Mass General Brigham
Health Plan

Tiglutik (riluzole) Oral Suspension
Teglutik (riluzole) Oral Suspension
Effective 01/01/2026

Plan	☐ MassHealth UPPL ☒ Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

Overview

Tiglutik (riluzole) is indicated for the treatment of amyotrophic lateral sclerosis (ALS)

Coverage Guidelines

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication 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 have been met:

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

Limitations

1. Initial and reauthorizations will be granted for 24 months.
2. Requests for reauthorization will be reviewed against initial criteria.

References

1. Bensimon G, Lacomblez L, Meininger V. A controlled trial of riluzole in amyotrophic lateral sclerosis. ALS/Riluzole Study Group. N Engl J Med 1994; 330:585.
2. Kennel P, Revah F, Bohme GA, et al. Riluzole prolongs survival and delays muscle strength deterioration in mice with progressive motor neuronopathy (pmn). J Neurol Sci 2000; 180:55.
3. Miller RG, Mitchell JD, Moore DH. Riluzole for amyotrophic lateral sclerosis (ALS)/motor neuron disease (MND). Cochrane Database Syst Rev 2012; CD001447.
4. Tiglutik (riluzole) [prescribing information]. Paoli, PA: EDW Pharma, Inc; September 2025.

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

09/21/2022 - Reviewed at Sept P&T; references updated; no clinical changes.

10/08/2025 – Reviewed and updated at September P&T. Removed Exservan from the policy due to product discontinuation and updated policy title to reflect this change. Updated language for members who are new to the Plan. Effective 1/1/2026.