

**OPTIMA HEALTH COMMUNITY CARE  
AND  
OPTIMA FAMILY CARE  
(MEDICAID)**

**PHARMACY/MEDICAL PRIOR AUTHORIZATION/STEP-EDIT REQUEST\***

**Directions:** The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; **fax to 1-844-348-3720.** No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **Incomplete form will delay authorization process.**

**Drug Requested:**                    **Radicava™ (edaravone) IV (Codes C9399/J3490) (Medical)**

**DRUG INFORMATION:** Complete information below or authorization process will be delayed.

**Drug Form/Strength:** \_\_\_\_\_

**Dosing Schedule:** \_\_\_\_\_      **Length of Therapy:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_      **ICD Code, if applicable:** \_\_\_\_\_

**CLINICAL CRITERIA:** **ALL** information below **MUST** be checked to qualify or authorization process will be delayed. Submission of medical records (e.g., chart notes, previous medical history, diagnostic testing to include imaging, nerve conduction studies, lab values) **MUST** be submitted with this request.

**Initial Approval – Length is for 6 months**  
**(no more than 86 doses over 180 days)**

- Prescriber is an Neurologist**
  - Patient is ≥ 18 years of age
  - Patient has diagnosis of “definite” or “probable” amyotrophic lateral sclerosis (ALS) per the EL Escorial

**AND**

- Functionality retained most activities of daily living (defined as scores of 2 points or better on each individual item of the ALS Functional Rating Scale-Revised (ALSFRS-R) **(please submit)**

**AND**

- Normal respiratory function confirming patient has a % forced vital capacity (%FVC) ≥ 80% at the start of treatment **(medical records must be attached)**

**AND**

- Disease duration of two (2) years or less **(progress notes must document date)**

**Radicava™ is considered an Exclusion for score of 3 or less on ALSFRS-R items for dyspnea, orthopnea, or respiratory insufficiency; history of spinal surgery after onset of ALS.**

**Reauthorization Approval – Length is for 6 months**  
**(no more than 86 doses over 180 days)**

- Functionality retained most activities of daily living (defined as score from baseline did not decrease on each individual item of the ALS Functional Rating Scale-Revised (ALSFRS-R)

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