

**SOUTH DAKOTA MEDICAID
PRIOR AUTHORIZATION CRITERIA**

Physician Administered Drugs, Vaccines, and Immunizations

Edaravone (Radicava) – PA Criteria

HCPC: J1301

Edaravone (Radicava) is a free radical scavenger that is indicated for the treatment of Amyotrophic Lateral Sclerosis (ALS) in individuals ≥ 18 years of age. It is covered by South Dakota Medicaid following prior authorization when the patient meets the following criteria:

- **Initial Therapy (must meet all):**
 - Therapy is prescribed by or in consult with a neurologist
 - Individual has a documented diagnosis of ALS
 - Individual has a Japanese ALS Severity Scale grade of 1 or 2
 - Onset of ALS has been < 2 years since time of therapy initiation
 - Baseline ALS Functional Rating Scale-Revised (ALSFRRS-R) is provided and indicates a score of ≥ 2 in all areas
 - Documentation is provided indicating forced vital capacity (FVC) $> 80\%$
 - Individual is ≥ 18 years of age
 - Approval duration: 6 months
- **Continuation of Therapy (must meet all):**
 - Individual continues to meet all initial criteria
 - Japanese ALS Severity Scale grade documented at time of therapy renewal
 - ALS Functional Rating Scale-Revised (ALSFRRS-R) scores documented at time of renewal
 - Approval duration: 1 year