### Aubagio (teriflunomide)

Aubagio (teriflunomide) is a **preferred** product and will only be considered for coverage under the **pharmacy** benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

#### RELAPSING-REMITTING MULTIPLE SCLEROSIS, SECONDARY PROGRESSIVE MULTIPLE SCLEROSIS

For **initial** authorization:
1. Member must be 18 years of age or older; AND
2. Medication must be prescribed by, or in consultation with, or under the guidance of a neurologist; AND
3. Chart notes have been provided confirming diagnosis of Multiple Sclerosis.
4. **Dosage allowed:** 7 or 14 mg orally once daily.

*If member meets all the requirements listed above, the medication will be approved for 12 months.*

For **reauthorization**:
1. Member must be in compliance with all other initial criteria.

*If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.*

CareSource considers Aubagio (teriflunomide) not medically necessary for the treatment of the following disease states based on a lack of robust clinical controlled trials showing superior efficacy compared to currently available treatments:

- Clinically Isolated Syndrome (CIS) in Multiple Sclerosis

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTION/DESCRIPTION</th>
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<tbody>
<tr>
<td>06/12/2017</td>
<td>New policy for Aubagio created. Not covered diagnosis added.</td>
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<tr>
<td>12/06/2017</td>
<td>Age coverage expanded. Confirmation of diagnosis based on McDonald criteria is no longer required.</td>
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References:


Effective date: 12/20/2017
Revised date: 12/06/2017