Novella Infusion

Patient Name:
DOB:
Date of Last Infusion
Insurance:

Clinic Location:
Merrimack, NH ☐
Concord, NH ☐

RADICAVA® (edaravone) Infusion Orders

Diagnosis (please provide ICD-10 code in space provided):

_____ Amyotrophic lateral sclerosis (ALS)
(ICD-10)

_____ Other: _____
(ICD-10)

- Hold infusion and notify provider for
  - Abnormal vital signs
  - Previous reaction to RADICAVA.
- Record vital signs before infusion, then every 30 minutes until patient discharge.
- If infusion-related reaction occurs, stop infusion follow Hypersensitivity Reaction Management Protocol as clinically indicated.

Administer RADICAVA (edaravone) 60mg/200ml (provided as single-dose bag of 30mg/100ml) to be infused over a total period of 60 minutes

Observation Period:

- Following first two treatments, monitor patient for post infusion-observation period of one hour.
- For all subsequent treatments, monitor patient for 30 minutes.
- Record vital signs prior to discharge.

Frequency:

☐ Initial treatment: 14 consecutive days, followed by 14 day drug-free period

☐ Subsequent treatment cycles: 10 days out of 14 days, followed by 14 consecutive days off

Additional Orders:

Provider name (print): _____ Date: _____

Provider signature: _____ Time: _____

Effective 5/1/2020. Order valid for one year unless otherwise indicated. IV solutions/diluents may be substituted as allowed per manufacturer's instructions as necessitated by product availability.