

**RADICAVA/ RADICAVA ORS
(edaravone)****Pre - PA Allowance**None

Prior-Approval Requirements**Age** 18 years of age and older**Diagnosis**

The patient must have the following:

Amyotrophic lateral sclerosis (ALS)

AND ALL of the following:

1. Patient has had an inadequate response to riluzole or will continue to take riluzole
2. Baseline evaluation of the condition using **ONE** of the following scoring tools:
 - a. ALS Functional Rating Scale-Revised (ALSFRS-R) with a score of 2 or greater on each individual item of the scale
 - b. Japanese ALS Severity Scale with a grade of 1 or 2
3. Normal respiratory function %FVC \geq 80%
4. Prescribed by or recommended by a neurologist

Prior - Approval Limits**Duration** 12 months

Prior – Approval *Renewal* Requirements**Age** 18 years of age and older**Diagnosis**

The patient must have the following:

Amyotrophic lateral sclerosis (ALS)

AND ALL of the following:

1. Documented stabilization, slowing of disease progression, or improvement of the condition using **ONE** of the following scoring tools:
 - a. ALSFRS-R
 - b. Japanese ALS Severity Scale



Federal Employee Program.

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Prior - Approval *Renewal* Limits

Same as above