

Steps for Accessing EXSERVAN™ (riluzole)



1 TREATMENT DECISION:

Discuss treatment with your healthcare provider (HCP) and determine whether EXSERVAN™ (riluzole) oral film is an appropriate option for you.

- Once a treatment decision is made, your HCP can submit the signed [Prescription and Enrollment Form](#) to PANTHERx, the exclusive specialty pharmacy for EXSERVAN.*
- You or your provider can download this form at [EXSERVAN.com](#), and it can be submitted via electronic or conventional fax.



2 BENEFITS VERIFICATION:

Before beginning treatment, the patient's insurance coverage must be confirmed.

- Submission of the Prescription and Enrollment Form will initiate the benefit investigation and prior authorization process.



3 ACCESS SUPPORT:

Once your HCP submits the Prescription and Enrollment Form with your signature on the Patient Authorization section, you will be automatically enrolled into the Out-of-Pocket Assistance Program if you meet the eligibility requirements.

- If you are unavailable to sign the form, PANTHERx Rare Pharmacy will contact you with instructions to obtain your signature.

PANTHERx can provide you support services that:

Review insurance benefit options

Review a summary of insurance benefits

Help determine eligibility for the Out-of-Pocket Assistance Program for EXSERVAN

Enroll eligible patients in the Out-of-Pocket Assistance Program



Call PANTHERx at 1-855-743-9275

Monday-Friday, 8 am - 8 pm ET

*For eligible patients only; restrictions apply. Patients prescribed EXSERVAN through the Department of Veterans Affairs, the Department of Defense, other federal institutions and certain integrated delivery networks do not need to coordinate via PANTHERx, they should obtain the therapy through their healthcare providers as with their other medications.