# Sodium Phenylbutyrate/Taurursodiol (Relyvrio™)

## Goal(s):

- To encourage use of riluzole which has demonstrated mortality benefits.
- To ensure appropriate use of sodium phenylbutyrate/taurursodiol.

## **Length of Authorization:**

• Up to 12 months

## **Requires PA:**

All pharmacy claims

# **Covered Alternatives:**

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at <u>www.orpdl.org/drugs/</u>

Approval Criteria				
1.	What diagnosis is being treated?	Record ICD10 code.		
2.	Is the request for continuation of therapy of previously approved FFS criteria (after which patient has completed 6-month trial)?	Yes: Go to Renewal Criteria	<b>No:</b> Go to #3	
3.	Is this a FDA approved indication?	Yes: Go to #4	No: Pass to RPh. Deny; medical appropriateness	
4.	Is the patient currently on riluzole therapy, OR have a documented contraindication or intolerance to riluzole?	Yes: Go to #5	No: Pass to RPh. Deny; medical appropriateness	
5.	Is the medication being prescribed by or in consultation with a neurologist?	Yes: Go to #6	No: Pass to RPh. Deny; medical appropriateness	
6.	Does the patient have documented percent-predicted slow vital capacity (%SVC) ≥ 60% within past 6 months?	Yes: Record lab result.	No: Pass to RPh. Deny; medical appropriateness	
		Go to #7		
7.	Is there a baseline documentation of the revised ALS Functional Rating Scale (ALSFRS-R) score?	Yes: Record baseline score.	<b>No:</b> Pass to RPh. Deny; medical appropriateness	
		Approve for 6 months based on FDA-approved dosing.		

Renewal Criteria				
1.	Has the prescriber provided documentation that anticipated decline of functional abilities as assessed by a Revised ALS Functional Rating Scale (ALSFRS-R) has slowed in a clinically meaningful way?	Yes: Got to #2	<b>No:</b> Pass to RPh. Deny; medical appropriateness.	
2.	Has the patient progressed to permanent ventilation or received a tracheostomy since beginning medication?	Yes: Pass to RPh; Deny; medical appropriateness.	<b>No:</b> Approve for 12 months.	

P&T/DUR Review: 4/23 (SF) Implementation: 5/1/23