



**STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR MEDICAL SERVICES**



**Office of Pharmacy Service  
Prior Authorization Criteria**

**Rilutek® (riluzole)  
[Prior Authorization Request Form](#)**

**Prior authorization requests for Rilutek will be approved if the following criteria are met:**

- 1) Diagnosis of amyotrophic lateral sclerosis (ALS).

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*Review and Approved  
DUR Board 02/15/2012*