



**STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES**

**TERIFLUNOMIDE**

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

**GUIDELINES FOR USE**

- Does the patient have a diagnosis of a relapsing form of multiple sclerosis to include clinically isolated syndrome, relapsing-remitting disease and active secondary progressive disease and meet **ALL** of the following criteria?
  - 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 diagnosis of a relapsing form of multiple sclerosis (immune system eats away at protective covering of nerves and you have new or increasing symptoms), to include clinically isolated syndrome, relapsing-remitting disease (symptoms return and go away) 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; September 2019.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 04/01/20

Created: 10/12

Client Approval: 02/20

P&T Approval: 01/20