

## sodium phenylbutyrate-taurursodiol (RELYVRIO)

**Diagnoses Considered for Coverage:**

- Amyotrophic lateral sclerosis (ALS)

**Coverage Criteria:**

**For diagnosis of ALS:**

- Being prescribed by or in consultation with a neurologist, **and**
- Patient has confirmed diagnosis of ALS, **and**
- Patient has received concurrent or prior treatment with riluzole or has medical reason why riluzole cannot be used, **and**
- Dose does not exceed 2 packets per day.

**Coverage Duration: one year**

**References:**

1. RELYVRIO(TM) oral powder for suspension [prescribing information]. Amylyx Pharmaceuticals Inc. 2022.

Effective Date: 11/02/2023