

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 covered benefits 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). 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 are not covered benefits.

##### 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. Second Course – 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 one previous course of therapy.

##### III. REFERENCE

1. Lemtrada [package insert]. Cambridge, MA: Genzyme Corporation; July 2016.