

# OPTIMA HEALTH PLAN

## PHARMACY 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 1-800-750-9692**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process may be delayed.**

**Drug Requested:** Radicava ORS<sup>®</sup> (edaravone)

**DRUG INFORMATION:** Authorization may be delayed if incomplete.

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

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

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

### **Recommended Dosage:**

- 105 mg (5 mL) taken orally or via feeding tube in the morning after overnight fasting
- Initial treatment cycle: daily dosing for 14 days followed by a 14 day drug-free period
- Subsequent treatment cycles: daily dosing for 10 days out of 14 day periods, followed by 14 day drug-free periods

### **Quantity Limits:**

- Radicava ORS<sup>®</sup> Starter Kit: 70 mL per 365 days
- Radicava ORS<sup>®</sup> Kit: 50 mL per 28 days

**CLINICAL CRITERIA:** Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

**Initial Authorization: 6 months**

- ☐ Prescriber is a Neurologist
- ☐ Member is  $\geq 18$  years of age
- ☐ Member has a diagnosis of “definite” or “probable” amyotrophic lateral sclerosis (ALS) per the EL Escorial
- ☐ 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)) (must be submitted)**)
- ☐ Normal respiratory function confirming member has a % forced vital capacity (%FVC)  $\geq 80\%$  at the start of treatment (**medical records must be attached**)
- ☐ Disease duration of two (2) years or less (**progress notes must document date**)
- ☐ Radicava ORS<sup>®</sup> 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

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**Reauthorization: 6 months (no more than 86 doses over 180 days).** Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

- ☐ 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))
- ☐ Normal respiratory function confirming the Member has a % forced vital capacity (%FVC)  $\geq$  80%

**Medication being provided by Specialty Pharmacy - PropriumRx**

***\*\*Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.\*\****

***\*Previous therapies will be verified through pharmacy paid claims or submitted chart notes.\****

Member Name: \_\_\_\_\_

Member Optima #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

DEA OR NPI #: \_\_\_\_\_

\*Approved by Pharmacy and Therapeutics Committee: 7/21/2022

REVISED/UPDATED: 8/5/2022;