



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service
Prior Authorization Criteria

Aubagio® (terflunomide)
[Prior Authorization Request Form](#)

Prior authorization requests for Aubagio will be approved if the following criteria are met:

1. Diagnosis of relapsing multiple sclerosis (MS); **AND**
2. Trial of the preferred first-line agent for multiple sclerosis; **AND**
3. Negative tuberculin skin test before initiation of therapy; **AND**
4. Transaminase, bilirubin levels and a complete blood count (CBC) must be taken within six (6) months before initiation of therapy; **AND**
5. ALT measurements must be made at least monthly for the first six (6) months of treatment* ; **AND**
6. Female patients must have a negative pregnancy test before initiation of therapy and be established on a reliable method of contraception; **AND**
7. Patient must be between eighteen (18) and sixty five (65) years of age.

*The first 2 months of ALTs may be reported to RDTP simultaneously after completion of the 2nd month of treatment. ALTs must be reported monthly thereafter for the next 4 months.

References

*Genzyme Corporation
Cambridge, Mass 02142 September 2012
PLDetail Document, Drug Treatment for MS,
Prescriber's Letter/Pharmacist's Letter, November 2012*

Reviewed and Approved
Drug Utilization Review Board
February 2013

v2013.1b Revised 3/31/2016 BMT