

# Edaravone



**Included Products:** Radicava (edaravone), Radicava ORS (edaravone suspension)

Nonformulary for outpatient benefit. PA required on medical benefit.

Created: 09/14/2017

Revised: 05/11/2023

Reviewed: 09/08/2022

Updated: 06/01/2023

## Amyotrophic Lateral Sclerosis

Initial Criteria		If yes	If no
1.	Does the member have a diagnosis of ALS based on El Escorial revised criteria or Awaji criteria with disease duration of less than 2 years?	Continue to #2.	Do not approve.
2.	Has the treatment been initiated by or is a neurologist currently supervising it?	Continue to #3.	Do not approve.
3.	Is there documentation that the member's FVC is $\geq 80\%$ ?	Continue to #4.	Do not approve.
4.	Is there documentation that the member is mostly or entirely able to complete ADLs independently (able to dress and bathe themselves, feed themselves, turn in bed, and walk)?	Continue to #5.	Do not approve.
5.	Does the member have reasonable, documented goals of treatment (such as maintaining independent ADLs)?	Continue to #6.	Do not approve.
6.	Is the member currently taking or have a contraindication to riluzole?	Continue to #7.	Do not approve.
7.	Approve for 6 months.		
Renewal Criteria		If yes	If no
1.	Is there documentation that the member is still able to complete independent ADLs?	Continue to #3.	Continue to #2.
2.	Is there documentation that the member is still meeting their goals of care?	Continue to #3.	Do not approve.
3.	Approve for 6 months.		