



Infusion Associates  
 3230 Eagle Park NE, Suite 101  
 Grand Rapids, MI 49525  
 Phone: 616-954-0600 Fax: 616-954-1675

**RADICAVA IV Infusion ORDERS**  
**(Edaravone)**

*\*Please fax a copy of patient's Demographics, Insurance information, Current Lab Results, H&P, Current Medications, and Letter of Medical Necessity*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies: \_\_\_\_\_ Patient Weight: \_\_\_\_\_ lbs / kg Height: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ DX CODES: ICD-10 : \_\_\_\_\_,

Search Light Enrollment forms submitted:  Yes  No

Search Light patient ID # \_\_\_\_\_

Pre- Medications: (usually not indicated): \_\_\_\_\_

Start Date of Infusion: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Radicava (Edaravone) IV :**

**Initial: 60 mg IV daily for 14 consecutive days**  
*Followed by 14 day drug free period*

**Maintenance: 60 mg IV daily for 10 out of 14 days (Mon-Fri)**  
*Followed by 14 day drug free period*  
**Repeat this cycle every 28 days**

**Infuse over 60 mins**

Printed Provider's Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Office Fax Number: \_\_\_\_\_