Pharmacy Drug Policy Checklist

POLICY NAME	Mavenclad (cladribine)	POLICY #	2696P

Criteria

Exclusion Criteria – Any of the following prevents coverage

- ☐ **2.1** Diagnosis of relapsing remitting multiple sclerosis (RRMS)
  - Mavenclad is FDA-approved for RRMS in patients who have had inadequate response or are intolerant to other therapies. However, based on the availability of numerous formulary therapies used for treatment of RRMS and the side effect profile of Mavenclad coverage is limited to a diagnosis of SPMS
- ☐ **2.2** Current cancer diagnosis
- ☐ **2.3** History of cancer in members whom the provider feels the benefit of treatment for SPMS would not outweigh the increased risk of cancer.
- ☐ **2.4** Current pregnancy, breast-feeding, or men or women of reproductive potential who do not plan to use effective contraception during therapy and for 6 months after the last dose in each treatment course.
- ☐ **2.5** HIV infection
- ☐ **2.6** Active chronic infection (e.g., hepatitis or tuberculosis) 2.7 History of severe allergic reaction to cladribine
- ☐ **2.7** History of hypersensitivity to cladribine

Coverage Criteria for Secondary Progressive Multiple Sclerosis (SPMS)

- ☐ **1.1** Age 18 years or older
- ☐ **1.2** Prescribed by a neurologist (nervous system doctor)
- ☐ **1.3** Diagnosis of active Secondary Progressive Multiple Sclerosis (SPMS) confirmed by progress notes which show a previous Relapsing and Remitting Multiple Sclerosis (RRMS) course with increasing disability over the last 6 months or longer
- ☐ **1.4** Documentation that lymphocyte and complete blood counts are being monitored before, during, and after treatment