

## TIGLUTIK (riluzole, oral suspension)

## Diagnosis Considered for Coverage:

• Amyotrophic lateral sclerosis (ALS)

## Coverage Criteria:

## For diagnosis listed above:

- Medical rationale why patient is unable to use riluzole tablet, and
- Dose does not exceed FDA label maximum.

**Coverage Duration:** Length of Benefit

Effective: 12/01/2018GF