ARAVA

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Length of Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arava</td>
<td>leflunomide</td>
<td>Calendar Year</td>
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</tbody>
</table>

An electronic edit will be applied at the point of sale. System will look for rheumatology specialist using the DEA# on the claim. If specialty practitioner found, the claim will approve. If electronic criteria are not met, the following guidelines will be applied:

1. Is the member’s diagnosis rheumatoid arthritis?
   - If yes, approve for Calendar Year.
   - If no, do not approve.

**QUANTITY LIMITS:**

- 10 mg = 30 x 30 DAYS
- 20 mg = 42 x 30 DAYS

**FDA Approved Indication:**

Treatment of active RA in adults to reduce signs and symptoms and to retard structural damage as evidenced by x-ray erosions and joint space narrowing.

*References:*
- Arava prescribing information 2002