MAVENCLAD® – (CLADRIBINE 10MG TABLETS): PRESCRIPTION CHECKLIST

For further information, including cautions for use, please see the current MAVENCLAD SmPC.

Last name, first name			Date of birth
Sex ☐ Male ☐ Female	Treatment year ☐ 1 ☐ 2	Body weight (kg)	Date

CONTRAINDICATIONS (TREATMENT SHOULD NOT BE INITIATED IF ANY BOXES ARE TICKED YES)

Active malignancy ☐ Yes ☐ No	HIV infection ☐ Yes ☐ No	Immunocompromised or receiving immunosuppressive/myelosuppressive therapy	☐ Yes ☐ No
Active chronic infections: Hepatitis B and C ☐ Yes ☐ No	Tuberculosis ☐ Yes ☐ No	Moderate or severe renal impairment (eGFR, creatinine clearance <60mL/min)	☐ Yes ☐ No
Pregnancy ☐ Yes ☐ No	Breastfeeding ☐ Yes ☐ No	Hypersensitivity to the active substance, or to any of the excipients e.g. sorbitol	☐ Yes ☐ No

EXAMINATIONS

☐ Baseline MRI,* performed on _____ (Date)

*Within 3 months prior to initiation of treatment.

☐ Lymphocyte count _____ cells/mm^3 _____ (Date)

♦ Prior to treatment: Normal

♦ Prior to initiation of treatment in Year 2: ≥800 cells/mm^3

If necessary, the treatment phase in Year 2 can be delayed for up to 6 months in order to allow the lymphocyte count to recover. If this recovery takes more than 6 months, the patient should no longer be given **MAVENCLAD**.

Type of contraception*

☐ Hormonal ☐ Barrier

*Pregnancy must be excluded before the initiation of **MAVENCLAD** in Years 1 and 2. Women of childbearing potential must prevent pregnancy by use of effective contraception during **MAVENCLAD** treatment and for at least 6 months after the last dose. Male patients must take precautions to prevent pregnancy of their female partner during **MAVENCLAD** treatment and for at least 6 months after the last dose. Women using systemically acting hormonal contraceptives should add a barrier method during cladribine treatment and for at least 4 weeks after the last dose in each treatment year.

☐ Varicella zoster*

*In the case of negative varicella zoster antibody status, vaccination is recommended.

Vaccination with live or attenuated live vaccines in the last 4–6 weeks* ☐ Yes ☐ No

*If yes, the initiation of treatment with **MAVENCLAD** must be postponed until after this period so that the vaccination can develop its full effect.

☐ Latent or recurrent infections (in particular tuberculosis and hepatitis B and C).

A delay in initiation of cladribine should also be considered in patients with an acute infection until the infection is fully controlled.

EXAMINATIONS DURING TREATMENT[1]

♦ Lymphocyte counts must be determined
- Before initiating **MAVENCLAD** in Year 1
- Before initiating **MAVENCLAD** in Year 2
- 2 and 6 months after start of treatment in each treatment year

♦ If the lymphocyte count is below 500 cells/mm^3, it should be actively monitored until values increase again*

♦ If the lymphocyte count falls below 200 cells/mm^3 (very rare: <1%), anti-herpes prophylaxis should be considered in line with local standard practice

*Patients with lymphocyte counts below 500 cells/mm^3 must be actively monitored for signs and symptoms of infections, especially herpes zoster. In the event that such signs and symptoms occur, anti-infective treatment must be initiated, as clinically indicated. Interruption or delay of **MAVENCLAD** administration until complete resolution of the infection should be considered.

Reference: 1. **MAVENCLAD**® SmPC, 2017.

MAVENCLAD® cladribine tablets

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FURTHER EXAMINATIONS

☐ _____	☐ _____
☐ _____	☐ _____

Comments

PRESCRIBING INFORMATION – UK AND IRELAND

MAVENCLAD® cladribine

(Please refer to the full Summary of Product Characteristics before prescribing)

PRESENTATION: Cartons of 1, 4 or 6 tablets. Each tablet contains 10 mg of cladribine.

INDICATIONS: Treatment of adults with highly active relapsing multiple sclerosis (MS) as defined by clinical or imaging features.

DOSAGE AND ADMINISTRATION: Must be initiated and supervised by a physician experienced in MS treatment. Recommended cumulative dose: 3.5 mg/kg body weight over 2 years, administered as one treatment course of 1.75 mg/kg per year. Each course comprises 2 treatment weeks, one at the start of the first month and one at the start of the second month of each year. Each treatment week comprises 4 or 5 days on which the patient receives 10 mg or 20 mg as a single daily dose, depending on body weight. For details, see dosage tables in the SPC. No further cladribine treatment is required in years 3 and 4. **CONTRAINDICATIONS:** Hypersensitivity to cladribine or to the excipients; HIV infection; active chronic infection (tuberculosis or hepatitis); initiation in immunocompromised patients including those receiving immunosuppressive or myelosuppressive therapy; active malignancy; moderate or severe renal impairment (creatinine clearance <60 mL/min); pregnancy and breast-feeding.

PRECAUTIONS: Not recommended in moderate or severe hepatic impairment. Exercise caution in elderly patients. Determine lymphocyte counts before initiation in years 1 and 2, 2 and 6 months after treatment start in each treatment year. Count should be normal pre-treatment in year 1. If count below 500 cells/mm^3 at 2 or 6 months, actively monitor until values increase. If count below 800 cells/mm^3 pretreatment in year 2, delay treatment. Stop treatment if recovery takes more than 6 months. Screen for latent infections prior to initiation in years 1 and 2. Delay initiation in latent or acute infection until treated. Varicella zoster vaccination is recommended in antibody-negative patients prior to treatment initiation. Delay initiation for 4-6 weeks following vaccination. Consider anti-herpes prophylaxis during grade 4 lymphopenia. If lymphocyte count falls below 500 cells/mm^3, actively monitor for symptoms suggestive of infection and initiate anti-infective treatment accordingly. Interrupt or delay MAVENCLAD until infection has resolved. Perform baseline MRI within 3 months of MAVENCLAD initiation. Evaluate benefit-risk prior to initiation in patients with previous malignancy. Advise patients to follow standard cancer screening guidelines. Exclude pregnancy before initiation in years 1 and 2. Before initiation, counsel male and female patients on potential for risk to the foetus and need for effective contraception. A barrier method should be used during treatment and for at least 6 months after the last dose. Women using hormonal contraception should add barrier method during treatment and for at least 4 weeks after last dose in each treatment year. In patients previously treated with immunomodulatory or immunosuppressive products, consider their mode of action and duration of effect before initiation of MAVENCLAD. Consider an additive effect on the immune system when such products are used after treatment with MAVENCLAD. When switching from another MS agent, perform a baseline MRI. In patients requiring blood transfusion, irradiation of cellular blood components is recommended prior to administration. Not to be taken by patients with hereditary fructose intolerance. Separate administration of any other oral medicinal product by at least three hours from MAVENCLAD administration. Concomitant treatment with other disease-modifying treatments for MS not recommended. Monitor haematological parameters when taken with other substances that affect the haematological profile. Do not initiate treatment within 4-6 weeks of live or attenuated live vaccines. Avoid vaccines during and after treatment while white blood cells not within normal limits. Avoid co-administration of ENT1, CNT3 or BCRP inhibitors during the 4-5 day treatment period. Consider possible decrease in cladribine exposure if potent BCRP or P-gp transporter inducers are co-administered.

SIDE EFFECTS: Very common: Lymphopenia Common: Oral herpes, dermatomal herpes zoster, decreased neutrophils, rash, alopecia **Other side effects:** Tuberculosis. In clinical studies and long-term follow-up, malignancies were observed more frequently in cladribine-treated patients compared to placebo.

Prescribers should consult the Summary of Product Characteristics in relation to other side effects.

LEGAL CATEGORY: POM.

PRICE: Pack of 1 tablet: £2,047.24; Pack of 4 tablets: £8,188.97; Pack of 6 tablets: £12,283.46. For prices in Ireland, consult distributor Allphar Services Ltd.

Marketing Authorisation Holder and Numbers:
Merck Serono Europe Ltd, 56 Marsh Wall, London, E14 9TP; EU/1/17/1212/001, 002 & 004

For further information contact:
UK: Merck Serono Ltd, Bedfont Cross, Stanwell Road, Feltham, Middlesex, TW14 8NX. Tel: 020 8818 7373.
Republic of Ireland: Merck Serono (Ireland) Limited, 4045 Kingswood Road, Citywest Business Campus, Dublin 24. Tel: 01 4687590.

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Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. In the Republic of Ireland information can be found at www.hpra.ie. Adverse events should also be reported to Merck Serono Limited - Tel: +44(0)20 8818 7373 or email: medinfo.uk@merckgroup.com.

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