

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Cladribine (Mavenclad)

#### Notes:

- Quantity Limits: Yes

**Initiation (new start) criteria:** Non-formulary **cladribine (Mavenclad)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by a neurologist
- Patient is 18 years or older
- Diagnosis of Relapsing form of Multiple Sclerosis (MS) on the Problem list, including:
  - Non-Progressive Relapsing MS
  - Progressive Relapsing MS
  - Relapsing Remitting MS
- Patient has failed an adequate trial of the below medications
  - Rituximab **AND**
  - Natalizumab (if JC virus negative) **AND**
  - Fingolimod **OR** siponimod **OR** ozanimod **OR** ponesimod

**Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:** Non-formulary **cladribine (Mavenclad)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Diagnosis of Multiple Sclerosis (MS) on the Problem list
- Patient has received one (and no more than one) treatment course (consisting of 2 treatment cycles) of cladribine

**Continued use criteria for patients previously approved per the above criteria who are currently stable on the medication:** Non-formulary **cladribine (Mavenclad)** will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by a neurologist
- Patient is 18 years or older
- Diagnosis of Relapsing form of Multiple Sclerosis (MS) on the Problem list, including:
  - Non-Progressive Relapsing MS
  - Progressive Relapsing MS
  - Relapsing Remitting MS
- Patient has completed at least one treatment cycle within the past year

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