



Drug Name: Aubagio (teriflunomide)
 Date: 9-2017

Drug Name:	Aubagio (teriflunomide)
Prescriber Restrictions:	
Age Restrictions:	18 years or older
Exclusion Criteria:	
Required Medical Information:	<ul style="list-style-type: none"> • Patient is an adult (≥ 18 years of age) being treated for a relapsing form of multiple sclerosis and is currently under the care of a neurologist and • Patient is not receiving Aubagio as add-on therapy to another disease-modifying agent and • Patient has a documented failure, contraindication, or intolerance to at least one form of interferon due to inadequate response and/or intolerance and • Patient has a documented failure, contraindication, or intolerance to Copaxone (glatiramer acetate) due to inadequate response and/or intolerance and • Patient does not have hepatic impairment as demonstrated by liver enzyme laboratory tests. • Renewal for continuation of therapy is dependent on documented improvement in symptoms and lack/decrease of relapses. • Quantity Limit is 30 tablets per 30 days
Coverage duration:	Initial: 3 months Renewals: 9 months