



UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2023 P 1392-2
Program	Prior Authorization/Notification
Medication	Radicava ORS <sup>®</sup> (edaravone)
P&T Approval Date	7/2022, 7/2023
Effective Date	10/1/2023; Oxford only: N/A

**1. Background:**

Radicava ORS<sup>®</sup> is indicated for the treatment of amyotrophic lateral sclerosis (ALS).<sup>1</sup>

**2. Coverage Criteria<sup>a</sup>:**

<p><b>A. Initial Authorization</b></p> <p>1. <b>Radicava ORS</b> will be approved based upon the following criterion:</p> <p>a. Diagnosis of amyotrophic lateral sclerosis (ALS)</p> <p><b>Authorization will be issued for 6 months.</b></p> <p><b>B. Reauthorization</b></p> <p>1. <b>Radicava ORS</b> will be approved based upon the following criterion:</p> <p>a. Documentation of positive clinical response to <b>Radicava ORS</b> therapy.</p> <p><b>Authorization will be issued for 6 months.</b></p> <p><sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.</p>
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**3. Additional Clinical Rules:**

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class
- Supply limits may be in place.

**4. References:**

1. Radicava ORS [package insert]. Jersey City, NJ: Mitsubishi Tanabe Pharma Corporation. May 2022.

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<b>Change Control</b>	
7/2022	New program.
7/2023	Annual review with no changes to the coverage criteria.