



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

TERIFLUNOMIDE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
TERIFLUNOMIDE	AUBAGIO, TERIFLUNOMIDE	39624		GPI-10 (6240407000)	

GUIDELINES FOR USE

- Does the patient have a diagnosis of a relapsing form of multiple sclerosis (MS) to include clinically isolated syndrome, relapsing-remitting disease and active secondary progressive disease **AND** meet the following criterion?
 - The patient is 18 years of age or older

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #1 per day.**
If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **TERIFLUNOMIDE (Aubagio)** requires the following rule(s) be met for approval:

- You have a relapsing form of multiple sclerosis (MS: a type of nerve disorder), to include clinically isolated syndrome (disease occurs once), relapsing-remitting disease (symptoms go away and return) and active secondary progressive disease (advanced disease)
- You are 18 years of age or older

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Review for Aubagio.

REFERENCES

- Aubagio [Prescribing Information]. Cambridge, MA: Genzyme Corporation; April 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 04/17/23

Created: 10/12

Client Approval: 03/23

P&T Approval: 01/20