

Amyotrophic Lateral Sclerosis Agents
Radicava (edaravone injection)
Effective 09/01/2025

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 type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical Benefit Pharmacy Benefit	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	<p>Radicava (edaravone injection) is also available on the pharmacy benefit. Please see the MassHealth Drug List for coverage and criteria.</p> <p>Additional agents from this class are available through the pharmacy benefit. Please see the MassHealth Drug List for coverage and criteria.</p>		

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).

*A-rated generic available. Both brand and A-rated generic require PA.

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
2. Medical records supporting the diagnosis of definite, probabale, or probable-laboratory supported ALS per El Escorial criteria
3. Pre-treatment ALSFRS-R questionnaire score within the past 12 weeks
4. **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
5. Appropriate dosing
6. **ONE** of the following:
 - d. Requested medication will be used in combination with riluzole
 - e. Adverse reaction or contraindication to riluzole

Continuation of Therapy

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

1. A current 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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5. EFNS Task Force on Diagnosis and Management of Amyotrophic Lateral Sclerosis, Andersen PM, Abrahams S, Borasio GD, de Carvalho M, Chio A, et al. EFNS guidelines on the clinical management of amyotrophic lateral sclerosis (MALS)--revised report of an EFNS task force. Eur J Neurol. 2012 Mar;19(3):360-75. doi: 10.1111/j.1468-1331.2011.03501.x. Epub 2011 Sep 14.
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12. Writing Group, On Behalf of the Edaravone (MCI-186) ALS 17 Study Group. Exploratory double-blind, parallel-group, placebo-controlled extension study of edaravone (MCI-186) in amyotrophic lateral sclerosis. Amyotroph Lateral Scler Frontotemporal Degener. 2017 Oct;18(sup1):20-31. doi: 10.1080/21678421.2017.1362000.



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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

08/14/24 – Reviewed and updated for P&T. Admin update separating Radicava injection criteria from ALS guideline to create own MB policy while other agents in this class will be on a PB policy. Included A-rated generic of Radicava injection to policy. Effective 9/1/24

8/13/25 – Reviewed and updated for P&T. Part of annual UM review. Formatting update within approval criteria, made it more clear. Updated references. Effective 9/1/25

