Radicava™ (edaravone)
Effective 4/1/2020

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<th>Plan</th>
<th>☒ MassHealth</th>
<th>☒ Commercial/Exchange</th>
<th>Program Type</th>
<th>☒ Prior Authorization</th>
<th>☐ Quantity Limit</th>
<th>☐ Step Therapy</th>
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<td>Benefit</td>
<td>☐ Pharmacy Benefit</td>
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Specialty Limitations
N/A

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<tr>
<td>All Plans</td>
<td>Phone: 866-814-5506</td>
<td>Fax: 866-249-6155</td>
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<td>MassHealth</td>
<td>Phone: 877-433-7643</td>
<td>Fax: 866-255-7569</td>
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<td>Commercial</td>
<td>Phone: 800-294-5979</td>
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<tr>
<td>Exchange</td>
<td>Phone: 855-582-2022</td>
<td>Fax: 855-245-2134</td>
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<td>All Plans</td>
<td>Phone: 844-345-2803</td>
<td>Fax: 844-851-0882</td>
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Exceptions
N/A

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).

Coverage Guidelines
Authorization may be granted for members who are currently receiving Radicava excluding when the product is obtained as samples or via manufacturer’s patient assistance program.

OR
Authorization may be granted for members with a diagnosis of ALS based on El Escorial revised criteria when ALL the following criteria are met:
1. Medication is prescribed by a neurologist or physiatrist with expertise in the treatment of ALS.
2. Member is stable on Rilutek (riluzole) or the prescriber has submitted clinical rationale why Rilutek (riluzole) is not appropriate.
3. Member has normal respiratory function defined as percent-predicted forced vital capacity (FVC) values of ≥80%.
4. Member has a score of at least 2 points on each individual item of the ALS Functional Rating Scale – Revised (ALSFRS-R).
5. Member has had duration of disease for 2 years or less.
6. 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 for 6 months.
2. Reauthorizations will be for 12 months.

References

Review History
11/26/18 – Reviewed
01/22/20 – Added started & stabilized criteria

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