



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service
Prior Authorization Criteria

Riluzole
Prior Authorization Request Form

Effective 10/01/2017

Riluzole is a glutamate inhibitor indicated for the treatment of patients with amyotrophic lateral sclerosis (ALS)

Initial Prior Authorization Criteria:

1. Patient must have a documented diagnosis of ALS; **AND**
2. Request must be prescribed by, or in consultation with, a neurologist; **AND**
3. Prescription must be for no more than 50 mg every 12 hours; **AND**
4. Patient must have documented baseline complete blood counts (CBC) with differential and liver function tests (LFT) results. (Note: These tests should be repeated monthly for the first 3 months and then every three months thereafter.)

Prior authorizations will be granted for 6 months at a time and require documentation that follow-up monitoring of CBC with differential and LFT has been completed.

References

- 1.) Lexi-Comp drug monograph for riluzole (Reviewed 7/21/2017)
- 2.) UpToDate clinical monograph on ALS (reviewed 7/21/2017)
- 3.) Riluzole package insert (Sanofi-aventis U.S. LLC 2008)
- 4.) Cochrane Review (2012) Riluzole for amyotrophic lateral sclerosis (ALS)/motor neuron disease (MND)