

**Radicava ORS (edaravone)**  
**Effective 01/01/2026**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Medical Benefit</b> Pharmacy Benefit	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
<b>Exceptions</b>	N/A		

**Overview**

Radicava ORS (edaravone) is a free radical and peroxynitrite scavenger that prevents oxidative damage to cell membranes and indicated for the treatment of amyotrophic lateral sclerosis (ALS).

**Coverage Guidelines**

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance program.

**OR**

Authorization may be granted when all of the following criteria are met:

1. Diagnosis of ALS based on EI Escorial revised criteria
2. Medication is prescribed by a neurologist or psychiatrist with expertise in the treatment of ALS.
3. Member is stable on Rilutek (riluzole) or the prescriber has submitted clinical rationale why Rilutek (riluzole) is not appropriate.
4. Member has normal respiratory function defined as percent-predicted forced vital capacity (FVC) values of  $\geq 80\%$ .
5. Member has a score of at least 2 points on each individual item of the ALS Functional Rating Scale – Revised (ALSFRS-R).
6. Member has had duration of disease for 2 years or less.
7. Member does not require noninvasive or invasive ventilatory support.

**Continuation of Therapy**

Reauthorization may be granted for members when ALL the following criteria are met:

1. Medication is prescribed by a neurologist or psychiatrist with expertise in the treatment of ALS.
2. Documentation confirming the patient has benefitted from Radicava (Edaravone) therapy as demonstrated by a slowing in the decline of functional abilities is submitted.

**Limitations**

1. Initial approvals will be granted for 6 months.
2. Reauthorizations will be granted for 12 months.

## References

1. Hardiman O, van den Berg LH. Edaravone: a new treatment for ALS on the horizon? *Lancet Neurol* 2017; 16:490
2. Miller RG, Mitchell JD, Moore DH. Riluzole for amyotrophic lateral sclerosis (ALS)/motor neuron disease (MND). *Cochrane Database Syst Rev* 2012; CD001447
3. Nagase M, Yamamoto Y, Miyazaki Y, Yoshino H. Increased oxidative stress in patients with amyotrophic lateral sclerosis and the effect of edaravone administration. *Redox Rep.* 2016;21(3):104-112.[PubMed 26191780]
4. Radicava (edaravone) [prescribing information]. Jersey City, NJ: MT Pharma America Inc; November 2022.
5. Writing Group, Edaravone (MCI-186) ALS 19 Study Group. Safety and efficacy of edaravone in well-defined patients with amyotrophic lateral sclerosis: a randomised, double-blind, placebo-controlled trial. *Lancet Neurol* 2017; 16:505.

## Review History

11/26/18 – Reviewed

01/22/20 – Added started & stabilized criteria

09/21/2022 – Reviewed and Updated for Sept P&T; separated out Comm/Exch and MH. Added new formulation Radicava ORS available on the pharmacy benefit ONLY. Effective 11/01/2022

10/08/2025 – Reviewed and updated for October P&T. Removed Radicava IV from the policy; renamed it “Radicava.” Updated policy to reflect it no longer applies to the medical benefit. Effective 01/01/2026.

