

POLICY NAME	Radicava (edaravone)	POLICY #	2594P
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Criteria

Coverage Criteria

- ☐ Diagnosis of definite or probable Amyotrophic Lateral Sclerosis (ALS) per the revised El Escorial and Airlie House diagnostic criteria
- ☐ Prescribed by or in consultation with a Neurologist with expertise in the diagnosis of ALS
- ☐ Submission of the most recent ALS Functional Rating Scale-Revised (ALSFRS-R) score confirming that the patient has scored 2 in ALL items of the ALSFRS-R criteria at the start of treatment
- ☐ Documentation confirming that the patient has a % forced vital capacity (%FVC) 80% at the start of treatment
- ☐ Review of chart notes documenting diagnosis and confirming that patient has met all of the above requirements for treatment with Radicava by both a pharmacist and medical director

Exclusion Criteria – Any of the following prevents coverage

- ☐ Patient is dependent on invasive ventilation
- ☐ Patient has a tracheostomy