

Treatment Calendar



Use this calendar to help keep track of appointments with your doctor(s) and when you are to receive your treatment with RADICAVA® Oral Suspension or RADICAVA® IV Infusion. You can also take note of the lot numbers for each treatment cycle.

If you have a medical emergency, do not wait for your next appointment. Contact your local hospital emergency department right away.



Sample treatment schedule

Your doctor can prescribe either of two formulations – RADICAVA® Oral Suspension or RADICAVA® IV (solution for injection). If you were prescribed RADICAVA® Oral Suspension, you will receive your medication orally (by mouth or by feeding tube). With RADICAVA® IV, your medicine will be infused directly into the vein.

The usual dose for RADICAVA® Oral Suspension or RADICAVA® IV involves:

- A first treatment cycle with a daily dose of RADICAVA® Oral Suspension or RADICAVA® IV for 14 days, followed by a 14-day drug-free period
- Subsequent treatment cycles where you will receive RADICAVA® Oral Suspension or RADICAVA® IV for 10 out of 14 days followed by a 14-day drug-free period

The following is an **example** of the first treatment cycle and one subsequent treatment cycle:

First cycle

December							LOT NUMBER
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Time: 1	Time: 2	Time: 3	Time: 4	Time: 5	Time: 6 ✓	Time: 7 ✓	
Time: 8 ✓	Time: 9 ✓	Time: 10 ✓	Time: 11 ✓	Time: 12 ✓	Time: 13 ✓	Time: 14 ✓	
Time: 15 ✓	Time: 16 ✓	Time: 17 ✓	Time: 18 ✓	Time: 19 ✓	Time: 20 ✓	Time: 21 ✓	
Time: 22	Time: 23	Time: 24	Time: 25	Time: 26	Time: 27	Time: 28	
Time: 29	Time: 30	Time: 31	Time: 1	Time: 2	Time: 3	Time: 4	

Drug-free period →

Subsequent cycle

January							LOT NUMBER
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Time: 1	Time: 2	Time: 3	Time: 4	Time: 5	Time: 6 ✓	Time: 7 ✓	
Time: 8 ✓	Time: 9 ✓	Time: 10 ✓	Time: 11 ✓	Time: 12 ✓	Time: 13 ✓	Time: 14 ✓	
Time: 15	Time: 16 ✓	Time: 17	Time: 18	Time: 19	Time: 20 ✓	Time: 21 ✓	
Time: 22	Time: 23	Time: 24	Time: 25	Time: 26	Time: 27	Time: 28	
Time: 29	Time: 30	Time: 31	Time: 1	Time: 2	Time: 3	Time: 4	

Drug-free period →

IV: Intravenous.

January

LOT NUMBER

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time:	Time:	Time:	Time:	Time:	Time:	Time:
Time:	Time:	Time:	Time:	Time:	Time:	Time:
Time:	Time:	Time:	Time:	Time:	Time:	Time:
Time:	Time:	Time:	Time:	Time:	Time:	Time:
Time:	Time:	Time:	Time:	Time:	Time:	Time:

February

LOT NUMBER

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time:	Time:	Time:	Time:	Time:	Time:	Time:
Time:	Time:	Time:	Time:	Time:	Time:	Time:
Time:	Time:	Time:	Time:	Time:	Time:	Time:
Time:	Time:	Time:	Time:	Time:	Time:	Time:
Time:	Time:	Time:	Time:	Time:	Time:	Time:

March

LOT NUMBER

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time:	Time:	Time:	Time:	Time:	Time:	Time:
Time:	Time:	Time:	Time:	Time:	Time:	Time:
Time:	Time:	Time:	Time:	Time:	Time:	Time:
Time:	Time:	Time:	Time:	Time:	Time:	Time:

April

LOT NUMBER

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time:	Time:	Time:	Time:	Time:	Time:	Time:
Time:	Time:	Time:	Time:	Time:	Time:	Time:
Time:	Time:	Time:	Time:	Time:	Time:	Time:
Time:	Time:	Time:	Time:	Time:	Time:	Time:
Time:	Time:	Time:	Time:	Time:	Time:	Time:

May

LOT NUMBER

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Time:

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June

LOT NUMBER

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time:	Time:	Time:	Time:	Time:	Time:	Time:
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Time:	Time:	Time:	Time:	Time:	Time:	Time:
Time:	Time:	Time:	Time:	Time:	Time:	Time:

July

LOT NUMBER

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Time:

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August

LOT NUMBER

[illegible]

September

LOT NUMBER

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time:	Time:	Time:	Time:	Time:	Time:	Time:
Time:	Time:	Time:	Time:	Time:	Time:	Time:
Time:	Time:	Time:	Time:	Time:	Time:	Time:
Time:	Time:	Time:	Time:	Time:	Time:	Time:
Time:	Time:	Time:	Time:	Time:	Time:	Time:

October

LOT NUMBER

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time:	Time:	Time:	Time:	Time:	Time:	Time:
Time:	Time:	Time:	Time:	Time:	Time:	Time:
Time:	Time:	Time:	Time:	Time:	Time:	Time:
Time:	Time:	Time:	Time:	Time:	Time:	Time:

November

LOT NUMBER

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time:	Time:	Time:	Time:	Time:	Time:	Time:
Time:	Time:	Time:	Time:	Time:	Time:	Time:
Time:	Time:	Time:	Time:	Time:	Time:	Time:
Time:	Time:	Time:	Time:	Time:	Time:	Time:
Time:	Time:	Time:	Time:	Time:	Time:	Time:

December

LOT NUMBER

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time:	Time:	Time:	Time:	Time:	Time:	Time:
Time:	Time:	Time:	Time:	Time:	Time:	Time:
Time:	Time:	Time:	Time:	Time:	Time:	Time:
Time:	Time:	Time:	Time:	Time:	Time:	Time:

Feel free to contact MTP Patient Support® at any point during your treatment via:

 **1-833-211-MTPT (6878)**  **MTP@innomar-strategies.com**

The MTP Patient Support® team is available Monday–Friday, 8 a.m.–8 p.m. ET

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Mitsubishi Tanabe Pharma Canada



Treatment Journal



Use this treatment journal to help you keep track of any symptoms or side effects you may be experiencing throughout your treatment with RADICAVA® Oral Suspension or RADICAVA® IV Infusion.



Mitsubishi Tanabe Pharma Canada

IV: Intravenous.

Contact information

Family doctor: _____

Telephone: _____

Neurologist: _____

Telephone: _____

Nurse: _____

Telephone: _____

ALS clinic: _____

Telephone: _____

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at any point during your treatment via:**

 **1-833-211-MTPT (6878)**  **MTP@innomar-strategies.com**

The MTP Patient Support® team is available
Monday–Friday, 8 a.m.–8 p.m. ET

Feel free to write down any questions you may have and take this journal with you to your appointments so you can take note of information that has been given to you.

Treatment start date: _____

Notes: _____

**Please see the leaflet provided in the product carton for more information
about your medication, including potential side effects**

*If you have a medical emergency, do not wait for your next appointment.
Contact your local hospital emergency department right away.*

Date: _____

Questions and notes: _____

Description of any new symptoms or side effects you may be experiencing:

Share this information with your healthcare team

Date: _____

Questions and notes: _____

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^{Pr} **Radicava**[®] **Oral Suspension**
(edaravone) 105 mg / 5 mL 

^{Pr} **Radicava**[®]
(edaravone) IV infusion
30 mg / 100 mL 