### Overview
Tiglutik and Exservan are indicated for the treatment of amyotrophic lateral sclerosis (ALS).

### Coverage Guidelines
Authorization may be reviewed for members new to AllWays Health Partners who are currently receiving treatment with Tiglutik or Exservan excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

**OR**
Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

1. Member is diagnosed with amyotrophic lateral sclerosis (ALS)
2. Member is at least 18 years of age
3. Member has documented inability to swallow oral riluzole tablets

### Limitations
1. Initial and reauthorizations will be granted for 24 months.
2. The following quantity limits apply:
   - **Exservan 50mg oral film**: 60 films per 30 days

### References
1. Tiglutik (riluzole) [prescribing information]. Berwyn, PA: ITF Pharma Inc; September 2018.

Review History
02/20/19 – Reviewed
07/21/2021 – Reviewed July P&T; update document to include started and stabilized statement, added new formulation Exservan; references updated. Effective 10/01/2021.

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