



# Aubagio<sup>®</sup> tablets

(*teriflunomide*)

## COVERAGE POLICY:

Aubagio<sup>®</sup> is covered for members who meet the following criteria:

- The prescribing provider is a board-certified neurologist
- **AND** the patient ≥ 18 years of age.
- **AND** if the patient is female and of childbearing years, she is NOT pregnant, has NO plans for pregnancy and has been educated on the potential dangers of Aubagio<sup>®</sup> therapy in pregnancy.
- **AND** the diagnosis is documented relapsing form of multiple sclerosis such as RRMS, SPMS, PRMS.
- **AND** the patient does not have severe hepatic impairment
- **AND** the patient meets ONE of the following conditions:
  - The patient is unable to administer injections due to issue with dexterity or visual impairment; OR
  - The patient has tried one of the following agents: Avonex<sup>®</sup>, Rebif<sup>®</sup>, Betaseron<sup>®</sup> Copaxone<sup>®</sup> or Tecfidera

**AND/OR** if the patient was treated previously with Aubagio<sup>®</sup> the provider has provided documentation of clinical benefit