

Lemtrada® (alemtuzumab) (Intravenous)

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I. Length of Authorization

- Initial: Prior authorization validity will be provided initially for 5 doses.
- Renewal: Prior authorization validity may be renewed for 3 doses every 12 months thereafter.

II. Dosing Limits

Max Units (per dose and over time) [HCPCS Unit]:

- First Course
 - 12 billable units daily for 5 days during the first 12 months
- Second/Subsequent Courses
 - 12 billable units daily for 3 days every 12 months thereafter

III. Initial Approval Criteria ¹

Prior authorization validity is provided in the following conditions:

- Patient is at least 18 years of age; **AND**
- Patient has been evaluated and screened for the presence of varicella zoster virus (VZV) and vaccinated, if required, prior to initiating treatment; **AND**
- Patient has a baseline electrocardiogram (ECG); **AND**

Universal Criteria ¹

- Patient does not have human immunodeficiency virus (HIV) infection; **AND**
- Patient has been evaluated and screened for the presence of tuberculosis (TB) prior to initiating treatment and will receive ongoing monitoring for the presence of TB during treatment; **AND**
- Patient does not have an active infection; **AND**
- Provider will confirm that patient will not receive live vaccines while on therapy or within 6 weeks prior to initiation of treatment; **AND**

- Patient has received a baseline skin exam for melanoma and will receive yearly skin exams while on therapy; **AND**
- Patient has a baseline urine protein to creatinine ratio AND thyroid-stimulating hormone (TSH) level prior to initiation of treatment and will receive ongoing laboratory monitoring during treatment; **AND**
- Patient will receive anti-viral prophylaxis for herpetic viral infections initiated on the first day of treatment and continued for two months following treatment (*or until the CD4+ lymphocyte count is ≥ 200 cells/mcL*); **AND**

Multiple Sclerosis (MS) † ^{1,10,14,21}

- Patient has been diagnosed with a relapsing form of multiple sclerosis [i.e., relapsing-remitting disease (RRMS)* or active secondary progressive MS (SPMS)**]; **AND**
- Patient must have a confirmed diagnosis of MS as documented by laboratory report (i.e., MRI); **AND**
- Used as single agent therapy; **AND**
- Patient must have had an inadequate response to an adequate trial of two or more drugs indicated for the treatment of MS; **AND**
- Will not be used for the treatment of clinically isolated syndrome (CIS)

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Φ Orphan Drug

*Definitive diagnosis of MS with a relapsing-remitting course is based upon ²¹:

- Dissemination in space (*see below*) **AND** one or more of the following:
 - Positive cerebrospinal fluid (CSF) (e.g., presence of oligoclonal bands or kappa free light chain index)
 - Positive central vein sign (CVS) (e.g., presence of six or more lesions with CVS; if fewer than 6 white matter lesions are seen on MRI, the number of CVS positive lesions should outnumber the CVS negative lesions)
 - Dissemination in time (DIT) (*see below*)
 - Presence of lesions in at least four of five CNS anatomical locations; **OR**
- Lesions present in one CNS site (including patients with 12 months or longer progression from onset) **AND** one or more of the following:
 - CSF positivity and CVS positivity
 - CSF positivity and paramagnetic rim lesion (PRL) positivity (e.g., presence of one or more PRL)
 - DIT (*see below*) and CVS positivity
 - DIT (*see below*) and PRL positivity

Unless contraindicated, MRI should be obtained (even if criteria are met).

Dissemination in space

(Development of lesions in distinct anatomical locations within the CNS; multifocal)

Dissemination in time

(Development/appearance of new CNS lesions over time)

<ul style="list-style-type: none"> • MRI indicating typical lesions in ≥ 2 of 5 areas of the CNS (optic nerve, intracortical or juxtacortical, periventricular, infratentorial, or spinal cord); OR • In patients with progressive disease (patients with 12 months or longer progression from onset), two spinal cord lesions 	<ul style="list-style-type: none"> • ≥ 2 clinical attacks; OR • Simultaneous presence of gadolinium enhancing and non-enhancing lesions at any time; OR • A new T2-hyperintense or gadolinium enhancing lesion on follow-up MRI
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****Active secondary progressive MS (SPMS) is defined as the following:** ^{11,14-16,20}

- Expanded Disability Status Scale (EDSS) score ≥ 3.0 ; **AND**
- Disease is progressive ≥ 3 months following an initial relapsing-remitting course (i.e., EDSS score increase by 1.0 in patients with EDSS ≤ 5.5 or increase by 0.5 in patients with EDSS ≥ 6); **AND**
 - ≥ 1 relapse within the previous 2 years; **OR**
 - Patient has gadolinium-enhancing activity OR new or unequivocally enlarging T2 contrast-enhancing lesions as evidenced by MRI

IV. Renewal Criteria ^{1,13,19}

Prior authorization validity may be renewed based upon the following criteria:

- Patient continues to meet the universal and other indication-specific relevant criteria identified in section III; **AND**
- Patient has not received a dose of alemtuzumab within the past 12 months; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: immune thrombocytopenia, glomerular nephropathies including anti-glomerular basement membrane (anti-GBM) disease, thyroid disorders, autoimmune conditions (hepatitis, cytopenias [e.g., neutropenia, hemolytic anemia, and pancytopenia], encephalitis, etc.), severe infusion reactions including anaphylaxis, ischemic or hemorrhagic strokes, cervicocephalic (e.g., vertebral, carotid) arterial dissection, malignancies (e.g., thyroid cancer, melanoma, lymphoproliferative disorders/lymphoma, etc.), progressive multifocal leukoencephalopathy, thrombotic thrombocytopenic purpura, hemophagocytic lymphohistiocytosis, Adult Onset Still's Disease (AOSD), acquired hemophilia A, acute acalculous cholecystitis, pneumonitis, immune-mediated colitis, etc.; **AND**
- Continuous monitoring of response to therapy indicates a beneficial response* [manifestations of MS disease activity include, but are not limited to, an increase in annualized relapse rate (ARR), development of new/worsening T2 hyperintensities or enhancing lesions on MRI, and progression of sustained impairment as evidenced by expanded disability scale (EDSS), timed 25-foot walk (T25-FW), 9-hole peg test (9-HPT)].

***Note:**

- Inadequate response, in those who have been adherent and receiving therapy for sufficient time to realize the full treatment effect, is defined as ≥ 1 relapse, ≥ 2

unequivocally new MRI-detected lesions, or increased disability on examination over a one-year period.

V. Dosage/Administration ¹

Indication	Dose
Multiple Sclerosis	<p>Administer by intravenous (IV) infusion over 4 hours:</p> <ul style="list-style-type: none"> First course: 12 mg/day on 5 consecutive days (60 mg total dose) Second course: 12 mg/day on 3 consecutive days (36 mg total dose), administered 12 months after the first treatment course. Subsequent courses: 12 mg/day on 3 consecutive days (36 mg total dose) administered, as needed, at least 12 months after the last dose of any prior treatment course.

VI. Billing Code/Availability Information

HCPCS Code:

- J0202 - Injection, alemtuzumab, 1 mg; 1 billable unit = 1 mg

NDC:

- Lemtrada 12 mg/1.2 mL single-dose vial: 58468-0200-xx

VII. References

1. Lemtrada [package Insert]. Cambridge, MA; Genzyme Corporation; May 2024. Accessed October 2025.
2. Goodin DS, Frohman EM, Garmany GP Jr, et al. Disease modifying therapies in multiple sclerosis: report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology and the MS Council for Clinical Practice Guidelines. *Neurology*. 2002 Jan 22;58(2):169-78.
3. Coles AJ, Fox E, Vladic A, et al. Alemtuzumab more effective than interferon β -1a at 5-year follow-up of CAMMS223 clinical trial. *Neurology*. 2012;78(14):1069–1078.
4. Coles AJ, Fox E, Vladic A, et al. Alemtuzumab versus interferon β -1a in early relapsing-remitting multiple sclerosis: post-hoc and subset analyses of clinical efficacy outcomes. *Lancet Neurol*. 2011;10(4):338–348.
5. Coles AJ, Twyman CL, Arnold DL, et al; for CARE-MS II investigators. Alemtuzumab for patients with relapsing multiple sclerosis after disease-modifying therapy: a randomised controlled phase 3 trial. *Lancet*. 2012;380(9856):1829–1839.
6. Coles AJ, Compston DA, Selmaj KW, et al; for CAMMS223 Investigators. Alemtuzumab vs interferon beta-1a in early multiple sclerosis. *N Engl J Med*. 2008;359(17):1786–1801.
7. Cohen JA, Coles AJ, Arnold DL, et al; for CARE-MS I investigators. Alemtuzumab versus interferon beta 1a as first-line treatment for patients with relapsing-remitting multiple sclerosis: a randomised controlled phase 3 trial. *Lancet*. 2012;380(9856):1819–1828.

8. Fox EJ, Sullivan HC, Gazda SK, et al. A single-arm, open-label study of alemtuzumab in treatment-refractory patients with multiple sclerosis. *Eur J Neurol*. 2012;19(2):307–311.
9. Freedman MS, Selchen D, Arnold DL, et al. Treatment optimization in MS: Canadian MS Working Group updated recommendations. *Can J Neurol Sci*. 2013 May;40(3):307–23.
10. Polman CH, Reingold SC, Banwell B, et al. Diagnostic criteria for multiple sclerosis: 2010 Revisions to the McDonald criteria. *Ann Neurol*. 2011 Feb; 69(2): 292–302. doi: 10.1002/ana.22366.
11. Lublin FD, Reingold SC, Cohen JA, et al. Defining the clinical course of multiple sclerosis: the 2013 revisions. *Neurology*. 2014 Jul 15;83(3):278–86.
12. Montalban X, Gold R, Thompson AJ, et al. (2018),ECTRIMS/EAN guideline on the pharmacological treatment of people with multiple sclerosis. *Eur J Neurol*, 25 Iss 2, Jan2018: 215–237. doi:10.1111/ene.13536
13. 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. Reaffirmed: 2024 Oct 19.
14. Thompson AJ, Banwell BL, Barkhof F, et al. Diagnosis of multiple sclerosis: 2017 revisions of the McDonald criteria. *Lancet Neurol*. 2018 Feb;17(2):162–173. doi: 10.1016/S1474-4422(17)30470-2.
15. Kappos L, Bar-Or A, Cree BAC, et al. Siponimod versus placebo in secondary progressive multiple sclerosis (EXPAND): a double-blind, randomised, phase 3 study. *Lancet*. 2018;391(10127):1263. Epub 2018 Mar 23.
16. Lorscheider J, Buzzard K, Jokubaitis V, et al, on behalf of the MSBase Study Group. Defining secondary progressive multiple sclerosis. *Brain*, Volume 139, Issue 9, September 2016, Pages 2395–2405, <https://doi.org/10.1093/brain/aww173>.
17. Cohen JA, Coles AJ, Arnold DL, et al; CARE-MS I investigators. Alemtuzumab versus interferon beta 1a as first-line treatment for patients with relapsing-remitting multiple sclerosis: a randomised controlled phase 3 trial. *Lancet*. 2012 Nov 24;380(9856):1819–28. doi: 10.1016/S0140-6736(12)61769-3. Epub 2012 Nov 1. PMID: 23122652.
18. Coles AJ, Twyman CL, Arnold DL, et al; CARE-MS II investigators. Alemtuzumab for patients with relapsing multiple sclerosis after disease-modifying therapy: a randomised controlled phase 3 trial. *Lancet*. 2012 Nov 24;380(9856):1829–39. doi: 10.1016/S0140-6736(12)61768-1. Epub 2012 Nov 1. PMID: 23122650.
19. Freedman MS, Devonshire V, Duquette P, et al; Canadian MS Working Group. Treatment Optimization in Multiple Sclerosis: Canadian MS Working Group Recommendations. *Can J Neurol Sci*. 2020 Jul;47(4):437–455. doi: 10.1017/cjn.2020.66.
20. Cree BAC, Arnold DL, Chataway J, et al. Secondary Progressive Multiple Sclerosis: New Insights. *Neurology*. 2021 Aug 24;97(8):378–388. doi: 10.1212/WNL.0000000000012323. Epub 2021 Jun 4.

21. Montalban X, Lebrun-Frénay C, Oh J, et al. Diagnosis of multiple sclerosis: 2024 revisions of the McDonald criteria. *Lancet Neurol*. 2025 Oct;24(10):850-865. doi: 10.1016/S1474-4422(25)00270-4.
22. Palmetto GBA. Local Coverage Article: Billing and Coding: Instructions for Lemtrada® (alemtuzumab) When Used in the Treatment of Relapsing Multiple Sclerosis (A55310). Centers for Medicare & Medicaid Services, Inc. Updated on 08/28/2025 with effective date 10/01/2025. Accessed October 2025.

Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist

Non-quantitative treatment limitations (NQTLs) refer to the methods, guidelines, standards of evidence, or other conditions that can restrict how long or to what extent benefits are provided under a health plan. These may include things like utilization review or prior authorization. The utilization management NQTL applies comparably, and not more stringently, to mental health/substance use disorder (MH/SUD) Medical Benefit Prescription Drugs and medical/surgical (M/S) Medical Benefit Prescription Drugs. The table below lists the factors that were considered in designing and applying prior authorization to this drug/drug group, and a summary of the conclusions that Prime’s assessment led to for each.

Factor	Conclusion
Indication	Yes: Consider for PA
Safety and efficacy	Yes: Consider for PA
Potential for misuse/abuse	No: PA not a priority
Cost of drug	Yes: Consider for PA

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
G35.A	Relapsing-remitting multiple sclerosis
G35.B0	Primary progressive multiple sclerosis, unspecified
G35.B1	Active primary progressive multiple sclerosis
G35.B2	Non-active primary progressive multiple sclerosis
G35.C0	Secondary progressive multiple sclerosis, unspecified
G35.C1	Active secondary progressive multiple sclerosis
G35.C2	Non-active secondary progressive multiple sclerosis
G35.D	Multiple sclerosis, unspecified

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs) and/or Local Coverage

Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents: <https://www.cms.gov/medicare-coverage-database/search.aspx>. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes		
Jurisdiction	NCD/LCA/LCD Document(s)	Contractor
J, M	A55310	Palmetto GBA

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC