



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

RILUZOLE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
RILUZOLE	EXSERVAN, TIGLUTIK		47362, 44091	GPI-14 (74503070008220, 74503070001820)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of amyotrophic lateral sclerosis (ALS) and meets **ALL** of the following criteria?
- The patient is 18 years of age or older
 - The patient has had a trial of riluzole tablets
 - The patient is unable to take riluzole tablet formulation

If yes, approve for 12 months by GPID or GPI-14 with the following quantity limits:

- Exservan: #2 per day
- Tiglutik: #20mL per day

If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **RILUZOLE (Exservan, Tiglutik)** requires the following rule(s) be met for approval:

- A. You have amyotrophic lateral sclerosis (ALS: nervous system disease that weakens muscles and affects physical function)
- B. You are 18 years of age or older
- C. You have tried riluzole tablets
- D. You are unable to take riluzole tablet formulation

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Exservan or Tiglutik.

REFERENCES

- Exservan. [Prescribing Information]. Warren, NJ: Aquestive Therapeutics; April 2020.
- Tiglutik. [Prescribing Information]. Berwyn, PA: ITF Pharma, Inc.; September 2018.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 05/21/21

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P&T Approval: 01/20