Oscar Clinical Guideline: Lemtrada (Alemtuzumab) (PG226, Ver. 2)

Lemtrada (Alemtuzumab)

Summary

Multiple sclerosis (MS) is a chronic, inflammatory, demyelinating disease of the central nervous system. It typically presents in young adults (generally diagnosed before 50 years of age) with symptoms such as vision problems, muscle weakness, numbness, and difficulty with balance and coordination. The most common form is relapsing-remitting MS (occurring in about 85% of patients), characterized by acute attacks followed by periods of remission. Treatment goals include reducing relapses, slowing disability progression, and managing symptoms. Disease-modifying therapies are the primary treatment approach and include injectable medications (e.g., interferons, glatiramer acetate), oral medications (e.g., dimethyl fumarate, fingolimod, teriflunomide, etc.), and infusion therapies (e.g., natalizumab, ocrelizumab).

Lemtrada (alemtuzumab) is a CD52-directed cytolytic monoclonal antibody indicated for relapsing forms of MS, to include relapsing-remitting disease and active secondary progressive disease, in adults. Due to its safety profile, including risks of autoimmune conditions, infusion reactions, stroke, and malignancies, Lemtrada (alemtuzumab) is generally reserved for patients who have had an inadequate response to two or more MS medications. It is administered as two treatment courses 12 months apart, with potential additional courses as needed.

Due to the risk of autoimmunity, infusion reactions, and malignancies, Lemtrada (alemtuzumab) is available only through restricted distribution under the *Risk Evaluation Mitigation Strategy (REMS)* program.

Definitions

"Clinically isolated syndrome" refers to a first episode of neurologic symptoms lasting at least 24 hours caused by inflammation or demyelination in the central nervous system.

"Disease-modifying therapy" is a medication that modifies the course of MS by reducing relapses and slowing disability progression.

"Multiple sclerosis" is a chronic autoimmune disease of the central nervous system characterized by inflammation, demyelination, and neurodegeneration.

"Primary progressive MS" refers to worsening neurologic function from the onset of symptoms, without early relapses or remissions.

"Relapse" is defined as the appearance of new symptoms or the worsening of existing symptoms lasting at least 24 hours in the absence of fever or infection.

"Relapsing-remitting MS" refers to a disease course characterized by clearly defined attacks of new or increasing neurologic symptoms followed by periods of partial or complete recovery.

"Secondary progressive MS" is a disease course following relapsing-remitting MS that is characterized by a progressive worsening of neurologic function over time with or without relapses.

Medical Necessity Criteria for Initial Authorization

The Plan considers Lemtrada (alemtuzumab) medically necessary when recent (within the last 3 months) clinical chart documentation provided indicates the member meets ALL of the following:

1. Prescribed by or in consultation with a neurologist or physician who specializes in the treatment of multiple sclerosis; *AND*
2. The member is 18 years of age or older; *AND*
3. The member has ONE of the following forms of multiple sclerosis:
    a. relapsing-remitting (RRMS)*; or*
    b. active secondary progressive disease (SPMS); *AND*
4. The member is unable to use, or has tried and failed BOTH of the following:
    a. Natalizumab (Tysabri)*; and*
    b. Is unable to use, or has tried and failed at least ONE of the following:
        i. Dimethyl Fumarate (generic Tecfidera)*; and/or*
        ii. Fingolimod (generic Gilenya); *AND*

5. The member does not have any of the following contraindications:
    a. Human immunodeficiency virus (HIV) infection*; or*
    b. Active infections; *AND*
6. Lemtrada (alemtuzumab) will be used as monotherapy for multiple sclerosis (i.e., member is not using and will not use other disease-modifying MS therapies while on Lemtrada); *AND*
7. Lemtrada (alemtuzumab) is being prescribed within the manufacturer's published dosing guidelines or falls within dosing guidelines found in a compendia of current literature.
    - *The recommended dosage of Lemtrada is 12 mg/day administered by intravenous infusion for 2 treatment courses:*
        i. *First course: 12 mg/day on 5 consecutive days (total 60 mg).*
        ii. *Second course: 12 mg/day on 3 consecutive days (total 36 mg) administered 12 months after the first treatment course.*
        iii. *Additional 3-day (total 36 mg) courses may be administered as needed with a minimum of 12 months between courses.*
        iv. *Corticosteroids premedication is recommended prior to infusion for the first 3 days of each treatment course.*
        v. *Administration of antiviral agents for herpetic prophylaxis is recommended, starting on the first day of Lemtrada (alemtuzumab) dosing and continuing for a minimum of two months after completion of Lemtrada (alemtuzumab) dosing or until CD4+ lymphocyte count is more than 200 cells/microliter, whichever occurs later.*

<u>If the above prior authorization criteria are met, the requested medication will be authorized for one treatment course (5 consecutive days of 12 mg/day, for a total of 60 mg).</u>

Medical Necessity Criteria for Reauthorization

Reauthorization for a second treatment course[⇅] will be granted if the member has recent (within the last 6-months) clinical documentation showing ALL of the following:

1. The requested medication is prescribed by or in consultation with a neurologist or a physician who specializes in the treatment of multiple sclerosis; *AND*
2. The member has experienced at least ONE of the following:
    a. Improvement in at least ONE objective measure, such as:
        i. Reduced disease activity on MRI*; and/or*
        ii. Improved or stable disability scores*; and/or*
        iii. Reduced relapse rate*; and/or*
        iv. Improved fatigue or walking assessments; *AND/OR*
    b. The member has shown stabilization or improvement in at least ONE MS symptom, such as:
        i. Motor function*; and/or*
        ii. Fatigue*; and/or*

iii. Vision*; and/or*
iv. Bowel/bladder function*; and/or*
v. Spasticity*; and/or*
vi. Walking/gait*; and/or*
vii. Pain/numbness/tingling.

3. At least 12 months have passed since the last dose of Lemtrada.

<u>If the above reauthorization criteria are met, the requested medication will be authorized for one treatment course (3 consecutive days of 12 mg/day, for a total of 36 mg).</u>

> ***<u>NOTE:</u>*** *The Plan may consider authorizing additional treatment courses of Lemtrada beyond the initial two courses on a case-by-case basis, based on documented evidence of continued disease activity and the prescriber's clinical judgment. However, the safety and efficacy of more than two treatment courses have not been well established in clinical trials. The Plan recommends that healthcare providers carefully weigh the potential benefits against the increased risks of autoimmune disorders, infusion reactions, stroke, and malignancies associated with additional Lemtrada courses. Members experiencing disease activity after completing two courses should discuss the risks and benefits of additional Lemtrada treatment versus alternative MS therapies with their healthcare provider.*

Experimental or Investigational / Not Medically Necessary

Lemtrada (Alemtuzumab) for any other indication or use is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, or unproven. Non-covered indications include, but are not limited to, the following:

- Use in combination with other disease-modifying therapies for MS.
- Use for the treatment of clinically isolated syndrome.
- Use for the treatment of other autoimmune conditions not related to MS.
- Use for the treatment of primary progressive MS.
- Use in members with active infections, including HIV.
- Use in pediatric members under 17 years of age.

Applicable Billing Codes (HCPCS/CPT Codes)

Service(s) name	
CPT/HCPCS Codes considered medically necessary if criteria are met:	
Code	*Description*

96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
J0202	Injection, alemtuzumab, 1 mg
ICD-10 codes considered medically necessary if criteria are met:	
Code	*Description*
G35	Multiple sclerosis

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