Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Tigluc™ (riluzole suspension)

Review Criteria

Member must meet all the following criteria for specific diagnosis:

- Member must have a diagnosis of ALS (amyotrophic lateral sclerosis) or Huntington's Chorea (off-label indication)
- Member must have swallowing difficulties that prevent use of generic riluzole

Limitations:

- Maximum daily dose is 20mg