

Reference number(s)
1843-A

# SPECIALTY GUIDELINE MANAGEMENT

## LEMTRADA (alemtuzumab)

### POLICY

#### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

##### FDA-Approved Indication

Lemtrada is indicated for the treatment of patients with 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.

All other indications are considered experimental/investigational and not medically necessary.

#### II. CRITERIA FOR APPROVAL

##### A. First Course – Relapsing forms of multiple sclerosis

Authorization of 30 days (5 doses) may be granted to members with a diagnosis of a relapsing form of multiple sclerosis who have had an inadequate response to two or more drugs indicated for multiple sclerosis.

##### B. Subsequent Courses – Relapsing forms of multiple sclerosis

Authorization of 30 days (3 doses) may be granted to members with a diagnosis of a relapsing form of multiple sclerosis who have completed at least one previous course of therapy and treatment will start at least 12 months after the last dose of the prior treatment course.

#### III. OTHER CRITERIA

Members will not use Lemtrada concomitantly with other disease modifying multiple sclerosis agents (Note: Ampyra and Nuedexta are not disease modifying).

#### IV. REFERENCE

1. Lemtrada [package insert]. Cambridge, MA: Genzyme Corporation; March 2021.