



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 and bilirubin levels within six months before beginning Aubagio® and measurement of ALT at least monthly for six (6) months; **AND**
5. Complete blood cell count (CBC) within six (6) months of initiation of therapy; **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.

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