

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2025 P 1392-4
Program	Prior Authorization/Notification
Medication	Radicava ORS® (edaravone)
P&T Approval Date	7/2022, 7/2023, 7/2024, 7/2025
Effective Date	10/1/2025

1. Background:

Radicava ORS is indicated for the treatment of amyotrophic lateral sclerosis (ALS).

2. Coverage Criteria^a:

<p>A. Initial Authorization</p> <p>1. Radicava ORS will be approved based upon the following criterion:</p> <p style="padding-left: 20px;">a. Diagnosis of amyotrophic lateral sclerosis (ALS)</p> <p style="padding-left: 40px;">Authorization will be issued for 12 months.</p> <p>B. Reauthorization</p> <p>1. Radicava ORS will be approved based upon the following criterion:</p> <p style="padding-left: 20px;">a. Documentation of positive clinical response to Radicava ORS therapy.</p> <p style="padding-left: 40px;">Authorization will be issued for 12 months.</p> <p>^a 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>

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. November 2022.

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Change Control	
7/2022	New program.
7/2023	Annual review with no changes to the coverage criteria.
7/2024	Annual review. Updated initial authorization and reauthorization to 12 months.
7/2025	Annual review with no changes to the coverage criteria. Updated reference.