

Sodium Phenylbutyrate - Taurursodiol



Included Products: Relyvrio (sodium phenylbutyrate and taurursodiol)

Created: 01/12/2023

Revised: 01/12/2023

Reviewed: 01/12/2023

Updated: 02/01/2023

All Diagnoses

Initial Criteria: All Diagnoses		If yes	If no
1.	Does the member have a diagnosis of ALS based on El Escorial revised criteria or Awaji criteria with disease duration \leq 18 months?	Continue to #2.	Do not approve.
2.	Has the treatment been initiated by or supervised by a neurologist?	Continue to #3.	Do not approve.
3.	Is there documentation that the member has a slow vital capacity (SVC) $>$ 60% of predicted value at baseline?	Continue to #4.	Do not approve.
4.	Does the neurologist provide reasonable, documented goals of treatment for the member (such as maintaining certain independent ADLs or slowing specific motor decline)?	Continue to #5.	Do not approve.
5.	Is the member currently taking or have a contraindication to riluzole?	Continue to #6.	Do not approve.
6.	Approve for 6 months		
Renewal Criteria		If yes	If no
1.	Does the neurologist indicate that the member is meeting treatment goals or provides a statement that it is medically necessary for the member to continue treatment?	Continue to #2.	Do not approve.
2.	Approve for 6 months.		

Quantity Limits

Quantity limit 2 packets per day.