

**Medical Coverage Guideline: 09-J2000-82, Edaravone (Radicava)**

The prior Medical Coverage Guideline (MCG) for this therapy has been consolidated to a single MCG:

[09-J5000-41, Oral and IV Amyotrophic Lateral Sclerosis](#)

A complete list of previous MCGs that have been consolidated is shown below.

Generic/Brand	MCG Number
Edaravone (Radicava)	09-J2000-82
Riluzole (Exservan, Tiglutik)	09-J3000-38