Radicava (edaravone injection) is a non-preferred product and will only be considered for coverage under the medical benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

**AMYOTROPHIC LATERAL SCLEROSIS (ALS)**

For *initial* authorization:
1. Provider submitted detailed chart notes confirming member’s Definite or Probable ALS based on El Escorial revised criteria; AND
2. Member can eat a meal, excrete, or move with oneself alone, and perform most functions of everyday life with little to no assistance (chart notes required); AND
3. Member does not have Parkinson’s disease, schizophrenia, dementia, renal failure, or hypersensitivity to Radicava (edaravone); AND
4. Member’s functionality retained most activities of daily living and defined as a total of 20 points or better on the ALS Functional Rating Scale – Revised (ALSFRS-R), and submitted with chart notes (i.e. scores for speech, salivation, swallowing, handwriting, walking, etc.).
5. **Dosage allowed:** 60 mg administered as an intravenous infusion over 60 minutes as follows: Initial treatment cycle: daily dosing for 14 days followed by a 14-day drug-free period; Subsequent treatment cycles: daily dosing for 10 days out of 14-day periods, followed by 14-day drug-free periods.

*If member meets all the requirements listed above, the medication will be approved for 12 months.*

For **reauthorization**:
1. Member must be in compliance with all other initial criteria.

*If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.*

CareSource considers Radicava (edaravone injection) not medically necessary for the treatment of the diseases that are not listed in this document.

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTION/DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/16/2017</td>
<td>New policy for Radicava created.</td>
</tr>
<tr>
<td>09/15/2017</td>
<td>Disease duration and percent-predicted forced vital capacity (%FVC) requirements were removed. ALSFRS-R score requirement was modified.</td>
</tr>
</tbody>
</table>


Effective date: 11/08/2017
Revised date: 09/15/2017