

# Clinical Oversight Review Board (CORB) Criteria for Prescribing/ Criteria-Based Consultation (CBC) Criteria for Coverage

## Edaravone (Radicava IV or ORS)

### Notes:

- Quantity Limits: Yes
- IV = intravenous
- ORS = oral suspension
- ALSFRS-R = Amyotrophic Lateral Sclerosis Function Rating Scale Revised

Non-formulary **edaravone (Radicava IV or ORS)** requires a clinical review before being ordered. Appropriateness will be based on the following criteria:

**Initiation (new start) criteria:** Non-formulary **edaravone (Radicava IV or ORS)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by neurologist with expertise/interest in diagnosing/treating patients with amyotrophic lateral sclerosis (ALS)
- ALSFRS-R score of 2 points or better on all 12 items within 2 months prior to treatment
- ALSFRS-R score of 4 points for dyspnea, orthopnea, and respiratory insufficiency within 2 months prior to treatment
- Definite or probable ALS with duration of 2 years or less from symptom onset
- Forced vital capacity (FVC) of 80% or higher within 2 months prior to treatment
- Current riluzole use or intolerance/contraindication to use
- For IV use only: Patient willing/able to have a tunneled catheter long-term

**Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:** Non-formulary **edaravone (Radicava IV or ORS)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- FVC greater than 50%
- If using BiPAP for breathing support, using 12 hours per day or less
- Patient does NOT have a tracheotomy

**Continued use criteria for patients previously approved per the above criteria who are currently stable on the medication:** Non-formulary **edaravone (Radicava IV or ORS)** will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

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Revised: 11/10/22  
Effective: 12/01/22

All plans offered and underwritten by  
Kaiser Foundation Health Plan of the Northwest

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## Edaravone (Radicava IV or ORS)

- Prescribed by neurologist with expertise/interest in diagnosing/treating patients with ALS
- FVC greater than 50%
- If using BiPAP for breathing support, using 12 hours per day or less
- Patient does not have a tracheotomy
- Patient is not currently enrolled in hospice care

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