

SPECIALTY GUIDELINE MANAGEMENT

AUBAGIO (teriflunomide)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered covered benefits provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication: Aubagio is indicated for the treatment of patients with relapsing forms of multiple sclerosis.

All other indications are considered experimental/investigational and are not covered benefits.

II. CRITERIA FOR INITIAL APPROVAL

Authorization of 12 months may be granted to members who have been diagnosed with a relapsing form of multiple sclerosis.

III. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for members with a relapsing form of multiple sclerosis who are experiencing disease stability or improvement while receiving Aubagio.

IV. OTHER CRITERIA

Members will not use Aubagio concomitantly with other medications used for the treatment of multiple sclerosis, excluding Ampyra.

V. REFERENCE

1. Aubagio [package insert]. Cambridge, MA: Genzyme Corporation; March 2019.