

# Sohonos Enrollment Form



Fax Referral To: 1-855-330-1718

Phone: 1-866-247-7514

## Six Simple Steps to Submitting a Referral

### 1 PATIENT INFORMATION *(Complete or include demographic sheet)*

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender:  Male  Female  
Address: \_\_\_\_\_ City, State, ZIP Code: \_\_\_\_\_  
Preferred Contact Methods:  Phone (to primary # provided below)  Text (to cell # provided below)  Email (to email provided below)  
*Note: Carrier charges may apply. By providing the phone number(s) and email address above, you are consenting to receive automated calls, emails and/or text messages from CVS Specialty® about your prescription(s), account, and health care. Standard data rates apply. Message frequency varies. If unable to contact via text or email, Specialty Pharmacy will attempt to contact by phone.*  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Last Four of SSN: \_\_\_\_\_ Primary Language: \_\_\_\_\_  
Parent/Caregiver/Legal Guardian Name (Last, First): \_\_\_\_\_ **Relationship to patient:** \_\_\_\_\_

### 2 PRESCRIBER INFORMATION

Prescriber's Name: \_\_\_\_\_ State License #: \_\_\_\_\_  
NPI #: \_\_\_\_\_ DEA #: \_\_\_\_\_ Group or Hospital: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, ZIP Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Contact's Phone: \_\_\_\_\_

### 3 INSURANCE INFORMATION Please fax copy of prescription and insurance cards with this form, if available (front and back)

### 4 DIAGNOSIS (ICD-10) AND CLINICAL INFORMATION

Needs by date: \_\_\_\_\_ Ship to:  Patient  Office  Other: \_\_\_\_\_

#### Diagnosis (ICD-10):

M61.1 Myositis ossificans progressiva  Other Code: \_\_\_\_\_ Description: \_\_\_\_\_

#### Patient Clinical Information:

Allergies: \_\_\_\_\_

Height: \_\_\_\_in/cm:

**Weight:** \_\_\_\_\_lb or \_\_\_\_\_kg

**Date Weight Recorded:** \_\_\_\_\_

# Sohonos Enrollment Form

## Please Complete Patient and Prescriber Information

Patient Name: \_\_\_\_\_ Patient DOB: \_\_\_\_\_ Patient Phone: \_\_\_\_\_  
 Prescriber Name: \_\_\_\_\_ Prescriber Phone: \_\_\_\_\_

### Patient Clinical Information:

Allergies: \_\_\_\_\_ Weight: \_\_\_\_\_ lb/kg Height: \_\_\_\_\_ in/cm

## 5 PRESCRIPTION INFORMATION

### Chronic or Alternate Dosing

MEDICATION	STRENGTH (Multiple if applicable)	DOSE & DIRECTIONS	QUANTITY/REFILLS
<input type="checkbox"/> Sohonos Capsules	<input type="checkbox"/> 1 mg capsule <input type="checkbox"/> 1.5 mg capsule <input type="checkbox"/> 2.5 mg capsule <input type="checkbox"/> 5 mg capsule <input type="checkbox"/> 10 mg capsule	Take _____ mg (total daily dose) by mouth daily	Quantity: 28-day supply Refills: 13 or ____

### Flare Up Dosing (Weeks 1-4)

MEDICATION	STRENGTH (Multiple if applicable)	DOSE & DIRECTIONS	QUANTITY/REFILLS
<input type="checkbox"/> Sohonos Capsules	<input type="checkbox"/> 1 mg capsule <input type="checkbox"/> 1.5 mg capsule <input type="checkbox"/> 2.5 mg capsule <input type="checkbox"/> 5 mg capsule <input type="checkbox"/> 10 mg capsule	FOR FLARE UPS: Take _____ mg (total daily dose) by mouth daily for weeks 1-4	Quantity: 28-day supply Refills: NONE

### Flare Up Dosing (Weeks 5-12)

MEDICATION	STRENGTH (Multiple if applicable)	DOSE & DIRECTIONS	QUANTITY/REFILLS
<input type="checkbox"/> Sohonos Capsules	<input type="checkbox"/> 1 mg capsule <input type="checkbox"/> 1.5 mg capsule <input type="checkbox"/> 2.5 mg capsule <input type="checkbox"/> 5 mg capsule <input type="checkbox"/> 10 mg capsule	FOR FLARE UPS: Take _____ mg (total daily dose) by mouth daily for weeks 5-12	Quantity: 28-day supply Refills: 1

### Prescriber Dosing Reference Section

*Table 1: Sohonos Dosage Guidance*

Patient Weight	Chronic Dosing	Flare up (Weeks 1-4)	Flare up (Weeks 5-12)
<b>≥ 60 kg or ≥ 14 years of age</b>	5 mg	20 mg	10 mg
<b>Weight Based only for Children &lt; 14 Years of Age</b>			
<b>40 - &lt; 60 kg</b>	4 mg	15 mg	7.5 mg
<b>20 - &lt; 40 kg</b>	3 mg	12.5 mg	6 mg
<b>10 - &lt; 20 kg</b>	2.5 mg	10 mg	5 mg

**Table 2: Dose Reduction Guidance for intolerable side effects - (during chronic or flare ups)**

Prescribed Dose	Reduced Dose	Prescribed Dose	Reduced Dose
<b>20 mg</b>	15 mg	<b>6 mg</b>	4 mg
<b>15 mg</b>	12.5 mg	<b>5 mg</b>	2.5 mg
<b>12.5 mg</b>	10 mg	<b>4 mg</b>	2 mg
<b>10 mg</b>	7.5 mg	<b>3 mg</b>	1.5 mg
<b>7.5 mg</b>	5 mg	<b>2.5 mg</b>	1 mg

## 6 PRESCRIBER SIGNATURE REQUIRED (STAMP SIGNATURE NOT ALLOWED)

"Dispense As Written" / Brand Medically Necessary / Do Not Substitute / No Substitution / DAW / May Not Substitute Prescriber's Signature: _____ Date: _____	May Substitute / Product Selection Permitted / Substitution Permissible Prescriber's Signature: _____ Date: _____
<b>CA, MA, NC &amp; PR:</b> Interchange is mandated unless Prescriber writes the words "No Substitution" _____ <b>ATTN: New York and Iowa providers,</b> please submit electronic prescription	

The information provided above is true and accurate to the best of my knowledge, with supporting documentation in the patient's medical record. By signing above, I hereby authorize CVS Specialty® Pharmacy and/or its affiliate pharmacies to complete and submit prior authorization (PA) requests to payors for the prescribed medication for this patient and to attach this Enrollment Form to the PA request as my signature. CONFIDENTIALITY NOTICE: This communication and any attachments may contain confidential and/or privileged information for the use of the designated recipients named above. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution or copying of it or its contents is prohibited. If you have received this communication in error, please notify the sender immediately by telephone and destroy all copies of this communication and any attachments. Plan member privacy is important to us. Our employees are trained regarding the appropriate way to handle members' private health information. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Specialty® and/or one of its affiliates.