

Clinical Guideline

Subject:	Lemtrada (alemtuzumab) for the Treatment of Multiple Sclerosis		
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Overview

This document addresses the use of Lemtrada (alemtuzumab), an infused disease modifying therapy approved by the Food and Drug Administration (FDA) for relapsing multiple sclerosis, including relapsing-remitting disease or active secondary progressive disease. Because of its safety profile, Lemtrada is not recommended to treat clinically isolated syndrome. Alemtuzumab was previously available as Campath and approved for several oncology indications. Campath is no longer commercially available but is accessible through the Campath Distribution Program to clinically appropriate individuals. Providers seeking alemtuzumab for oncologic indications can find additional information on the Campath Distribution Program at www.campathproviderportal.com.

Multiple sclerosis is an autoimmune inflammatory demyelinating disease of the central nervous system. Common symptoms of the disease include fatigue, numbness, coordination and balance problems, bowel and bladder dysfunction, emotional and cognitive changes, spasticity, vision problems, dizziness, sexual dysfunction and pain. Multiple sclerosis can be subdivided into four phenotypes: clinically isolated syndrome (CIS), relapsing remitting (RRMS), primary progressive (PPMS) and secondary progressive (SPMS). Relapsing multiple sclerosis (RMS) is a general term for all relapsing forms of multiple sclerosis including CIS, RRMS and active SPMS.

The treatment goal for multiple sclerosis is to prevent relapses and progressive worsening of the disease. Currently available disease-modifying therapies (DMT) are most effective for the relapsing-remitting form of multiple sclerosis and less effective for secondary progressive decline. DMT include injectable agents, infusion therapies and oral agents.

The American Academy of Neurology (AAN) guidelines suggest starting disease-modifying therapy in individuals with relapsing forms of multiple sclerosis with recent clinical relapses or MRI activity. The guideline does not recommend one DMT over another. However, some DMTs were recommended for certain multiple sclerosis subpopulations, including a recommendation for Lemtrada for highly active disease.

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 periodically for 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.

Clinical Criteria

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.

[Lemtrada \(alemtuzumab\)](#)

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, interferons, glatiramer) and failed to achieve an adequate response; **AND**
- III. Individual is human immunodeficiency virus (HIV) negative.

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

- I. All other indications not included above; **OR**
- ~~II. Individual is using to treat including clinically isolated syndrome; **OR**~~
- ~~III. Individual is using to treat primary progressive MS (PPMS); **OR**~~
- ~~IV. Individual is using to treat non-active secondary progressive MS (SPMS); **OR**~~
- ~~V. Concurrent use with other MS disease modifying agents (including Aubagio, Avonex, Bafiertam, Betaseron, Copaxone/Glatiramer/Glatopa, Extavia, Gilenya, Mavenclad, Mayzent, Ocrevus, Plegridy, Tecfidera, and Tysabri, Vumerity and Zeposia).~~

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Quantity Limits

Lemtrada (alemtuzumab) Quantity Limit

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

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

HCPCS

J0202 Injection, alemtuzumab, 1 mg [Lemtrada]

ICD-10 Diagnosis

G35 Multiple sclerosis

Document History

Revised: 8/21/2020

Document History:

- 8/21/2020 – Annual Review: Update Lemtrada criteria to align with updated labeled indication. Add may not approve criteria for CIS and non-active SPMS. Update drug list in exclusion for concurrent use with other disease modifying therapy. Administrative update to add drug specific quantity limit. Coding Reviewed: No changes.
- 08/16/2019 – Annual Review: Wording and formatting changes. Coding Reviewed: No changes
- 08/17/2018 – Annual Review: Initial P&T review of ING-CC-0009 Lemtrada (alemtuzumab). Update criteria to align with labeled indication. Remove intolerance language from prior trial requirements to align with label.

References

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 22, 2020.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
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4. Olek MJ, Howard J. Clinical presentation, course and prognosis of multiple sclerosis in adults. Last updated: July 23, 2020. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. Accessed: July 29, 2020.
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 31, 2020.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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