# Tiglutik™ (riluzole) Oral Suspension

**Effective 10/01/2021**

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<tr>
<th>Plan</th>
<th>Program Type</th>
<th>Benefit</th>
<th>Specialty Limitations</th>
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<tr>
<td>☒ MassHealth</td>
<td>☒ Prior Authorization</td>
<td>☒ Pharmacy Benefit</td>
<td>N/A</td>
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<tr>
<td>□ Commercial/Exchange</td>
<td>□ Quantity Limit</td>
<td>□ Medical Benefit (NLX)</td>
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**Specialty Medications**

| All Plans         | Phone: 866-814-5506 | Fax: 866-249-6155 |

**Non-Specialty Medications**

<table>
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<tr>
<th>MassHealth</th>
<th>Phone: 877-433-7643</th>
<th>Fax: 866-255-7569</th>
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<tr>
<td>Commercial</td>
<td>Phone: 800-294-5979</td>
<td>Fax: 888-836-0730</td>
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<td>Exchange</td>
<td>Phone: 855-582-2022</td>
<td>Fax: 855-245-2134</td>
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**Medical Specialty Medications (NLX)**

| All Plans         | Phone: 844-345-2803 | Fax: 844-851-0882 |

**Exceptions**

N/A

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**Overview**

Tiglutik 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 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.

**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; separated Comm/Exch vs. MH; update document to include started and stabilized statement. Effective 10/01/2021.

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