Palmetto INFUSION

MRN: _____

Phone: 1-800-809-1265 Fax: 1-866-872-8920

DOB: _____

STANDARD Radicava® (edaravone) PLAN OF TREATMENT

NOTE: ***We may require a detailed Letter of Medical Necessity or clinical supporting documentation (depending on diagnosis), to be able to verify eligibility and payment for this treatment through Medicare and/or other insurance plans.***

1. Patient Name: _____Height (inches): _____Weight (lbs):_____

2. Allergies: _____

3. Diagnosis: □ **G12.21 Amyotrophic Lateral Sclerosis**

□ Other ICD-10 Code: _____diagnosis description: _____

4. Pre-medications: ***Administered 30 minutes prior to infusion:***

****Product information does not suggest premedication prior to infusion***

Pre-medication: _____

5. Dose:

Radicava® (edaravone) 60 mg/200ml administered per (2 consecutive 30 mg/100 ml IV bags) over a total of 60 minutes

6. Frequency:

□ Induction Dose: Once daily for 14 consecutive days, followed by cessation for 14 days

□ Maintenance: Once daily for any 10 of 14 days, followed by cessation for 14 days for _____months

Special orders: _____

If adverse drug reaction occurs, utilize the ADVERSE DRUG REACTION GUIDELINES

7. Physician's Signature: _____/ _____Date: _____

No Stamp Signatures (Dispense as written) (Substitution permitted)

Printed Physician's Name with Credentials: _____NPI: _____

8. Fax updated supporting clinical MD notes with each order renewal or change in orders

Infusion order forms and Adverse Drug Reaction Guidelines are available at www.palmettoinfusion.com

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DOB: _____

Guidelines for Prescribing Radicava® (edaravone)

(Required documentation with all initial referrals)

Patient Name: _____ **Referral Date:**_____

___ Include signed and completed **Plan of Treatment**. *(MD must complete sections 1-8)*
(Infusion order forms & Standard Adverse Reactions orders are available at www.palmettoinfusion.com under Agency/MD tab)

___ Include patient demographic information and insurance information. (Copy of insurance cards if available)

___ **Supporting clinical MD notes to include any past tried and/or failed therapies, intolerance, outcomes or contraindications to conventional therapy. Include any lab results and/or tests to support diagnosis: EMG results, Nerve conduction studies, MRI results, Lumbar puncture or Muscle biopsy results as available.**

- Radicava® is indicated for the treatment of Amyotrophic Lateral Sclerosis (ALS).

___ Other as requested: _____

_____

_____

_____

_____

** Warnings/Precautions: **Hypersensitivity Reactions:** Do not receive RADICAVA® if you are allergic to edaravone or any of the Ingredients. Redness, wheals, erythema multiforme and cases of anaphylaxis (urticaria, decreased blood pressure, and dyspnea) have been reported in spontaneous post marketing reports. **Sulfite Allergic Reactions:** RADICAVA® contains sodium bisulfite, a sulfite that may cause a type of allergic reaction that can be serious and life-threatening. Sodium bisulfite can also cause less severe allergic reactions, for example, asthma episodes, in certain people. Sulfite sensitivity can happen more often in people who have asthma than in people who do not have asthma. **The most common side effects of RADICAVA include** bruising (contusion), problems walking (gait disturbance), and headache. These are not all the possible side effects of RADICAVA®. See full prescribing information.
You may report side effects to MT Pharma America, Inc. at 1-888-292-0058 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.
Dosing and Administration: https://www.radicava.com/hcp/dosing-and-administration/#administering-radicava

Palmetto Infusion Services will complete insurance verification and submit all required clinical documentation to the patient's insurance company for eligibility. Our office will notify you if any further information is required. We will review financial responsibility with the patient and refer them to any available Co-pay assistance as required. Thank you for the referral.

Please fax all information to 1-866-872-8920 or call 1-800-809-1265 for assistance.