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

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
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<tbody>
<tr>
<td>Riluzole tablet generic</td>
<td>Tiglutik (riluzole oral suspension)</td>
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LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

*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.

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 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, highlight Pharmacy and click on Other Documents, then select the most recent quarters QLL List.