

RELYVRIO
(sodium phenylbutyrate and taurursodiol)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age and older

Diagnosis

Patient must have the following:

Amyotrophic lateral sclerosis (ALS)

AND ALL of the following:

1. Patient has had an inadequate treatment response to riluzole or will continue to take riluzole
2. Prescriber agrees to monitor patient's sodium intake, if appropriate (e.g., in patients with heart failure, hypertension, or renal impairment)
3. Prescribed by or recommended by a neurologist

Prior - Approval Limits

Quantity 168 single-dose packets per 84 days

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age and older

Diagnosis

Patient must have the following:

Amyotrophic lateral sclerosis (ALS)

AND ALL of the following:

1. Documented stabilization, slowing of disease progression, or improvement of the condition
2. Prescriber agrees to monitor patient's sodium intake, if appropriate (e.g., in patients with heart failure, hypertension, or renal impairment)
3. Prescribed by or recommended by a neurologist



**BlueCross
BlueShield**

Federal Employee Program.

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Prior - Approval *Renewal* Limits

Same as above