Amyotrophic Lateral Sclerosis Referral Form

Please send the following with clinical documentation, which includes visit, physical and history notes, plus lab results for last 3 months, to:

p: 844.575.1515 | f: 844.797.5050 | e: specialtyreferrals@soleohealth.com

This form is not a valid prescription

✂ Please detach before submitting to a pharmacy. Cut or tear here.

PATIENT INFORMATION

Patient Name		DOB	Contact Phone
Address	City	State	Zip
Gender ☐M ☐F	Social Security, last 4 digits	Weight (lb.)	Height (in.)
☐ NKDA	☐ Allergies		Date
ICD-10 code (required)		ICD-10 description	
Patient Status ☐ New to Therapy ☐ Continuing Therapy		Discarge Date	SOC Date

PRESCRIBER INFORMATION

Ordering Prescriber		Prescriber NPI	
Practice Name		Phone	Fax
Practice Address	City	State	Zip

REQUIRED DOCUMENTATION

☐ Insurance Cards ☐ History & Physical ☐ Most Recent Labs ☐ Medication List

ALS TREATMENT PLAN

☐ Radicava®
- ☐ Initial treatment: Administer 60mg IV over 60 minutes daily for 14 days, followed by a 14 day drug-free period

☐ Subsequent treatment cycles
- ☐ Administer 60mg IV over 60 minutes daily for 10 days within a 14 day period, followed by a 14 day drug-free period
  Repeat every 28 days x _____ cycles

☐ Radicava ORS® Administer 105mg (5mL) orally or via feeding tube
- ☐ Initial treatment: Daily dosing for 14 days, followed by a 14 day drug-free period
- ☐ Subsequent treatment cycles: Daily dosing for 10 days out of a 14 day period, followed by a 14 day drug-free period

☐ Other	Include dosage, frequency and any other special instructions.

☐ Refill for 1 year

NURSING

Skilled RN to establish and maintain vascular access as needed, draw ordered labs, conduct patient assessments, and educate on home infusion, medication administration, self-monitoring and safety.

PREMEDICATION

☐ Include premedication per Pharmacy's infusion protocol.

☐ Other _____

LABORATORY ORDERS

☐ CBC every _____
☐ CMP every _____
☐ Other

The Pharmacy may contact the prescriber to comply with state-specific requirements. The prescriber is required to comply with any applicable state-specific prescription requirements (e.g., e-prescribing, prescription forms).