



RADICAVA (edaravone) PRIOR AUTHORIZATION FORM (form effective 1/6/2025)

Prior authorization guidelines for Radicava (edaravone) and Quantity Limits/Daily Dose Limits are available on the DHS Pharmacy Services website at <https://www.pa.gov/en/agencies/dhs/resources/for-providers/ma-for-providers/pharmacy-services.html>.

<input type="checkbox"/> New request <input type="checkbox"/> Renewal request	Total # of pages: _____	Prescriber name:	
Name of office contact:		Specialty:	
Contact's phone number:	NPI:	State license #:	
LTC facility contact/phone:	Street address:		
Beneficiary name:		City/state/zip:	
Beneficiary ID#:	DOB:	Phone:	Fax:

CLINICAL INFORMATION

Drug requested / directions:

Radicava ORS suspension starter kit (1 kit = 70 mL)
 Initial treatment cycle: 105 mg (5 mL) daily x 14 days followed by a 14-day drug-free period (1 kit of 70 mL = 1st 28-day treatment cycle)

Radicava ORS 105 mg/5 mL suspension (1 bottle = 50 mL)
 Subsequent treatment cycles: 105 mg (5 mL) daily for 10 days out of a 14-day period followed by a 14-day drug free period (1 bottle of 50 mL = 1 subsequent 28-day treatment cycle)

edaravone 30 mg/100 mL bag (1 bag = 100 mL) -- OR -- Radicava 30 mg/100 mL bag (1 bag = 100 mL)
 Initial treatment cycle: 60 mg (200 mL) daily x 14 days followed by a 14-day drug-free period (28 x 100 mL bags = 1st 28-day treatment cycle)
 Subsequent treatment cycles: 60 mg (200 mL) daily for 10 days out of a 14-day period followed by a 14-day drug free period (20 x 100 mL bags = 1 subsequent 28-day treatment cycle)

Other (specify): _____

Number of 28-day treatment cycles requested: initial treatment cycles: 1 subsequent treatment cycles: _____

Diagnosis (<u>submit documentation</u>):	Dx code (<u>required</u>):
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<p>SPECIALTY PHARMACY DRUG PROGRAM: Edaravone is included in the DHS Specialty Pharmacy Drug Program and is available from DHS's specialty pharmacy. Refer to https://www.pa.gov/en/agencies/dhs/resources/pharmacy-services/specialty-pharmacy-program.html for more information about the Specialty Pharmacy Drug Program.</p>	<p>DHS specialty pharmacy: Chartwell Pennsylvania, LP Oakdale, PA Phone: 833-710-0211 Fax: 412-920-1869 www.chartwellpa.com</p>
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Is edaravone being prescribed by or in consultation with a specialist?	<input type="checkbox"/> Yes <i>Submit documentation of</i> <input type="checkbox"/> No <i>consultation, if applicable.</i>
INITIAL requests	
Does the beneficiary have results of a baseline evaluation (before starting edaravone) that include a Revised ALS Functional Rating Scale (ALSFRS-R) score or other standardized assessment tool?	<input type="checkbox"/> Yes <i>Submit documentation of a</i> <input type="checkbox"/> No <i>baseline evaluation.</i>
Was the beneficiary diagnosed with ALS within the two years before starting edaravone?	<input type="checkbox"/> Yes <i>Submit documentation of</i> <input type="checkbox"/> No <i>dx date or duration of</i> <i>disease.</i>
What is the beneficiary's baseline (pre-treatment) FEV ₁ ? FEV ₁ : _____ % Date of result: _____ <i>Submit documentation.</i>	
Is the beneficiary dependent on mechanical ventilation by tracheostomy or intubation?	<input type="checkbox"/> Yes <i>Submit documentation.</i> <input type="checkbox"/> No
Does the beneficiary receive tube feedings?	<input type="checkbox"/> Yes <i>Submit documentation.</i> <input type="checkbox"/> No
Will the beneficiary be taking riluzole in addition to edaravone, or does the beneficiary have a clinical reason (such as intolerance, contraindication, or elevated baseline LFTs) for not taking riluzole?	<input type="checkbox"/> Yes <i>Submit documentation.</i> <input type="checkbox"/> No
RENEWAL requests	
Is the beneficiary receiving clinical benefit from edaravone?	<input type="checkbox"/> Yes <i>Submit documentation of</i> <input type="checkbox"/> No <i>beneficiary's clinical</i> <i>response.</i>
Does the beneficiary have results of a recent evaluation that include a Revised ALS Functional Rating Scale (ALSFRS-R) score or other standardized assessment tool?	<input type="checkbox"/> Yes <i>Submit documentation of a</i> <input type="checkbox"/> No <i>recent evaluation.</i>
Will the beneficiary be taking riluzole in addition to edaravone, or does the beneficiary have a clinical reason (such as intolerance, contraindication, or elevated baseline LFTs) for not taking riluzole?	<input type="checkbox"/> Yes <i>Submit documentation.</i> <input type="checkbox"/> No
PLEASE FAX COMPLETED FORM WITH <u>REQUIRED CLINICAL DOCUMENTATION</u> TO DHS – PHARMACY DIVISION	
Prescriber Signature:	Date:

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