Radicava™ (edaravone)
Effective 11/26/18

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<th>Plan</th>
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<td>☒ Prior Authorization</td>
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<td>☒ Commercial/Exchange</td>
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<td>□ Pharmacy Benefit</td>
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Benefit

Specialty Limitations
N/A

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<th>Specialty Medications</th>
<th>Contact Information</th>
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<td>All Plans</td>
<td>Phone: 866-814-5506</td>
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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 |

Overview
Radicava (edaravone) is indicated for the treatment of amyotrophic lateral sclerosis (ALS).

Coverage Guidelines
Authorization may be granted when all the following criteria have been met and documentation has been submitted:

1. Member as documented diagnosis of ALS based on El Escorial revised criteria
2. Medication must be prescribed by a neurologist or physiatrist 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 ≥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 physiatrist 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

Review History
11/26/18 – Reviewed

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