Original Effective Date: 09/01/2016
Current Effective Date: 06/11/2026
Last P&T Approval/Version: 04/29/2026
Next Review Due By: 04/2027
Policy Number: C9697-A

Riluzole (Rilutek/Tiglutik/Exservan)

PRODUCTS AFFECTED

Rilutek (riluzole), riluzole, Tiglutik (riluzole), Exservan (riluzole)

COVERAGE POLICY

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any. This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.

Documentation Requirements:
Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

DIAGNOSIS:
Amyotrophic lateral sclerosis (ALS)

REQUIRED MEDICAL INFORMATION:
This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. This clinical policy will be reviewed along with state and federal requirements, the benefit being administered, and formulary preferencing. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information. Coverage will be determined on a case-by-case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review. When the requested drug product for coverage is dosed by weight, body surface area or other member specific measurement, this data element is required as part of the medical necessity review. The Pharmacy and Therapeutics Committee has determined that the drug benefit shall be a mandatory generic and that generic drugs will be dispensed whenever available. The Pharmacy and Therapeutics Committee has determined that biosimilars may be preferred.

A. AMYOTROPHIC LATERAL SCLEROSIS (ALS):
   1. Documented diagnosis of amyotrophic lateral sclerosis (ALS)
      AND

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2. FOR TIGLUTIK AND EXSERVAN REQUESTS: Documentation member is unable to ingest a solid dosage form (i.e., tablet or capsule) due to ONE of the following: age, oral/motor difficulties, dysphagia, or member utilizes a feeding tube for medical administration

CONTINUATION OF THERAPY:

A. AMYOTROPHIC LATERAL SCLEROSIS (ALS):

1. Adherence to therapy at least 85% of the time as verified by Prescriber and member's medication fill history (review Rx history for compliance)
   AND
2. Documentation member is not dependent on invasive ventilation or tracheostomy
   AND
3. Prescriber attests to or clinical reviewer has found no evidence of intolerable adverse effects or drug toxicity

DURATION OF APPROVAL:

Initial authorization: 12 months, Continuation of therapy: 12 months

PRESCRIBER REQUIREMENTS:

Prescribed by, or in consultation with, a board-certified neurologist, neuromuscular specialist, or physician experienced in the management/treatment of amyotrophic lateral sclerosis (ALS). [If prescribed in consultation, consultation notes must be submitted with initial request and reauthorization requests]

AGE RESTRICTIONS:

18 years of age and older

QUANTITY:

50 mg twice daily

PLACE OF ADMINISTRATION:

The recommendation is that oral medications in this policy will be for pharmacy benefit coverage and patient self-administered.

DRUG INFORMATION

ROUTE OF ADMINISTRATION:

Oral

DRUG CLASS:

Benzathiazoles

FDA-APPROVED USES:

Indicated for the treatment of amyotrophic lateral sclerosis (ALS).

Rilutek (riluzole) tablets extends survival and/or time to tracheostomy. The efficacy of Exservan and Tiglutik are based upon bioavailability studies comparing oral riluzole tablets to oral film and oral suspension, respectively.

COMPENDIAL APPROVED OFF-LABELED USES:

None

APPENDIX

APPENDIX:

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Diagnostic criteria

The El Escorial revised Airlie House diagnostic criteria grades the certainty of the diagnosis based upon 4 clinical grades:

- Clinically “Definite ALS” is defined on clinical evidence alone by the presence of upper motor neuron (UMN), as well as lower motor neuron (LMN) signs, in the bulbar region and at least 2 spinal regions or the presence of UMN and LMN signs in 3 spinal regions.
- Clinically “Probable ALS” is defined on clinical evidence alone by UMN and LMN signs in at least 2 regions with some UMN signs necessarily rostral to (above) the LMN signs.
- Clinically “Probable ALS Laboratory supported” is defined when clinical signs of UMN and LMN dysfunction are in only 1 region, or when UMN signs alone are present in 1 region, and LMN signs defined by electromyography criteria are present in at least 2 regions, with proper application of neuroimaging and clinical laboratory protocols to exclude other causes.
- Clinically “Possible ALS” is defined when clinical signs of UMN and LMN dysfunction are found together in only 1 region or UMN signs are found alone in 2 or more regions; or LMN signs are found rostral to UMN signs and the diagnosis of Clinically Probable ALS Laboratory supported cannot be proven by evidence on clinical grounds in conjunction with electrodiagnostic, neurophysiologic, neuroimaging, or clinical laboratory studies. Other diagnoses must have been excluded to accept a diagnosis of Clinically Possible ALS.

Note: “Suspected ALS” is deleted from the revised El Escorial Criteria

By the revised El Escorial criteria, diagnosis of ALS requires:

----Presence of evidence of lower motor neuron (LMN) degeneration by clinical, electrophysiologic, or neuropathologic exam evidence of upper motor neuron (UMN) degeneration by clinical exam progressive spread of symptoms or signs within a region or to other regions, determined by history or exam

----Absence of: electrophysiologic or pathologic evidence of other disease processes that might explain signs of LMN and/or UMN degeneration neuroimaging evidence of other disease processes that might explain observed clinical and electrophysiologic signs

ALS FUNCTIONAL RATING SCALE-REVISED (ALSFRS-R)

ALSFRS-R has been the most widely used composite measure of function in ALS over the last 15years (Cedarbaum 1999) The ALSFRS-R scale consists of 12 questions that evaluate the fine motor, gross motor, bulbar, and respiratory function of patients with ALS (speech, salivation, swallowing, handwriting, cutting food, dressing/hygiene, turning in bed, walking, climbing stairs, dyspnea, orthopnea, and respiratory insufficiency). Each item is scored from 0 to 4, with higher scores representing greater functional ability. The ALSFRS-R includes 12 items measuring multiple aspects of daily functioning.

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Bulbar	Fine Motor	Gross Motor	Breathing

1. Speech
4. Normal speech processes
3. Detectable speech disturbance
2. Intelligible with repeating
1. Speech combined with nonvocal communication
0. Loss of useful speech

2. Salivation
4. Normal
3. Slight but definite excess of saliva in mouth; may have nighttime drooling
2. Moderately excessive saliva; may have minimal drooling
1. Marked excess of saliva with some drooling
0. Marked drooling; requires constant tissue or handkerchief

3. Swallowing
4. Normal eating habits
3. Early eating problems-occasional choking
2. Dietary consistency changes
1. Needs supplemental tube feeding
0. NPO (exclusively parenteral or enteral feeding)

4. Handwriting
4. Normal
3. Slow or sloppy; all words are legible
2. Not all words are legible
1. Able to grip pen but unable to write
0. Unable to grip pen

5a. Cutting Food / Handling Utensils
4. Normal
3. Somewhat slow and clumsy, but no help needed
2. Can cut most foods, although clumsy and slow; some help needed
1. Food must be cut by someone, but can still feed slowly
0. Needs to be fed

5b. Cutting Food / Handling Utensils (Alt. for patients with Gastrostomy)
4. Normal
3. Clumsy but able to perform all manipulations independently
2. Some help needed with closures and fasteners
1. Provides minimal assistance to caregiver
0. Unable to perform any aspect of task

6. Dressing and hygiene
4. Normal function
3. Independent and complete self-care with effort or decreased efficiency
2. Intermittent assistance or substitute methods
1. Needs attendant for self-care
0. Total dependence

7. Turning in bed
4. Normal
3. Somewhat slow and clumsy, but no help needed
2. Can turn alone or adjust sheets, but with great difficulty
1. Can initiate, but not turn or adjust sheets alone
0. Helpless

8. Walking
4. Normal
3. Early ambulation difficulties
2. Walks with assistance
1. Non-ambulatory functional movement only
0. No purposeful leg movement

9. Climbing stairs
4. Normal
3. Slow
2. Mild unsteadiness or fatigue
1. Needs assistance
0. Cannot do

10. Dyspnea
4. None
3. Occurs when walking
2. Occurs with one or more of the following: eating, bathing, dressing (ADL)
1. Occurs at rest, difficulty breathing when either sitting or lying
0. Significant difficulty, considering using mechanical respiratory support

11. Orthopnea
4. None
3. Some difficulty sleeping at night due to shortness of breath. Does not routinely use more than two pillows
2. Needs extra pillow in order to sleep (more than two)
1. Can only sleep sitting up
0. Unable to sleep

12. Respiratory insufficiency
4. None
3. Intermittent use of BiPAP
2. Continuous use of BiPAP
1. Continuous use of BiPAP during the night and day
0. Invasive mechanical ventilation by intubation or tracheostomy

BACKGROUND AND OTHER CONSIDERATIONS

Amyotrophic Lateral Sclerosis (ALS)

- Also known as Charcot's disease and Lou Gehrig's disease, is a disease of unknown cause characterized by slowly progressive degeneration of upper motor neurons
- (UMNs) and lower motor neurons (LMNs).
- An adult-onset, neurodegenerative disease characterized by loss of motor neurons in the spinal cord, brainstem, and motor cortex. ALS primarily affects the upper and lower motor neurons and is characterized by muscle weakness, disability, and eventual death, usually from respiratory failure.
- Cause of the disease is unknown, and there is no cure.
- One of the most common neuromuscular disease worldwide and affects individuals of all races and ethnic backgrounds (NIND 2017). In 2016 the Centers for Disease Control and Prevention estimated that between 14,000 – 15,000 Americans have ALS.
- Most common in individuals 40-60 years old, but younger and older people can develop the disease. Men are more likely to develop ALS than women. Studies suggest an overall ratio of about 1.5 men to every woman who develops ALS in Western countries (ALS Association

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A diagnosis of ALS is based upon evidence of upper and lower motor neuron signs, relentless disease progression, and the absence of an alternative etiology (Kiernan MC; Brooks BR; AAN 2009). ALS, as with other motor neuron diseases, does not have a diagnostic test that can confirm or entirely exclude its diagnosis.

ALS management is primarily managed with symptomatic treatment and palliative care. There is no known cure for ALS at the present time. There are currently two FDA approved therapies for management of ALS as of May 2017 with the approval of Radicava (edaravone):

1) Riluzole (Rilutek) was the first drug to receive FDA approval for ALS (December 1995). Riluzole is an oral formulation that acts to slow the progression of ALS symptoms and prolong survival. The exact mechanism in treating ALS is unknown; however, it is believed to block the release of glutamate from nerve cells thereby reducing the rate of glutamate-induced deterioration in nerve cells resulting in the slowing of initial progression of symptoms.
   - **Riluzole has demonstrated a slight increase overall survival (by 2-3 months), however it has not been shown to have an effect on physical functioning (has not been shown to modulate motor or respiratory function).** Clinical studies concluded that Rilutek may increase early survival by two to three months, but it does not improve muscle strength and neurological function and has no effect in later stages of ALS.
   - Compared with placebo, riluzole may prolong median tracheostomy-free survival by 2-3 months in patients younger than 75 years with definite or probable ALS who have had the disease for less than 5 years and who have a forced vital capacity (FVC) of greater than 60%.

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:
All other uses of riluzole are considered experimental/investigational and therefore, will follow Molina's Off-Label policy. Contraindications to riluzole include: patients with a history of severe hypersensitivity reactions to riluzole or to any of its components.

Exclusions/Discontinuation:
Monitor patients for signs and symptoms of hepatic injury, every month for the first 3 months of treatment, and periodically thereafter. The use of riluzole is not recommended if patients develop hepatic transaminase levels greater than 5 times the ULN. Discontinue riluzole if there is evidence of liver dysfunction (e.g., elevated bilirubin).
Discontinue riluzole immediately if interstitial lung disease develops.

OTHER SPECIAL CONSIDERATIONS:
Measure serum aminotransferases before and during treatment with riluzole.

CODING/BILLING INFORMATION

CODING DISCLAIMER. *Codes listed in this policy are for reference purposes only and may not be all-inclusive or applicable for every state or line of business. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does not guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry-standard coding practices for all submissions. Molina has the right to reject/deny the claim and recover claim payment(s) if it is determined it is not billed appropriately or not a covered benefit. Molina reserves the right to revise this policy as needed.*

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HCPCS CODE	DESCRIPTION
NA	

AVAILABLE DOSAGE FORMS:
Rilutek TABS 50MG
Riluzole TABS 50MG
Teglutik SUSP 50MG/10ML (300ml bottle)
Tiglutik SUSP 50MG/10ML (300ml bottle)
Exservan FILM 50MG, carton of 60 pouches

REFERENCES

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2. Exservan (riluzole) [prescribing information]. Warren, NJ: Aquestive Therapeutics; April 2021.
3. Tiglutik (riluzole) oral suspension [prescribing information]. Berwyn, PA: ITF Pharma Inc; March 2020.
4. Miller RG, Jackson CE, Kasarkis EJ, et al. Practice parameter update: the care of the patient with amyotrophic lateral sclerosis: drug, nutritional, and respiratory therapies (an evidence- based review). Neurology 2009;73:1218-1226
5. Quality Standards Subcommittee of the American Academy of Neurology. Practice advisory on the treatment of amyotrophic lateral sclerosis with riluzole: a report of the quality standards subcommittee of the American Academy of Neurology. Neurology 1997;49:657-659
6. Bensimon G, Lacomblez L, Meininger et al. A controlled trial of riluzole in amyotrophic lateral sclerosis. N Engl J Med 1994;330:585-91
7. Lacomblez, L., Bensimon, G., Meininger, V., Leigh, P., & Guillet, P. (1996). Dose-ranging study of riluzole in amyotrophic lateral sclerosis. The Lancet, 347(9013), 1425-1431. Doi: 10.1016/s0140-6736(96)91680-3

SUMMARY OF REVIEW/REVISIONS	DATE
REVISION-Notable revisions: Required Medical Information	Q2 2026
REVISION-Notable revisions: Required Medical Information Continuation of Therapy Contraindications Exclusions Discontinuation Other Special Considerations References	Q2 2025
REVISION-Notable revisions: Required Medical Information Continuation of Therapy Prescriber Requirements Available Dosage Forms	Q2 2024
REVISION-Notable revisions: Required Medical Information Continuation of Therapy Drug Class FDA-Approved Uses Contraindications/Exclusions/Discontinuation Available Dosage Forms References	Q2 2023

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REVISION-Notable revisions: Prescriber Requirements	Q2 2022
Q2 2022 Established tracking in new format	Historical changes on file

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