Drug Coverage Policy

Effective Date.....12/01/2024
Coverage Policy Number.....IP0213
Policy Title.....Lemtrada

Multiple Sclerosis – Lemtrada

- Lemtrada® (alemtuzumab intravenous infusion – Genzyme)

INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment and have discretion in making individual coverage determinations. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Cigna Healthcare Coverage Policy

Overview
Lemtrada, a CD52-directed cytolytic monoclonal antibody, is indicated for the treatment of relapsing forms of **multiple sclerosis** (MS) to include relapsing remitting disease and active secondary progressive MS in adults.[1] Lemtrada is not recommended for use in patients with clinically isolated syndrome because of its safety profile.

Due to its safety profile, use of Lemtrada should generally be reserved for patients who have had an inadequate response to two or more medications indicated for the treatment of MS.[1] Lemtrada contains the same active ingredient found in Campath® (alemtuzumab intravenous infusion). The

safety and efficacy of Lemtrada have not been established in patients less than 17 years of age. Lemtrada is administered by intravenous infusion over 4 hours for two or more treatment courses: The dose for the first course is 12 mg/day on five consecutive days. The second course is 12 mg/day on three consecutive days 12 months after the first treatment course. Subsequent treatment courses of 12 mg per day on three consecutive days (36 mg total) may be given, as needed, at least 12 months after the last dose of any prior treatment course.

Disease Overview
MS is a chronic, inflammatory, demyelinating, autoimmune disease of the central nervous system that impacts almost 1,000,000 people in the US.[2-4] The condition is marked by inflammation and demyelination, as well as degenerative alterations. Patients usually experience relapses and remissions in their neurological symptoms. For most patients, the onset of MS symptoms occurs when patients are 20 to 40 years of age; however, children can get MS and new onset disease can occur in older adults. The MS disease course is heterogeneous but has some patterns. Approximately 85% to 90% of patients have a relapsing pattern at onset. However, this transitions over time in patients who are untreated to a worsening with very few or no relapses or magnetic resonance imaging (MRI) activity (secondary progressive MS). Around 10% to 15% of patients have a steady progression of symptoms over time (primary progressive MS), marked by some clinical manifestations or by MRI activity. Primary progressive MS is generally diagnosed in patients on the upper level of the typical age range (e.g., almost 40 years of age) and the distribution is equivalent among the two genders. Advances in the understanding of the MS disease process, as well as in MRI technology, spurned updated disease course descriptions in 2013,[5] as well as in 2017.[6] The revised disease courses are clinically isolated syndrome, relapsing remitting MS, primary progressive MS, and secondary progressive MS.[2-6] Clinically isolated syndrome is now more recognized among the course descriptions of MS. It is the first clinical presentation of MS that displays characteristics of inflammatory demyelination that may possibly be MS but has yet to fulfill diagnostic criteria. It is notable that the other MS designations can be further characterized considering whether patients have active disease (or not active), as well as if disease is worsening or stable. Disability in MS is commonly graded on the deterioration of mobility per the Expanded Disability Status Scale (EDSS) an ordinal scale that ranges from 0 to 10, with higher scores indicating greater disability.

Guidelines
In September 2019, a consensus paper was updated by the MS Coalition that discusses the use of disease-modifying therapies in MS.[2] Many options from various disease classes, involving different mechanisms of action and modes of administration, have shown benefits in patients with MS.

A practice guideline recommendation regarding disease-modifying agents for adults with MS from the American Academy of Neurology (2018) states to consider Lemtrada for patients with MS who have highly active disease.[7]

Safety
Lemtrada is available only through a restricted Risk Evaluation Mitigation Strategy (REMS) program called the LEMTRADA REMS Program due to the risks of autoimmunity, infusion reactions, and malignancies.[1] Use of Lemtrada is contraindicated in patients who have infection with human immunodeficiency virus (HIV) and those with active infection. Progressive multifocal leukoencephalopathy has occurred in a patient with MS who received Lemtrada.

Medical Necessity Criteria

Documentation: Documentation is required where noted in the criteria. Documentation may include, but not limited to, chart notes, laboratory tests, claims records, and/or other information.

Lemtrada is considered medically necessary when the following are met:

FDA-Approved Indication

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1. **Multiple Sclerosis.** Approve for the duration noted if the patient meets one of the following (A or B):
   - **A)** Initial Therapy (this includes patients who have started but not completed the first course of Lemtrada therapy). Approve for five doses in patients who meet all of the following (i, ii, iii, and iv):
     - **i.** Patient is ≥ 17 years of age; AND
     - **ii.** Documentation the patient has a relapsing form of multiple sclerosis; AND
       Note: Examples of relapsing forms of multiple sclerosis include relapsing remitting disease and active secondary progressive disease.
     - **iii.** Patient meets one of the following (a, b, c, or d):
       - **a)** According to the prescriber, the patient has experienced inadequate efficacy or significant intolerance to two disease-modifying agents used for multiple sclerosis; OR
         Note: See Appendix for examples.
       - **b)** According to the prescriber, the patient has experienced inadequate efficacy or significant intolerance to one of Kesimpta (ofatumumab subcutaneous injection), a natalizumab intravenous product (Tysabri, biosimilar), Briumvi (ublituximab-xiiy intravenous infusion), Mavenclad (cladribine tablets), Ocrevus (ocrelizumab intravenous infusion), or Ocrevus Zunovo (ocrelizumab and hyaluronidase-ocsq subcutaneous injection); OR
       - **c)** Patient has received Lemtrada in the past; OR
       - **d)** According to the prescriber, the patient has highly-active or aggressive multiple sclerosis by meeting one of the following [(1), (2), (3), or (4)]:
         - **(1)** Patient has demonstrated rapidly advancing deterioration(s) in physical functioning; OR
           Note: Examples include loss of mobility or lower levels of ambulation and severe changes in strength or coordination.
         - **(2)** Disabling relapse(s) with suboptimal response to systemic corticosteroids; OR
         - **(3)** Magnetic resonance imaging (MRI) findings suggest highly active or aggressive multiple sclerosis; OR
           Note: Examples include new, enlarging, or a high burden of T2 lesions or gadolinium-enhancing lesions.
         - **(4)** Manifestations of multiple sclerosis-related cognitive impairment; AND
     - **iv.** Medication is prescribed by or in consultation with a neurologist or a physician that specializes in the treatment of multiple sclerosis; OR
   - **B)** Patient Who Has Completed a Previous Course of Lemtrada Therapy. Approve for three doses if the patient meets all of the following (i, ii, iii, iv, and v):
     - **i.** Patient is ≥ 17 years of age; AND
     - **ii.** Patient has a relapsing form of multiple sclerosis; AND

Note: Examples of relapsing forms of multiple sclerosis include relapsing remitting disease and active secondary progressive disease.

iii. Patient meets one of the following (a or b):

a) Patient experienced a beneficial clinical response when assessed by at least one objective measure; OR

Note: Examples include stabilization or reduced worsening in disease activity as evaluated by magnetic resonance imaging (MRI) [absence or a decrease in gadolinium enhancing lesions, decrease in the number of new or enlarging T2 lesions]; stabilization or reduced worsening on the Expanded Disability Status Scale (EDSS) score; achievement in criteria for No Evidence of Disease Activity-3 (NEDA-3) or NEDA-4; improvement on the fatigue symptom and impact questionnaire-relapsing multiple sclerosis (FSIQ-RMS) scale; reduction or absence of relapses; improvement or maintenance on the six-minute walk test or 12-Item MS Walking Scale; improvement on the Multiple Sclerosis Functional Composite (MSFC) score; and/or attenuation of brain volume loss.

b) Patient experienced stabilization, slowed progression, or improvement in at least one symptom such as motor function, fatigue, vision, bowel/bladder function, spasticity, walking/gait, or pain/numbness/tingling sensation; AND

iv. At least 12 months has elapsed from the last dose of any prior Lemtrada treatment course; AND

v. Medication is prescribed by or in consultation with a neurologist or a physician that specializes in the treatment of multiple sclerosis.

Dosing. Approve the following dosing regimens (A or B):

A) First treatment course is 12 mg/day by intravenous infusion on 5 consecutive days (60 mg total dose); OR

B) For additional treatment courses, the dose is 12 mg/day by intravenous infusion on 3 consecutive days (36 mg total dose) administered 12 months after the last Lemtrada treatment course.

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Receipt of sample product does not satisfy any criteria requirements for coverage.

Conditions Not Covered

Any other use is considered experimental, investigational, or unproven, including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

1. **Clinically Isolated Syndrome.** Lemtrada is not recommended for use in patients with clinically isolated syndrome due to its safety profile.[1]

2. **Concurrent Use with Other Disease-Modifying Agents Used for Multiple Sclerosis.** These agents are not indicated for use in combination (See Appendix for examples). Additional data are required to determine if use of disease-modifying multiple sclerosis agents in combination is safe and provides added efficacy.

3. **HIV Infection.** Use of Lemtrada is contraindicated in patients who are infected with HIV because Lemtrada causes prolonged reductions of CD4+ lymphocyte counts.[1]

4. **Non-Relapsing Forms of Multiple Sclerosis.** The efficacy of Lemtrada has not been established in patients with MS with non-relapsing forms of the disease.[1]
   Note: An example of a non-relapsing form of MS is primary progressive MS.

Coding Information

1) This list of codes may not be all-inclusive.
2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

HCPCS Codes	Description
J0202	Injection, alemtuzumab, 1 mg

References

1. Lemtrada® intravenous infusion [prescribing information]. Cambridge, MA: Genzyme; May 2024.
2. A Consensus Paper by the Multiple Sclerosis Coalition. The use of disease-modifying therapies in multiple sclerosis. September 2019.
3. McGinley MP, Goldschmidt C, Rae-Grant AD. Diagnosis and treatment of multiple sclerosis. A review. *JAMA*. 2021;325(8):765-779.
4. No authors listed. Drugs for multiple sclerosis. *Med Lett Drugs Ther*. 2021;63(1620):42-48.
5. Lublin FD, Reingold SC, Cohen JA, et al. Defining the clinical course of multiple sclerosis: the 2013 revisions. *Neurology*. 2014;83:278-286.
6. Thompson AJ, Banwell BL, Barkhof F, et al. Diagnosis of multiple sclerosis: 2017 revisions of the McDonald criteria. *Lancet Neurol*. 2018;17(2):162-173.
7. 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.

Appendix

Medication	Mode of Administration
Aubagio® (teriflunomide tablets, generic)	Oral
Avonex® (interferon beta-1a intramuscular injection)	Injection (self-administered)
Bafiertam® (monomethyl fumarate delayed-release capsules)	Oral
Betaseron® (interferon beta-1b subcutaneous injection)	Injection (self-administered)
Briumvi® (ublituximab-xiiy intravenous infusion)	Intravenous infusion
Copaxone® (glatiramer acetate subcutaneous injection, generic)	Injection (self-administered)
Extavia® (interferon beta-1b subcutaneous injection)	Injection (self-administered)

Gilenya® (fingolimod capsules, generic)	Oral
Glatopa® (glatiramer acetate subcutaneous injection)	Injection (self-administered)
Kesimpta® (ofatumumab subcutaneous injection)	Injection (self-administered)
Lemtrada® (alemtuzumab intravenous infusion)	Intravenous infusion
Mavenclad® (cladribine tablets)	Oral
Mayzent® (siponimod tablets)	Oral
Ocrevus® (ocrelizumab intravenous infusion)	Intravenous infusion
Ocrevus Zunovo™ (ocrelizumab and hyaluronidase-ocsq subcutaneous injection)	Subcutaneous Injection (not self-administered)
Plegridy® (peginterferon beta-1a subcutaneous or intramuscular injection)	Injection (self-administered)
Ponvory® (ponesimod tablets)	Oral
Rebif® (interferon beta-1a subcutaneous injection)	Injection (self-administered)
Tascenso ODT® (fingolimod orally disintegrating tablets)	Oral
Tecfidera® (dimethyl fumarate delayed-release capsules, generic)	Oral
Tyruko® (natalizumab-sztn intravenous infusion)	Intravenous infusion
Tysabri® (natalizumab intravenous infusion)	Intravenous infusion
Vumerity® (diroximel fumarate delayed-release capsules)	Oral
Zeposia® (ozanimod capsules)	Oral

Revision Details

Type of Revision	Summary of Changes	Date
Selected Revision	**Updated** Multiple Sclerosis prerequisite therapy requirement from "failure, contraindication, or intolerance to BOTH of dimethyl fumarate OR fingolimod and ONE other disease modifying agent used for Multiple Sclerosis" to "According to the prescriber, the patient has experienced inadequate efficacy or significant intolerance to two disease-modifying agents used for multiple sclerosis". **Updated** the criteria that requires the patient to try one alternative it was added that the patient has experienced inadequate efficacy or significant intolerance (according to the prescriber) to this agent. Also, Ocrevus Zunovo was added to the list of disease-modifying multiple sclerosis drugs that count toward meeting this requirement. The individual listing of Tysabri and Tyruko among these alternatives was changed to state "a natalizumab intravenous product (Tysabri, biosimilar)". Lemtrada was separated from this listing of agents into an individual criterion in which receipt of Lemtrada in the past counts (without requiring inadequate efficacy or significant intolerance [according to the prescriber]).	12/01/2024

	Updated the specialist prescribing requirement from a " neurologist" to " neurologist or a physician that specializes in the treatment of multiple sclerosis". **Added** criteria for a Patient Currently Receiving Lemtrada for ≥ 1 Year.	

The policy effective date is in force until updated or retired.