BlueCross BlueShield of North Carolina

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# Corporate Medical Policy

# Edaravone (Radicava™)

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| **File Name:** | edaravone_radicava |
| **Origination:** | 06/2017 |
| **Last CAP Review:** | 10/2019 |
| **Next CAP Review:** | 10/2020 |
| **Last Review:** | 10/2019 |

## Description of Procedure or Service

Edaravone (Radicava™) is indicated for the treatment of patients with amyotrophic lateral sclerosis (ALS).

**Regulatory Status**
On May 5, 2017, the U.S. Food and Drug Administration (FDA) approved Radicava™ (edaravone) for treatment of patients with amyotrophic lateral sclerosis. Amyotrophic lateral sclerosis (also known as Lou Gehrig's disease) is a rare disease that affects nerve cells in the brain and spinal cord leading to progressive muscle weakness and premature death. This represents the first FDA-approved treatment option for ALS in more than 20 years.

******Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.***

## Policy

**BCBSNC will provide coverage for Edaravone (Radicava™) when it is determined to be medically necessary because the medical criteria and guidelines shown below are met.**

## Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

## When Edaravone (Radicava™) is covered

**Initial Therapy**

Edaravone is considered medically necessary for the treatment of amyotrophic lateral sclerosis in adult individuals who meet the following criteria:

1. The patient has been diagnosed with ALS; AND
2. ALS was diagnosed within the last two years; AND
3. The patient has normal respiratory function (FVC ≥80%); AND
4. The patient is able to live independently; OR
5. The patient has retained most activities of daily living of 2 points or better on each individual item of the ALS Functional Rating Scale

Initial authorization: 6 months

**Continuation Therapy**

Continuation of treatment with edaravone (Radicava) beyond 6 months after initiation of therapy, and every 6 months thereafter, is considered medically necessary for the treatment of amyotrophic lateral sclerosis when the following criteria are met:

1. The patient has been receiving edaravone treatment previously; **and**
2. There is documentation of continued clinical benefit while receiving edaravone treatment indicated by slowing of the progression of the symptoms relative to that of the projected natural course of ALS.

## When Edaravone (Radicava™) is not covered

Use of edaravone is considered investigational when the criteria above are not met and for all other indications.

## Policy Guidelines

The recommended dosage of Radicava is an intravenous infusion of 60 mg administered over a 60-minute period according to the following schedule:

- An initial treatment cycle with daily dosing for 14 days, followed by a 14-day drug-free period
- Subsequent treatment cycles with daily dosing for 10 days out of 14-day periods, followed by 14-day drug-free periods.

The efficacy of Radicava for the treatment of ALS was established in a 6-month, randomized, placebo-controlled, double-blind study conducted in Japanese patients with ALS who were living independently and met the following criteria at screening:

- 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; described below])
- Normal respiratory function (defined as percent-predicted forced vital capacity values of [%FVC] ≥ 80%)
- Definite or Probable ALS based on El Escorial revised criteria
- Disease duration of 2 years or less

The study enrolled 69 patients in the Radicava arm and 68 in the placebo arm. Baseline characteristics were similar between these groups, with over 90% of patients in each group being treated with riluzole.

Radicava was administered as an intravenous infusion of 60 mg given over a 60 minute period according to the following schedule:

- An initial treatment cycle with daily dosing for 14 days, followed by a 14-day drug-free period (Cycle 1)
- Subsequent treatment cycles with daily dosing for 10 days out of 14-day periods, followed by 14-day drug-free periods (Cycles 2-6).

The primary efficacy endpoint was a comparison of the change between treatment arms in the ALSFRS-R total scores from baseline to Week 24. The ALSFRS-R scale consists of 12 questions that evaluate the fine motor, gross motor, bulbar, and respiratory function of patients with ALS (speech, salivation, swallowing, handwriting, cutting food, dressing/hygiene, turning in bed, walking, climbing stairs, dyspnea, orthopnea, and respiratory insufficiency). Each item is scored from 0-4, with higher scores representing greater functional ability. The decline in ALSFRS-R scores from baseline was significantly less in the Radicava-treated patients as compared to placebo.

**Site of Care Eligibility**

1. Edaravone administration may be given in an inpatient setting if the inpatient setting is medically necessary. An inpatient admission for the sole purpose of edaravone infusion is not medically necessary, OR
2. Edaravone administration in a hospital outpatient setting is considered medically necessary if the following criteria are met:
    a. History of mild adverse events that have not been successfully managed through mild pre-medication (diphenhydramine, acetaminophen, steroids, fluids, etc.), OR
    b. Inability to physically and cognitively adhere to the treatment schedule and regimen complexity, OR
    c. First infusion, OR
    d. First infusion after six months of no edaravone infusions.
3. Members who do not meet the criteria above are appropriate for edaravone administration in a **home-based infusion** or physician office setting with or without supervision by a certified healthcare professional. Inpatient and hospital outpatient infusion, in the absence of the criteria in #1 or #2 above is considered not medically necessary.

## Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

*Applicable service codes: J1301*

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

## Scientific Background and Reference Sources

Edaravone (Radicava™) injection: Prescribing label. Mitsubishi Tanabe Pharma Corporation. https://www.radicava.com/assets/dist/pdfs/radicava-prescibing-information.pdf. Accessed June 2, 2017.

ALS Association. Frequently Asked Questions about Radicava™ (Edavarone). Available at http://www.alsa.org/research/radicava/radicava-frequently-asked-questions.html?referrer=https://www.google.com/. Accessed June 5, 2017.

Cedarbaum JM, Stambler N, et al. The ALSFRS-R: a revised ALS functional rating scale that incorporates assessments of respiratory function. Journal of the Neurological Sciences 1999; 169: 13-21. Retrieved June 5, 2017 from http://www.alscareproject.org/whatisals/als-functional-ratingscale-r.pdf .

Specialty Matched Consultant Advisory Panel 10/2017

Specialty Matched Consultant Advisory Panel 10/2018

Medical Director review 9/2019

Specialty Matched Consultant Advisory Panel 10/2019

## Policy Implementation/Update Information

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| 6/30/17 | New policy developed. Edaravone may be considered medically necessary for the treatment of amyotrophic lateral sclerosis when criteria are met. (sk) |
| 11/10/17 | Specialty Matched Consultant Advisory Panel review 10/25/2017. (sk) |
| 5/25/18 | Code C9493 added to Billing/Coding section. (krc) |
| 11/9/18 | Specialty Matched Consultant Advisory Panel review 10/24/2018. (krc) |
| 12/31/18 | Added HCPCS code J1301 to Billing/Coding section and deleted codes C9493, C9399, J3490, and J3590 effective 1/1/19. (krc) |
| 10/1/19 | Added the following continuation criteria to "When Covered" section: "the patient has been receiving edaravone treatment previously, and there is documentation of continued clinical benefit while receiving edaravone treatment indicated by slowing of the progression of the symptoms relative to that of the projected natural course of ALS." Medical Director review 9/2019. (krc) |
| 10/29/19 | Specialty Matched Consultant Advisory Panel review 10/16/2019. (krc) |