Mass General Brigham
Health Plan

Radicava (edaravone intravenous injection)
Radicava ORS (edaravone oral suspension)
Effective 04/01/2023

Plan	☒ MassHealth ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☒ Medical Benefit (NLX)		
Specialty Limitations	These medications have been designated specialty and must be filled at a contracted specialty pharmacy when obtained through the pharmacy benefit.		
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			

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 injection)
	Radicava ORS (edaravone suspension) †

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.
† Agent does not participate in the federal rebate program. Please see the Non-FDA and Non-rebate products guideline for more information

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, neuromuscular specialist, or otherspecialist in the treatment of ALS, or consult notes from specialist are provided

1. Medical records supporting the diagnosis of definite, probabale, or probable-laboratory supported ALS per El Escorial criteria
2. Prescriber submits a copy of the pre-treatment ALSFRS-R questionnaire including scores on each individual domain and duration of disease
3. **ALL** of the following:
    a. Pre-treatment ALSFRS-R questionnaire score of ≥ 2 on each individual item
    b. Pre-treatment FVC ≥ 80%
    c. Member is not dependent on invasive mechanical ventilation by intubation or tracheostomy
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. Member is not dependent on invasive mechanical ventilation by intubation or tracheostomy

Limitations

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

References

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3. Maragakis NJ, Galvez-Jimenez N. Epidemiology and pathogenesis of amyotrophic lateral sclerosis. In Eichler AF (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2019 [cited 2019 Oct 15]. Available from: https://www.uptodate.com/contents/search.
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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. 02/08/2023 - Reviewed and updated for Feb P&T. Updated provider specialty by including neuromuscular specialist, or other specialists in the treatment of ALS or consult notes are provided. Updated diagnosis requirement. The following was added to criteria: Pre-treatment ALSFRS-R questionnaire score of ≥ 2 on each individual item, Pre-treatment FVC ≥ 80%, Member is not dependent on invasive mechanical ventilation by intubation or tracheostomy. Updated reauth criteria to now require a current copy of ALSFRS-R questionnaire and that member is not dependent on invasive mechanical ventilation by intubation or tracheostomy. Effective 4/1/23.