Initial approval criteria: Non-formulary teriflunomide (Aubagio®) will be covered for 12 months on the prescription drug benefit when the following criteria are met:

- Prescriber is a Neurologist
  - AND-
- Diagnosis of Relapsing form of Multiple Sclerosis (MS), including:
  - Non-Progressive Relapsing MS
  - Progressive Relapsing MS
  - AND-
- Adequate trial and failure of glatiramer acetate AND interferon beta-1a or interferon beta-1b, unless contraindication, intolerance, or allergy.
  - AND-
- Patient is not a candidate for rituximab per prescribing neurologist
  - AND-
- Female patient is not pregnant or planning pregnancy; male patient is not planning pregnancy with partner
  - OR-
- Patient is already stable on the drug
  - OR-
- Dose Change Only: Patient previously met criteria and is already taking the drug
Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

teriflunomide (Aubagio®)

**Continued use criteria:** Non-formulary teriflunomide (Aubagio®) will continue to be covered for 24 months on the prescription drug benefit when the following criteria are met:

- Patient does NOT have Progressive Non-Relapsing MS diagnosis
- AND-
- Low/no new/active brain MRI lesions (no more than 1 in 1 year; no more than 2 in 2 years, etc.)
- AND-
- Female patient is not pregnant or planning pregnancy; male patient is not planning pregnancy with partner
- AND-
- Patient is NOT using teriflunomide with another disease modifying treatment including: dimethyl fumarate, fingolimod, glatiramer acetate, interferon beta-1a, interferon beta-1b, natalizumab, ocrelizumab, or rituximab
- AND-
- Liver enzymes (AST and ALT) and complete blood count (CBC) with differential monitored within the last 12 months