

**EXSERVAN ORAL FILM
(riluzole)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age and older

Diagnosis

The patient must have the following:

Amyotrophic lateral sclerosis (ALS)

AND ALL of the following:

1. Patient is unable to swallow or has difficulty swallowing riluzole tablets
2. Prescriber agrees to monitor liver function and absolute neutrophil count (ANC)
3. Prescribed by or recommended by a neurologist

Prior - Approval Limits

Quantity 180 oral films per 90 days

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age and older

Diagnosis

The patient must have the following:

Amyotrophic lateral sclerosis (ALS)

AND ALL of the following:

1. Patient is unable to swallow or has difficulty swallowing riluzole tablets
2. Documented stabilization, slowing of disease progression, or improvement of the condition
3. Prescriber agrees to monitor liver function and absolute neutrophil count



**BlueCross
BlueShield**

Federal Employee Program.

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(ANC)

4. Prescribed by or recommended by a neurologist

Prior - Approval *Renewal* Limits

Same as above