



## Radicava ORS Prior Authorization

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| <b>Drug(s) Applied:</b> | <b>Radicava ORS</b> (edaravone) |
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### Criteria:

Drug(s) Applied will be approved when the requested medication is being used for an FDA approved indication and all of the following criteria are met:

#### I. Initial Therapy Criteria

##### **A. Amyotrophic Lateral Sclerosis (ALS)** as indicated by chart notes within past 90 days

1. Patient has had the diagnosis of ALS for a duration of 2 years or less **and**
2. Baseline forced vital capacity (FVC%) of 80% or greater **and**
3. Patient is able to perform most activities of daily living, defined as scores of 2 points or better on each individual item of the ALS Functional Rating Scale – Revised [ALSFRS-R] **and**
4. ONE of the following:
  - a) Patient is currently being treated with riluzole or
  - b) Patient has an intolerance or hypersensitivity to riluzole **and**
5. Patient has documented failure to edaravone IV **and**
6. Prescriber is a specialist or has consulted with a specialist in the area of the patient's diagnosis (e.g., neurology)

**Approval Duration:** 2 months

#### II. Continued Therapy Criteria

##### **A. Amyotrophic Lateral Sclerosis (ALS)** as indicated by chart notes within past 12 months

1. Patient has been previously approved for the requested agent through the plan's Prior Authorization process or meets the initial therapy criteria above **and**
2. Patient is NOT dependent on invasive ventilation or tracheostomy **and**
3. Prescriber is a specialist or has consulted with a specialist in the area of the patient's diagnosis (e.g., neurology)

**Approval Duration:** 12 months

**Policy Owned by:** Curative PBM team