

## Mavenclad (cladribine)

### Coverage Criteria:

1. Prescribed by or in consultation with a neurologist; and,
2. Patient is diagnosed with relapse remitting or active secondary progressive multiple sclerosis; and,
3. Patient is  $\geq 18$  years of age; and,
4. Mavenclad is not prescribed with another multiple sclerosis disease modifying drug; and,
5. Patient has not achieved sustained remission after treatment with at least two prior disease modifying therapies (example Gilenya, tecfidera, etc.); and,
6. Patient has not previously completed two annual treatment courses (a total of four treatment cycles) with Mavenclad; and,
7. Prescribed within the FDA approved dosing regimen.

### Coverage Duration:

Initial authorizations and reauthorizations will be provided for 12 months

### Renewal Criteria:

1. Patient has experienced benefit from therapy demonstrated by reduction in symptoms, disease progression or a reduction in relapse frequency; and,
2. Mavenclad is not prescribed with another multiple sclerosis disease modifying drug; and,
3. Patient has not already completed two annual treatment courses (a total of four treatment cycles) with Mavenclad; and,
4. Prescribed within the FDA approved dosing regimen.