

Oral Edaravone (Radicava)

Coverage Criteria:

Initial Authorization Criteria:

Oral Radicava is reserved for patients with amyotrophic lateral sclerosis (ALS) when all of the following criteria are met:

1. Prescribed by a specialist (i.e. neurologist); **and**,
2. Diagnosis of definite or probable ALS per El Escorial/revised Airlie House criteria or Awaji-Shima criteria; **and**,
3. Score of 2 or more points on each single item of the most recent ALS Functional Rating Scale-Revised (ALSFRS-R) score; **and**,
4. Onset of ALS has been less than 2 years; **and**,
5. % forced vital capacity (%FVC) \geq 80% at baseline; **and**,
6. Japan ALS severity classification grade less than 3; **and**,
7. Inadequate response or medical contraindication to riluzole; **and**,
8. Patient will not take Radicava in combination with Relyvrio and/or Qalsody; **and**,
9. Radicava is prescribed within the FDA-approved dosing regimen.

Renewal Criteria:

Reauthorization will be provided for six months when patients continue to meet criteria 1, 2 and 9 above.

Coverage Duration:

Initial authorization and re-authorizations will be provided for 6 months.