

## Mavenclad (cladribine)

<b>Member and Medication Information</b>	
* indicates required field	
*Member ID:	*Member Name:
*DOB:	*Weight:
*Medication Name/Strength:	<input type="checkbox"/> Do Not Substitute. Authorizations will be processed for the preferred Generic/Brand equivalent unless specified.
*Directions for use:	
<b>Provider Information</b>	
* indicates required field	
*Requesting Provider Name:	*NPI:
*Address:	
*Contact Person:	*Phone #:
*Fax #:	Email:
Fax form and relevant documentation including: laboratory results, chart notes and/or updated provider letter to Pharmacy PA at <b>855-828-4992</b> , to prevent processing delays.	

**Criteria for Approval (all of the following criteria must be met):**

- 18 years of age and older.
- Diagnosis of: (select applicable)
  - Relapsing-remitting multiple sclerosis (MS) OR
  - Active secondary progressive MS
- Provider attests the following **boxed warnings** have been discussed with patient:
  - MAVENCLAD may increase the risk of malignancy.
  - MAVENCLAD is contraindicated for use in women and men of reproductive potential who do not plan to use effective contraception because of the risk of fetal harm.
- Patient received and understands explicit verbal and written instruction with specific dosing schedule.
- Trial and failure of at least two other multiple sclerosis medications:

Medication/Dose	Details of Failure	Chart Note Page #

**Authorization:** 2 months

**Re-authorization:** 2 months (1 year after initial authorization)

**PROVIDER CERTIFICATION**

I hereby certify this treatment is indicated, necessary and meets the guidelines for use.

\_\_\_\_\_  
Prescriber's Signature

\_\_\_\_\_  
Date