Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

catamaran™

AUBAGIO™ (teriflunomide)

GPI CODING:

62404070000320
62404070000330

DESCRIPTION:

Aubagio, an immunomodulatory agent with anti-inflammatory properties, inhibits dihydroorotate dehydrogenase, a mitochondrial enzyme involved in de novo pyrimidine synthesis. The exact mechanism by which Aubagio exerts its therapeutic effect in multiple sclerosis is unknown; it may involve a reduction in the number of activated lymphocytes in central nervous system. Aubagio is indicated for the treatment of relapsing forms of multiple sclerosis.

APPROVAL DURATION:

Approval duration: 12 months
Quantity limit: 28 capsules per 28 days

CRITERIA FOR AUBAGIO

I. Patient is at least 18 years of age or older **AND**
II. Patient will be receiving monotherapy

AND

III. Patient has a diagnosis of relapsing forms of multiple sclerosis (relapsing-remitting multiple sclerosis and progressive-relapsing multiple sclerosis) **OR**
IV. Patient has experienced a first clinical episode and has MRI features consistent with multiple sclerosis

AND

V. Patient does not have any of the following contraindications to teriflunomide:
   A. Severe hepatic impairment
   B. Current treatment with leflunomide (ARAVA®)
   C. Patients who are pregnant or women of childbearing potential not using reliable contraception

AND

VI. Patient has had an inadequate response, intolerance, or contraindication to conventional therapy with a beta interferon OR glatiramer acetate (COPAXONE®)

Authorization for continued use shall be reviewed at 12 months to confirm the patient has an objective response to therapy (i.e., no or slowed progression of disease).