

RADICAVA MEDICATION ORDER

Patient's Name (Last, First, Middle) _____ DOB: _____

■ Diagnosis

G21.21 Amyotrophic Lateral Sclerosis Other: _____

■ Details Needed for Authorization

- Is the patient's diagnosis based on definite or probable ALS based on El Escorial and revised Airlie criteria? _____
- Has the patient retained functionality of most activities of daily living (defined as 2 points or better on each item of the ALSFRS-R)? _____
- Does the patient have normal respiratory function (defined as percent predicted FVC values of > 80%)? _____
- For a patient starting on Radicava, was their diagnosis of ASL within two years? _____
- If the patient is being treated with riluzole, do you plan to continue treatment concomitant with Radicava? _____
- For all of the above items, please provide supporting documentation.

■ Premedication Order by IVP

Diphenhydramine _____mg Famotidine _____mg _____mg
 Dexamethasone _____mg Methylprednisolone _____mg

■ Radicava (edaravone) Order

Patient's height in ft/in: _____ Patient's weight in lbs: _____

- First cycle: Two 30mg prefilled bags, a total of 60mg, administered over 60 minutes. Administered daily for 14 days, followed by 14 days off.
- Subsequent cycles: Two 30mg prefilled bags, a total of 60mg, administered over 60 minutes. Administered 10 out of every 14 days, followed by 14 days off.

This order is valid for _____ months.

Follow the manufacturer's instructions carefully – this product has very specific preparation guidelines.

Do not use the product if the oxygen indicator turns purple or blue before the overwrap is opened. It should only be used if it is pink. Do not use the product if you see particulates or discoloration.

Administer one bag at a time, either by pump or by gravity. Each bag should be administered over 30 minutes, back to back.

Post infusion flush with normal saline. Check vitals and monitor for signs and symptoms of an infusion reaction at start, throughout infusion, and after completion.

■ Rescue Management in case of Infusion Therapy Reaction

These include fever, chills, rigors, headache, rash, itching, swelling, edema, nausea, vomiting, abdominal pain, hypotension, and respiratory distress.

- Stop medication infusion and start normal saline infusion at 50 ml/hr. Call ordering provider to report reaction.
- Follow standing reaction orders, including diphenhydramine, methylprednisolone, albuterol and oxygen as needed.
- For severe reactions, administer Epi-pen or equivalent and call 911. Repeat if severe symptoms persist.

■ Ordering Provider Authorization

Provider's Signature: _____ Name: _____ Date: _____

Address: _____

Phone: _____ Fax: _____ NPI #: _____ License: _____

STANDARD DOCUMENTATION TO INCLUDE:

- Patient demographics and insurance, including card scans (both medical and pharmacy benefit cards, both sides).
- Most recent chart notes and, if available, last history and physical. All relevant scans, tests and laboratory results.
- If new medication for patient, chart notes which include decision to begin treatment. If not, provide last treatment date.

Fax this order and supporting documentation to (732) 329-2322.