

Radicava ORS (edaravone)

Phone: 215-991-4300

Fax back to: 866-240-3712

Health Partners Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL DELAY the review process.

Patient Name:		Prescriber Name:	
HPP HPP Member Number:		Fax:	Phone:
Date of Birth:		Office Contact:	
Patient Primary Phone:		NPI:	PA PROMISe ID:
Address:		Address:	
City, State ZIP:		City, State ZIP:	
Line of Business: <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP		Specialty Pharmacy (if applicable):	
Drug Name:		Strength:	
Quantity:		Refills:	
Directions:			
Diagnosis Code:		Diagnosis:	
<i>HPP's maximum approval time is 12 months but may be less depending on the drug.</i>			

Please attach any pertinent medical history including labs and information for this member that may support approval.

Please answer the following questions and sign.

Q1. Is this a renewal request? If no, go to question 4.

Yes

No

Q2. Does the previous approval criteria still stand?

Yes

No

Q3. Does the patient have documented clinical benefit from Radicava ORS? Clinical benefit may include slowing of decline, stabilization of symptoms, prescriber discretion, etc.?

Yes

No

Q4. Does patient have a diagnosis of amyotrophic lateral sclerosis (ALS)?

Yes

No

Q5. Does the patient have documentation of most recent ALS Functional Rating Scale-Revised (ALSFRS-R) scores ≥ 2 in all items of the ALSFRS-R criteria at the start of treatment?

Yes

No

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Q6. Does the patient have documentation of a % forced vital capacity (%FVC) \geq 80% at the start of treatment?

Yes

No

Q7. Is the patient 18 years of age or older?

Yes

No

Q8. Is the patient or caregiver capable of administering Radicava ORS (edaravone) for ALS in accordance with the United States Food and Drug Administration approved labeling?

Yes

No

Q9. Is the patient dependent on invasive ventilation or tracheostomy?

Yes

No

Q10. Is the prescriber a neurologist or in consultation with a neurologist?

Yes

No

Q11. Does the patient have any contraindications to Radicava (edaravone)?

Yes

No

Q12. Does the patient have a serious or anaphylactic reaction to sulfites?

Yes

No

Q13. Additional Information:

Prescriber Signature

Date

Updated for 2023