

Edaravone (RADICAVA) Infusion Therapy Plan Orders

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Name: _____

Kaiser Permanente Member I.D. # _____

Date of Birth _____

Instructions to Provider

Review orders and note any changes. All orders with will be placed unless otherwise noted. Please fax completed order form to the infusion center where the patient will be receiving treatment (see fax numbers page 2). Lab orders are not included on this form – place orders via usual method. Lab monitoring is the responsibility of the ordering physician.

Please complete all of the following:

Pre-Service Authorization has been obtained by Kaiser Permanente **Fax:** 1-888-282-2685 **Voice:** 1-800-289-1363

Order Date: _____ Weight: _____ kg	Diagnosis: ICD-10 code (REQUIRED): _____ ICD-10 description _____ _____
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General Plan Communication

- Special instructions/notes: _____

Provider Information

- Edaravone contains sodium bisulfite, a sulfite that may cause allergic type reactions, including anaphylactic symptoms and life-threatening or less severe asthmatic episodes in susceptible individuals. The prevalence of sulfite sensitivity in the general population is unknown. Sulfite sensitivity is observed more frequently patients with asthma.
- Although sulfites contain sulfur, cross-reactivity between sulfites and sulfonamide-related medications are not expected to occur because sulfites and sulfonamides are chemically unrelated entities.

Infusion Therapy

First cycle

edaravone (RADICAVA) in isotonic aqueous solution 100 mL IV infusion
Dose: 60 mg
Route: Intravenous via central line
Frequency: Once daily for 14 days
Infuse over: 60 minutes
If infusion-related reaction:
 1) STOP infusion immediately; 2) Increase primary infusion to wide open rate; 3) Administer PRN medications per hypersensitivity protocol; 4) Notify MD
Note any changes to above regimen: _____

Subsequent cycles

edaravone (RADICAVA) in isotonic aqueous solution 100 mL IV infusion
Dose: 60 mg
Route: Intravenous via central line
Frequency: Once daily Monday – Friday for 2 weeks
Infuse over: 60 minutes
If infusion-related reaction:
 2) STOP infusion immediately; 2) Increase primary infusion to wide open rate; 3) Administer PRN medications per hypersensitivity protocol; 4) Notify MD
Note any changes to above regimen: _____

Pre-Meds

No pre-medications necessary. Contact provider if patient has reaction and requires pre-medications for future doses.

Provider Signature: _____ **Date:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____

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IV Line Care

- 0.9% sodium chloride infusion 250 mL
Rate: 30 mL/hr *Route:* Intravenous *Frequency:* Run continuously to keep vein open
 Start peripheral IV if no central line
- heparin flush 100 unit/mL
Dose: 500 units *Route:* Intracatheter *Frequency:* PRN for IV line care per Nursing Policy

Infusion Reaction Meds

- albuterol (PROVENTIL) nebulizer solution 0.083%
Dose: 2.5 mg *Route:* Nebulization *Frequency:* PRN for shortness of breath/wheezing
- diphenhydrAMINE (BENADRYL) injectable
Dose: 25 mg *Route:* Intravenous
Frequency: Once PRN, May repeat x1 for urticaria, pruritus, shortness of breath. May repeat in 15 minutes if symptoms not resolved.
- EPINEPHrine (EpiPen) 0.3 mg/0.3 mL IM Auto-Injector
Dose: 0.3 mg *Route:* Intramuscular *Frequency:* Once PRN for anaphylaxis. Inject into lateral thigh and hold for 10 seconds. Massage the injected area. Use for patients weighing greater than 27.3 kg (60 lbs). Use amp and 1.5 inch needle for patients with BMI greater than 30. Notify physician if administered.
- hydrocortisone sodium succinate (SOLU-CORTEF) injectable
Dose: 100 mg *Route:* Intravenous *Frequency:* Once PRN for hypersensitivity
- meperidine (DEMEROL) injectable
Dose: 25 mg *Route:* Intravenous
Frequency: Once PRN, May repeat x1 for shaking chills or rigors. May repeat in 15 minutes if symptoms not resolved.

Nursing Orders

- Edaravone is supplied for intravenous infusion in a polypropylene bag, which is further overwrapped with polyvinyl alcohol secondary packaging. The overwrapped package contains an oxygen absorber and oxygen indicator to minimize oxidation.
- Do not use if the oxygen indicator on the overwrapped package has turned blue or purple before opening the package. Once the overwrap package is opened, the drug must be infused within 24 hours.
- Administer each 60 mg dose as two consecutive 30 mg intravenous infusion bags over a total of 60 minutes.
- Monitor patient for signs/symptoms of hypersensitivity reaction during infusion.
- Discontinue IV line when therapy complete and patient stabilized.

References

RADICAVA® (edaravone) Injection Full Prescribing Information

Kaiser Permanente Infusion Locations

Bellevue Medical Center

11511 NE 10th St, Bellevue, WA 98004
 Fax: 425-502-3512 Phone: 425-502-3510

Capitol Hill Medical Center

201 16th Ave E, Seattle WA 98112
 Fax: 206-326-2104 Phone: 206-326-3109

Everett Medical Center

2930 Maple St, Everett, WA 98201
 Fax: 425-261-1578 Phone: 425-261-1566

Olympia Medical Center

700 Lily Road N.E., Olympia, WA 98506
 Fax: 360-923-7106 Phone: 360-923-7164

Riverfront Medical Center – Spokane

W 322 North River Drive, Spokane, WA 99201
 Fax: 509-324-7168 Phone: 509-241-2073

Silverdale Medical Center

10452 Silverdale Way NW, Silverdale, WA 98383
 Fax: 360-307-7493 Phone: 360-307-7444

Tacoma Medical Center

209 Martin Luther King Jr Way, Tacoma, WA 98405
 Fax: 253-383-6262 Phone: 253-596-3666

Provider Signature: _____ Date: _____

Printed Name: _____ Phone: _____ Fax: _____