



Policy Name	Policy Number	Scope
<b>Alemtuzumab [Lemtrada]</b>	MP-RX-FP-52-23	<input checked="" type="checkbox"/> MMM MA <input checked="" type="checkbox"/> MMM Multihealth

Lemtrada is a CD52-directed cytolytic monoclonal antibody indicated for the treatment of relapsing forms of multiple sclerosis (MS), to include relapsing-remitting disease and active secondary progressive disease, in adults. Because of its safety profile, the use of lemtrada should generally be reserved for patients who have had an inadequate response to two or more drugs indicated for the treatment of MS. Lemtrada has black box warnings for autoimmunity, infusion reactions, stroke and malignancies. Lemtrada causes serious autoimmune diseases including immune thrombocytopenia and anti-glomerular basement membrane disease. Monitor complete blood counts with differential, serum creatinine levels and urinalysis with urine counts before starting treatment and then at monthly intervals until 48 months after the last dose. Lemtrada causes serious, life-threatening infusion reactions. Lemtrada must be administered in a setting equipped to manage anaphylaxis and serious infusion reactions. Individuals should be monitored for two hours after each infusion and informed infusion reactions can also occur after the monitoring period. Serious, life-threatening stroke has been reported within three days of Lemtrada administration. Educate individuals to seek immediate medical care if symptoms of stroke occur. Lemtrada may cause an increased risk of malignancies, including thyroid cancer, melanoma and lymphoproliferative disorders. Perform baseline and yearly skin exams. Because of these safety risks, Lemtrada should generally be reserved for individuals who have had an inadequate response to two or more agents indicated for the treatment of multiple sclerosis. Lemtrada is available only through restricted distribution under a Risk Evaluation Mitigation Strategy (REMS) Program.

**Limitations of Use:**

Lemtrada is not recommended for use in patients with clinically isolated syndrome (CIS) because of its safety profile

**Applicable Codes**

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS	Description
J0202	Injection, alemtuzumab, 1 mg [Lemtrada]

ICD-10 Diagnosis	Description
G35	Multiple sclerosis

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### Medical Necessity Guidelines

When a drug is being reviewed for coverage under a member’s medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

*Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.*

### **Alemtuzumab (Lemtrada)**

Request for Lemtrada (alemtuzumab) may be approved if the following criteria are met:

- I. Individual has a diagnosis of relapsing multiple sclerosis (RMS) (including relapsing-remitting disease or active secondary progressive disease); **AND**
- II. Individual has received prior treatment with at least two alternative drug therapies indicated for the treatment of multiple sclerosis (for example, dimethyl fumarate, interferons, glatiramer) and failed to achieve an adequate response; **AND**
- III. Individual is human immunodeficiency virus (HIV) negative.

Alemtuzumab (Lemtrada) may not be approved for the following:

- I. Individual is using to treat including clinically isolated syndrome; **OR**
- II. Individual is using to treat primary progressive MS (PPMS); **OR**
- III. Individual is using to treat non-active secondary progressive MS (SPMS); **OR**
- IV. Concurrent use with other MS disease modifying agents (including Aubagio, Avonex, Bafiertam, Betaseron, Copaxone/Glatiramer/Glatopa, Extavia, Gilenya, Kesimpta, Mavenclad, Mayzent, Ocrevus, Plegridy, Ponvory, Tecfidera, Tysabri, Vumerity and Zeposia); **OR**
- V. Individual has an active acute or chronic infection at the initiation of therapy; **OR**
- VI. May not be approved when the above criteria are not met and for all other indications.

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## Limits or Restrictions

### A. Quantity Limitations

*Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines. The chart below includes dosing recommendations as per the FDA-approved prescribing information.*

### Alemtuzumab (Lemtrada) Quantity Limit

Drug	Limit
Alemtuzumab (Lemtrada)	12 mg/1.2 mL (10 mg/mL) single-use vial 3 vials per 12 months
Exceptions	
Initiation of Alemtuzumab (Lemtrada) therapy: May approve two additional vials (12 mg/1.2 mL) during the first treatment course in the first 12 months.	

## Reference Information

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: July 9, 2022.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2022; Updated periodically.
4. Olek MJ, Howard J. Clinical presentation, course and prognosis of multiple sclerosis in adults. Last updated: May 9, 2022. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. Accessed: July 10, 2022.
5. Rae-Grant A, Day GS, Marrie RA, et al. Practice guideline recommendations summary: Disease-modifying therapies for adults with multiple sclerosis. Report of the Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology. *Neurology*. 2018; 90: 777-788. Available from: <https://www.aan.com/Guidelines/home/GuidelineDetail/898>. Accessed: July 7, 2022.

# Medical Policy

Healthcare Services Department

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## Policy History

Revision Type	Summary of Changes	P&T Approval Date	MPCC Approval Date
Policy Inception	Elevance Health's Medical Policy adoption.	N/A	11/30/2023

Revised: 9/27/23