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P&T Date: 08/07/2025

Radicava® (edaravone)

HCPCS: J1301

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

- A. Coverage of the requested drug is provided when all the following are met:
 - a. FDA approved indication
 - b. FDA approved age
 - c. Prescribed by or in consultation with a neurologist
 - d. Start of treatment is within 2 years of diagnosis with amyotrophic lateral sclerosis (ALS) OR
 - After 2 years of diagnosis, with a percent predicted vital capacity value of ≥ 80 %.
 - e. Currently receiving treatment and will continue to receive treatment with riluzole, if tolerated
 - f. Trial and failure, contraindication, OR intolerance to the preferred drugs as listed in WyoBlue Advantage's utilization management medical drug list and/or WyoBlue Advantage's prior authorization and step therapy documents.
- B. Quantity Limitations. Authorization Period and Renewal Criteria
 - a. Quantity Limits: Align with FDA recommended dosing
 - Authorization Period: 6 months
 Renewal Criteria: Clinical documentation must be provided to confirm that current criteria are met and that the medication is providing clinical benefit.

***Note: Coverage and approval duration may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at http://www.cms.hhs.gov/. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Background Information:

- Radicava and Radicava ORS are indicated for the treatment of ALS
- ALS is a neurodegeneration disease characterized by rapid loss of upper and lower motor neurons, resulting in death by paralysis and respiratory failure usually within 24-48 months. It has been suggested that pathogenesis of neuronal degeneration in ALS may be unique in different individuals, which is one reason ALS research and development has had minimal advancements. One primary suggestion is that oxidative stress to motor neurons is largely responsible for the pathogenesis of ALS onset and progression.
- It is proposed that by reducing free radicals that cause oxidative stress on motor neurons, radical damage may be minimized, thus preventing progression of ALS. One primary tool to measure progression of ALS is called Revised ALS Functional Rating Scale (ALSFRS-R), which has been used in many clinical trials to determine treatment efficacy.
- The American Academy of Neurology updated guidelines from 2009 (reaffirmed on January 25, 2023) titled "Update: The care of the patient with amyotrophic lateral sclerosis: drug, nutritional, and respiratory therapies" recommend that riluzole should be offered to slow the disease progression in patients with ALS. These guidelines have not been updated to include the most recent ALS drug approvals, including Radicava® or Qalsody™. The European Academy of Neurology (EAN) guideline on the management of amyotrophic lateral sclerosis in collaboration with European Reference Network for Neuromuscular Diseases (ERN EURO-NMD), which is an update of the 2012 European Federation of Neurological Societies guidelines strongly recommends lifelong riluzole at diagnosis, and to offer Qalsody (tofersen) as first-line for progressive ALS caused by pathogenic SOD1 mutations.
- Both guidelines recommend initiating riluzole as soon as possible after diagnosis along with non-pharmacotherapy.
 Non-pharmacotherapy goals are to maintain autonomy as long as possible through supportive care. The AAN recommends a multidisciplinary care approach that includes a neurologist when treating/caring for patients with ALS.
- The first of two Phase III trials failed to show significant difference between the treatment group and placebo in relativity to the ALSFRS-R score. Researchers determined that inclusion criteria (duration of disease within 3 years and forced vital capacity (FVC) at least 70%) had to be more stringent to observe responders. [Please see **Table 1** below for additional information regarding the trials].
- The second Phase III trial was conducted over 24 weeks and met a power of 80%. Based on the modified inclusion criteria (duration of disease within 2 years and FVC at least 80%), the trial concluded a significant difference in ALSFRS-R score between treatment group and placebo group.
- It is the Northeast Amyotrophic Lateral Sclerosis Consortum (NEALS) clinical investigators' opinion that a therapy that results in a change of 20-25% or greater in the slope of the ALSFRS-R would be considered clinically meaningful.

References:

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- 6. Anon. Press Release: New Japan-originated ALS treatment option available to patients in the U.S. U.S. FDA approves RADICAVA (edaravone) for the treatment of ALS. 2017 May 8.
- 7. Anon. Package insert: Radicava (edaravone). Mitsubishi Tanabe Pharma. Revised: 2017 May.
- 8. Miller RG, Jackson CE, Kasarskis EJ, et al. Practice parameter update: the care of the patient with amyotrophic lateral sclerosis: drug, nutritional, and respiratory therapies (an evidence-based review). American Academy of Neurology. 2009 Oct;73(15):1218-26.
- 9. Andersen PM, Abrahams S, Borasio GD, et al. EFNS guidelines on the management of amyotrophic lateral sclerosis (MALS) revised report of an EFNS task force. Eur J Neurol. 2012;19(3)360-75.
- 10. Sawada H. Clinical efficacy of edaravone for the treatment of amyotrophic lateral sclerosis. Expert opin pharmacother. 2017 May;18(7)735-738.
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- Miller RG, Jackson EJ, et al. Practice Parameter update: The care of the patient with amyotrophic lateral sclerosis: Multidisciplinary care, symptom management, and cognitive/behavioral impairment (an evidence-based review) Report of the Quality Standards Subcommittee of the American Academy of Neurology First published October 12, 2009, DOI https://doi.org/10.1212/WNL.0b013e3181bc01a4
- 14. Radicava/Radicava ORS (edaravone) [prescribing information]. Jersey City, NJ: Mitsubishi Tanabe Pharma Corp. May 2022

Policy History		
#	Date	Change Description
1.0	Initial Effective Date: 01/01/2026	New policy

^{*} The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or http://dailymed.nlm.nih.gov/dailymed/index.cfm.