



Exservan® (riluzole) oral film
Effective 02/01/2023

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Exservan® (riluzole) is indicated for the treatment of amyotrophic lateral sclerosis (ALS).

No PA	Drugs that require PA
Rilutek® # (riluzole tablet)	Exservan® (riluzole film)

This designates a brand-name drug with FDA "A"-rated generic equivalents. PA is required for the brand, unless a particular form of that drug (for example, tablet, capsule or liquid) does not have an FDA "A"-rated generic equivalent.

Coverage Guidelines

Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with 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 are met, and documentation is provided:

1. Diagnosis of amyotrophic lateral sclerosis
2. Member age ≥18 years
3. **ONE** of the following:
 - a. Member has severe dysphagia AND is currently utilizing only dosage formulations that can easily be swallowed (*e.g., oral products that are solutions, suspensions, films, or dispersible tablets*)
 - b. Member utilizes tube feeding (J-tube, G-tube) AND the member is unable to utilize crushed tablets (*e.g., prescriber documents dose sticks to tubing, unable to flush, etc.*)
 - c. Medical necessity for use instead of riluzole tablets

4. Appropriate dose

Continuation of Therapy

Reauthorization requires prescriber documentation of **ALL** of the following:

1. **ONE** of the following:
 - a. Member has severe dysphagia AND is currently utilizing only dosage formulations that can easily be swallowed (e.g., solutions, suspensions, films, or dispersible tablets)
 - b. Member utilizes tube feeding (J-tube, G-tube) AND the member is unable to utilize crushed tablets (e.g., prescriber documents dose sticks to tubing, unable to flush, etc.)
 - c. Continued medical necessity for use instead of riluzole tablets
2. Appropriate dose

Limitations

1. Initial and reauthorizations will be granted for 12 months.
2. The following quantity limits apply:

Exservan 50mg oral film	60 films per 30 days
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References

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2. National Institute of Neurological Disorders and Stroke. Amyotrophic Lateral Sclerosis (ALS) Fact Sheet. Available from: <https://www.ninds.nih.gov/Disorders/Patient-Caregiver-Education/FactSheets/Amyotrophic-Lateral-Sclerosis-ALS-Fact-Sheet>. [cited 2019 Oct 15].
3. Maragakis NJ, Galvez-Jimenez N. Epidemiology and pathogenesis of amyotrophic lateral sclerosis. In Eichler AF (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2019 [cited 2019 Oct 15]. Available from: <https://www.uptodate.com/contents/search>.
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5. EFNS Task Force on Diagnosis and Management of Amyotrophic Lateral Sclerosis, Andersen PM, Abrahams S, Borasio GD, de Carvalho M, Chio A, et al. EFNS guidelines on the clinical management of amyotrophic lateral sclerosis (MALS)--revised report of an EFNS task force. *Eur J Neurol*. 2012 Mar;19(3):360-75. doi: 10.1111/j.1468-1331.2011.03501.x. Epub 2011 Sep 14.
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11. Writing Group, On Behalf of the Edaravone (MCI-186) ALS 17 Study Group. Exploratory double-blind, parallel-group, placebo-controlled extension study of edaravone (MCI-186) in amyotrophic lateral sclerosis. *Amyotroph Lateral Scler Frontotemporal Degener.* 2017 Oct;18(sup1):20-31. doi: 10.1080/21678421.2017.1362000.
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Review History

11/16/22 – Created for Nov P&T. Matched MH UPPL. Prior authorization was added to Exservan. Effective 2/1/23

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