

**Radicava (edaravone intravenous injection)
Radicava ORS (edaravone oral suspension)
Effective 11/1/22**

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	Radicava IV is medical benefit only.		

Overview

Radicava (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).

No PA	Drugs that require PA
Rilutek # (riluzole tablet)	Radicava (edaravone)

This designates a brand-name drug with FDA "A"-rated generic equivalents. PA is required for the brand, unless a particular form of that drug (for example, tablet, capsule or liquid) does not have an FDA "A"-rated generic equivalent.

Coverage Guidelines

Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

1. Prescriber is a neurologist
2. Medical records supporting the diagnosis of ALS
3. Prescriber submits a copy of the pre-treatment ALSFRS-R questionnaire including scores on each individual domain and duration of disease (within the past 12 weeks)
4. Appropriate dose
5. **ONE** of the following:
 - a. Requested medication will be used in combination with riluzole
 - b. Adverse reaction or contraindication to riluzole

Continuation of Therapy

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

1. Prescriber submits a current copy of the ALSFRS-R questionnaire including scores on each individual domain (within the past 12 weeks)
2. **ONE** of the following:
 - a. Total decrease in ALSFRS-R score from pre-treatment baseline is five points or less
 - b. Documentation of medical necessity for continuing treatment

Limitations

1. Initial approvals and reauthorizations will be granted for 6 months.

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Review History

9/21/2022 – Created for Sept P&T. Matched MH criteria. Separated out Comm/Exch vs. MH. Effective 11/1/22.

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