

**Radicava (edaravone intravenous injection)
 Radicava ORS (edaravone oral suspension)
 Effective 06/30/2023**

Plan	<input checked="" type="checkbox"/> MassHealth UPPL <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		
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	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
Exceptions	Radicava ORS (edaravone suspension) is only available through the pharmacy benefit.		

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 other specialist in the treatment of ALS, or consult notes from specialist are provided
1. Medical records supporting the diagnosis of definite, probable, 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 $\geq 80\%$
 - 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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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 $\geq 80\%$, 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.

06/14/23 – Reviewed and updated for P&T. Admin update: Clarified that Radicava ORS (edaravone suspension) is only available through the pharmacy benefit. Effective 6/30/23

