



**GEORGIA MEDICAID FEE-FOR-SERVICE  
AMYOTROPHIC LATERAL SCLEROSIS AGENTS PA SUMMARY**

Preferred	Non-Preferred
Riluzole tablet generic	Exservan (riluzole oral film) Radicava ORS (edaravone oral suspension) Relyvrio (sodium phenylbutyrate/taurursodiol) Tiglutik (riluzole oral suspension)

**LENGTH OF AUTHORIZATION:** 1 year

**PA CRITERIA:**

*Exservan and Tiglutik*

- ❖ Approvable for members 18 years of age or older with a diagnosis of amyotrophic lateral sclerosis (ALS) who are unable to swallow solid oral dosage formulations.

*Radicava ORS*

- ❖ Approvable if the following criteria are met:
  - Member has a diagnosis of amyotrophic lateral sclerosis (ALS); **AND**
  - Member is 18 years of age or older; **AND**
  - Member has experienced inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with riluzole tablets (Rilutek); **OR**
  - Member is unable to swallow solid oral dosage formulations (i.e., capsules, tablets) and member has experienced inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with riluzole oral film or suspension (Exservan, Tiglutik).

*Relyvrio*

- ❖ Approvable if the following criteria are met:
  - Member has a diagnosis of amyotrophic lateral sclerosis (ALS); **AND**
  - Member is 18 years of age or older; **AND**
  - Member has experienced inadequate responses, allergies, contraindications, drug-drug interactions or intolerable side effects with riluzole (Rilutek, Exservan, Tiglutik) and edaravone (Radicava, Radicava ORS).

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process by calling **OptumRx at 1-866-525-5827**.

**PREFERRED DRUG LIST:**

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.



**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.