Edaravone is non-formulary and must be provided by the patient. Prescribing of edaravone is restricted to neuromuscular neurologist or a physician who has first consulted with the patient's neuromuscular neurologist.

- Assess allergies (sulfite allergy is a contraindication)

IV ACCESS: □ Peripheral IV (admitted or outpatient clinics only) □ PICC □ Port □ other __________
(Central line needs to be established before transitioning patient to Home infusion)

MONITORING: Refer to Parenteral Drug Therapy Monograph
- Patient vital signs (blood pressure, heart rate, respiratory rate with oxygen saturation, temperature) and clinical assessment to be completed:
  Prior to infusion
  5 minutes after start of infusion, then every 30 minutes (or more frequently if indicated) during the infusion
  Up to 60 minutes post infusion:
  First infusion: Patient to be assessed and monitored for 30 minutes post infusion
  Subsequent Infusions: Patient to be assessed and monitored for 15 minutes post infusion if no reactions occurred. If a reaction has occurred, patient MUST be assessed and monitored for 60 minutes post infusion. For severe reactions call code blue or 911 as per established procedures.
- Patient must meet discharge criteria to be discharged (see back of page 1)

LABORATORY: At the start and end of each cycle
□ CBC with differential
□ serum creatinine, BUN
□ For patients on riluzole ALT, GGT, and Total bilirubin

MEDICATIONS:
- Initial treatment cycle: edaravone 60 mg IV daily for 14 days followed by a 14-day drug-free period. Recommend first 5 to 7 doses be administered in FH facility.
  Dates:________
- Subsequent treatment cycles: edaravone 60 mg IV daily on Monday to Friday for 10 doses followed by a 14-day drug-free period.
- acetaminophen 325 to 650 mg PO Q4H PRN headache
## FH Facility Discharge Criteria Table

<table>
<thead>
<tr>
<th>Clinical Parameter</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of Consciousness</td>
<td>Alert, no light-headedness or dizziness</td>
</tr>
<tr>
<td>Hemodynamics</td>
<td>Within 30% of Baseline AND asymptomatic</td>
</tr>
<tr>
<td>BP &amp; Pulse</td>
<td>Consider patient's trend throughout infusion</td>
</tr>
<tr>
<td>Respiration</td>
<td>No dyspnea, chest tightness, stridor, or tongue or airway swelling</td>
</tr>
<tr>
<td>Oxygen Saturation</td>
<td>Greater than or equal to 94% on room air</td>
</tr>
<tr>
<td>Activity</td>
<td>At baseline (no worsening gait)</td>
</tr>
<tr>
<td>Skin</td>
<td>No rash, hives, pruritus, or swelling</td>
</tr>
</tbody>
</table>
In the event of any suspected hypersensitivity reaction:

- Stop all medications/agents
- Disconnect IV tubing and replace with new infusion tubing primed with sodium chloride 0.9%
- sodium chloride 0.9% IV infusion at 20 mL/hour
- Contact physician: Phone number: ________________
- Alternative physician contact: ________________ Phone number: ________________
- Monitor vital signs Q5 minutes until stable
- Resume infusion as per physician’s orders

In the event of suspected mild hypersensitivity reaction:

- Mild hypersensitivity reaction = flushing; mild rash; mild itching

  - diphenhydrAMINE 25 to 50 mg IV or IM or PO Q6H PRN

In the event of suspected severe hypersensitivity reaction:

- Severe hypersensitivity reaction = angioedema or severe urticaria (hives to whole body) AND any one of:
- respiratory compromise: (e.g. dyspnea, wheeze, throat tightness (change in voice), repetitive cough, stridor, hypoxia, chest pain)
- hypotension (30% or greater decrease from baseline)
- persistent gastrointestinal symptoms: abdominal/pelvic cramping, vomiting, diarrhea

  - Call Code Blue or 911 as per established procedure
  - epinephrine 0.5 mg IM into thigh STAT. Repeat Q5 minutes if symptoms persist or worsen. May administer maximum of 3 doses. Inject in opposite limb to that of the infusion.
  - diphenhydrAMINE 50 mg IV (or IM if no IV access available, into a different site than that of the epinephrine) x 1 dose if not already administered
  - hydrocortisone 100 mg IV x 1 dose (if available)
  - salbutamol 5 mg nebulized Q20 minutes x 3 doses PRN (if available)
  - ipratropium 0.5 mg nebulized Q20 minutes x 3 doses PRN for severe bronchospasm (if available)

Other Orders: ________________________________