

**Novantrone** **Novantrone (Mitoxantrone HCl) is indicated for reducing neurologic disability and/or the frequency of clinical relapses in patients with secondary progressive, progressive relapsing and worsening relapsing-remitting multiple sclerosis.**

It is not indicated for patients with primary progressive MS.

Left ventricular ejection fraction (LVEF) must be evaluated before each dose. Patient must have LVEF > 50% and show no significant reduction in LVEF.

Nutrophil count must be > 1,500 cells/mm<sup>3</sup>.

Maximum cumulative lifetime dose- 140mg/m<sup>2</sup>.

**Member Information**

Name \_\_\_\_\_

Enrollment / Cardholder ID \_\_\_\_\_

Group / Plan \_\_\_\_\_

Birth date \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip \_\_\_\_\_

**Relationship** (Circle)

Subscriber Spouse Dependent

**Gender** (Circle)

Male Female

AGE: \_\_\_\_\_ Weight (kg): \_\_\_\_\_

**Practitioner Information**

Name \_\_\_\_\_

Agent / Contact Name \_\_\_\_\_

Specialty \_\_\_\_\_

Office / Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Phone ( ) - \_\_\_\_\_

Fax ( ) - \_\_\_\_\_

ID Number \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_

LVEF \_\_\_\_\_

Nutrophil count \_\_\_\_\_

**Requested Drug / Pharmaceutical**

**Novantrone (Mitoxantrone HCl)**

**Strength / Dose**

\_\_\_\_\_

**Therapy Start Date**

\_\_\_\_\_

**Duration of Therapy** (Expected)

\_\_\_\_\_

**Type of Request** (Circle)

**One-Time On-Going**

**Condition / Diagnosis Related - Reason for Request**

**Clinical Drug / Lab History Pertinent to Request**

<u>Labs:</u>	<u>Baseline / Ongoing</u>
CBC	
Liver function	

Formulary Alternative(s) Attempted    YES    NO (Circle)

Please List:

Contact Pharmacy?    Y    N

Pharmacy Phone Number

\_\_\_\_\_

\_\_\_\_\_  
Practitioner Signature