

MAVENCLAD (cladribine, oral)

Diagnoses Considered for Coverage:

- Relapsing Multiple sclerosis (MS)

Coverage Criteria:

For diagnosis above:

- Dose does not exceed FDA label maximum, **and**
- Not being used to treat clinically-isolated syndrome (CIS), **and**
- Inadequate response, intolerable side effects or contraindication with two preferred MS disease-modifying agents.

Plus plan MS preferred alternatives	Standard plan MS preferred alternatives
• Extavia • Gilenya • Tecfidera • glatiramer containing products (Glatopa 20 mg, Glatopa 40 mg, glatiramer 20 mg, glatiramer 40 mg)	• Extavia • Gilenya • glatiramer containing products (Glatopa 20 mg, Glatopa 40 mg, glatiramer 20 mg, glatiramer 40 mg)

Coverage Duration: Length of benefit

Effective: 7/28/2020