

**PATIENT INFORMATION**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Sex: M / F Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ lbs / kg  
Primary Language: \_\_\_\_\_ Allergies: \_\_\_\_\_  
Patient Preferred Location: \_\_\_\_\_

<ICD 10 CODE REQUIRED>

**DIAGNOSIS & CLINICAL INFORMATION**

**ICD 10 Code**

G12.21 Amyotrophic Lateral Sclerosis  
Other: \_\_\_\_\_

**Prescribing Information**

Patient **MUST** be enrolled with Searchlight Support at 844.772.4548 and have Searchlight Support Patient ID number. Medication cannot be ordered without this number.

**REQUIRED: Demographics & Most Recent: H&P, clinical notes, & medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.**  
**LAB RESULTS: Include EMG, MRI, nerve conduction studies, lumbar puncture and/or muscle biopsy results as available.**

**PRESCRIPTION**

**Radicava (edaravone)**

Searchlight Support Patient ID #: \_\_\_\_\_ (REQUIRED FOR MEDICATION TO BE ORDERED)

Loading Dose:

**IV:** Infuse two consecutive 30 mg/100 mL IV bags for a total dose of 60 mg/200mL over 60 minutes, once daily for 14 consecutive days, followed by cessation for 14 days

Maintenance Dose:

**IV:** Infuse two consecutive 30 mg/100 mL IV bags for a total dose of 60 mg/200mL over 60 minutes, once daily for 10 days within a 14 day period (followed by cessation for 14 days) for one year

In the event of an adverse reaction occurring at a Medix Infusion suite, utilize the Medix Infusion adverse reaction protocol.

**Post Treatment Observations:** The patient is observed for 30 minutes following the first infusion.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRESCRIBER INFORMATION**

Prescriber Name: \_\_\_\_\_ *Signature:* \_\_\_\_\_

Date: \_\_\_\_\_ NPI #: \_\_\_\_\_ Specialty: \_\_\_\_\_

Supervising Physician: \_\_\_\_\_ (If Applicable)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_