Lemtrada (alemtuzumab) is a non-preferred product and will only be considered for coverage under the medical benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

### RELAPSING-REMITTING MULTIPLE SCLEROSIS (RRMS), SECONDARY PROGRESSIVE MULTIPLE SCLEROSIS (SPMS)

For **initial** authorization:
1. Member must be 17 years of age or older; AND
2. Medication must be prescribed by, or in consultation with, or under the guidance of a neurologist; AND
3. Chart notes have been provided confirming diagnosis of Multiple Sclerosis; AND
4. Member has documented trial and failure or contraindication to at least **two** preferred multiple sclerosis agents (two injectable drugs OR two oral drugs OR one injectable and one oral drug).
5. **Dosage allowed:** Initial course 12 mg per day for 5 consecutive days (60 mg total dose).

**If member meets all the requirements listed above, the medication will be approved for 12 months.**

For **reauthorization:**
1. Member must be in compliance with all other initial criteria; AND
2. Doses of Lemtrada separated by at least 12 months.

**If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.**

CareSource considers Lemtrada (alemtuzumab) not medically necessary for the treatment of the following disease states based on a lack of robust clinical controlled trials showing superior efficacy compared to currently available treatments:

- Clinically Isolated Syndrome (CIS) in Multiple Sclerosis
- Autoimmune disease
- Chronic lymphoid leukemia
- Malignant tumor of lymphoid hemopoietic and related tissue
- Primary cutaneous T-cell lymphoma, Relapsed or refractory
- Renal transplant rejection, Induction therapy; Prophylaxis
T-cell prolymphocytic leukemia

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTION/DESCRIPTION</th>
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<tbody>
<tr>
<td>06/13/2017</td>
<td>New policy for Lemtarda created. Not covered diagnosis added. Trials of two formulary agents required.</td>
</tr>
<tr>
<td>12/06/2017</td>
<td>Age coverage expanded. Confirmation of diagnosis based on McDonald criteria is no longer required.</td>
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References:

Effective date: 12/20/2017
Revised date: 12/06/2017