Supply

2620 SW 6th Ave.
Suite "E"
Topeka, KS 66606
785-235-9700
785-235-9703 Fax

Pharmacy

2860 SW Mission Woods Drive
Topeka, KS 66614
785-228-9700
785-228-1375 Fax

Custom Prescription Center

6730 SW 29th
Topeka, KS 66614
785-228-9740
800-338-9700

- Diagnosis: COPD/Respiratory Failure/Respiratory Insufficiency
- PaCO₂ ≥ 52mmHg
- PaO₂ ≤ 60mmHg
- BODE Index ≥ 5
- MMRC Dyspnea scale ≥ 2
- COPD Assessment Test (CAT) ≥ 10
- FEV₁ ≤ 50%
- BMI ≤ 21%
- Hospitalizations/Exacerbation ≥ 2/year
- Prior to initiating therapy: OSA and treatment with PAP/BiPAP has been considered and ruled out.
 - Patient could not tolerate RAD
 - RAD is not controlling CO₂
 - Unsafe to place on RAD secondary to recent hospitalization requiring mechanical ventilation not available with RAD at home to prevent re-hospitalization
 - Progress note or Letter of Medical Necessity stating the need for NIV/AVAPS

"Never Stop Improving"