

<b>Policy Name:</b>	<b>Lemtrada (alemtuzumab)</b>	<b>Policy #:</b>	<b>2362P</b>
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## Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Lemtrada (alemtuzumab).

## Statement of the Policy

Health Alliance Medical Plans and Health Alliance Northwest will approve the use of Lemtrada under the specialty medical benefit when the following criteria have been met.

## Criteria

### 1. Coverage Criteria

- 1.1 Diagnosis of relapsing forms of multiple sclerosis with intent to reduce the frequency of clinically acute worsening of disease, OR diagnosis of first clinical episode and have MRI features consistent with multiple sclerosis
- 1.2 Prescribed by a neurologist (nervous system doctor)
- 1.3 Documented failure, intolerance, or contraindication to Ocrevus and one additional disease-modifying therapy for Multiple Sclerosis (MS) such as Aubagio

### 2. Exclusion Criteria

- 2.1 Documentation of HIV Infection
- 2.2 Documentation of a primary progressive disease course

### 3. Approval Period

- 3.1 Initial Approval: 5 infusions per 12 months
- 3.2 Second Approval: 3 infusions per 12 months; Requires documentation of beneficial response

## CPT Codes

96365-96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
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## HCPCS Codes

J0202	Injection, alemtuzumab, 1mg [Lemtrada]
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## References

1. Lemtrada (alemtuzumab) [prescribing information]. Cambridge, MA: Genzyme Corporation; May 2024.
2. National Institute for Health and Care Excellence (NICE). Multiple sclerosis in adults: management. NICE clinical guideline CG186. London, UK: National Institute for Health and Care Excellence; October 2014.
3. Rae-Grant A, Day GS, Marrie RA, et al. Practice guideline recommendations summary: Disease-modifying therapies for adults with multiple sclerosis. *Neurology*. 2018 Apr 24;90(17):777-788.

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#### DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.