Reference number(s) 1808-A

## 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 (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults.

All other indications are considered experimental/investigational and not medically necessary.

### II. CRITERIA FOR INITIAL APPROVAL

## A. Relapsing forms of multiple sclerosis

Authorization of 12 months may be granted to members who have been diagnosed with a relapsing form of multiple sclerosis (including relapsing-remitting and secondary progressive disease for those who continue to experience relapse).

#### B. Clinically isolated syndrome

Authorization of 12 months may be granted to members for the treatment of clinically isolated syndrome of multiple sclerosis.

### **III. CONTINUATION OF THERAPY**

For all indications: Authorization of 12 months may be granted to members who are experiencing disease stability or improvement while receiving Aubagio.

## **IV. OTHER CRITERIA**

Members will not use Aubagio concomitantly with other disease modifying multiple sclerosis agents (Note: Ampyra and Nuedexta are not disease modifying).

### V. REFERENCE

1. Aubagio [package insert]. Cambridge, MA: Genzyme Corporation; February 2020.

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