

PHARMACY GUIDELINE – 8

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UNIVERSITY PHYSICIANS HEALTH PLANS

(Maricopa Health Plan)

PHARMACY REFERRAL GUIDELINE

ARAVA® (LEFLUNOMIDE)

Indication:

- Rheumatoid arthritis in patients > 16 years

Dosage:

- Loading dose 100 mg po qd x 3 days
- Maintenance does 10-20 mg po qd

Criteria for Use:

- Restricted to rheumatology
- Diagnosis of rheumatoid arthritis
- Failure of methotrexate in combination with one or more disease-modifying agents (e.g., hydroxychloroquine, sulfasalazine, azathioprine, cyclosporin, gold). If the patient is intolerant to methotrexate, must have failed a combination of two other disease-modifying agents.
- Initial authorization for a maximum of six months. Re-authorization requires documentation of clinical improvement.

Approved by the Pharmacy and Therapeutics Committee 12/00; Reviewed 12/03, 12/05, 6/06, 1/08, 5/09