



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

RILUZOLE SUSPENSION

Generic	Brand	HICL	GCN	Exception/Other
RILUZOLE	TIGLUTIK		44091	

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
- Physician attestation that patient is unable to take riluzole tablet formulation

If yes, **approve for 12 months by GPID with a quantity limit of #20mL per day (#600 mL [2 bottles] per 30 days).**

If no, do not approve.

DENIAL TEXT: The guideline named **RILUZOLE SUSPENSION (Tiglutik)** requires a diagnosis of amyotrophic lateral sclerosis (ALS) and ALL the following criteria:

- The patient is 18 years of age or older
- The patient has had a trial of riluzole tablets
- Physician attestation that patient is unable to take riluzole tablet formulation

RATIONALE

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

REFERENCES

- Tiglutik. [Prescribing Information]. Berwyn, PA: ITF Pharma, Inc.; September 2018.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 01/01/19

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P&T Approval: 10/18