

AUBAGIO (teriflunomide)

*Preferred product: teriflunomide

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Relapsing Multiple Sclerosis (MS), including clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease

AND ALL of the following:

1. Recent (within the past 6 months) transaminase and bilirubin levels
2. Result for latent TB infection is negative **OR** result was positive for latent TB and patient completed treatment for latent TB
3. **NO** severe hepatic impairment
4. **NO** active infection
5. **NO** concomitant therapy with Arava (leflunomide)
6. Females of reproductive potential **only**: pregnancy has been excluded and reliable contraception will be used during treatment
7. **NOT** used in combination with another MS disease modifying agent
8. **NOT** given concurrently with live vaccines
9. **Brand Aubagio**: Patient **MUST** have tried teriflunomide (generic Aubagio) **AND ONE** of the other preferred MS medications (see Appendix 1) unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

Prior - Approval Limits

Quantity 7 mg – 90 tablets per 90 days **OR**
14 mg – 90 tablets per 90 days

Duration 12 months



Federal Employee Program.

AUBAGIO (teriflunomide)

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Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Relapsing Multiple Sclerosis (MS), including clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease

AND ALL of the following:

1. **NO** severe hepatic impairment
2. **NO** active infection (including tuberculosis)
3. **NO** concomitant therapy with Arava (leflunomide)
4. Females of reproductive potential **only**: pregnancy has been excluded and reliable contraception will be used during treatment
5. **NOT** used in combination with another MS disease modifying agent
6. **NOT** given concurrently with live vaccines
7. **Brand Aubagio**: Patient **MUST** have tried teriflunomide (generic Aubagio) **AND ONE** of the other preferred MS medications (see Appendix 1) unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

Prior - Approval *Renewal* Limits

Same as above

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Appendix 1 - List of Preferred Multiple Sclerosis (MS) Medications

Medication Name	Route of Administration
teriflunomide* (generic Aubagio) *must try this drug plus one other preferred MS medication oral or injectable	Oral
dimethyl fumarate (generic Tecfidera)	Oral**
fingolimod (generic Gilenya)	Oral**
Mayzent	Oral**
Zeposia	Oral**

** indicates separate criteria will need to be met

Medication Name	Route of Administration
Avonex	Injectable
Betaseron	Injectable
glatiramer acetate (generic Copaxone)	Injectable
Glatopa	Injectable
Plegridy	Injectable
Rebif	Injectable