AETNA BETTER HEALTH® Coverage Policy/Guideline					
Name:	Lemtrada			Page:	1 of 2
Effective Date:	10/25/2023			Last Review Date:	10/2023
Applies to:	☐Illinois ☐Maryland ☐Michigan	☐Florida ☐Florida Kids ☐ Virginia		☒New Jersey ☐Pennsylvania Kids ☐Kentucky PRMD	

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Lemtrada under the patient's prescription drug benefit.

Description:

FDA-Approved Indications

Lemtrada is indicated for the treatment of patients with relapsing forms of multiple sclerosis (MS), to include relapsing-remitting disease and active secondary progressive disease, in adults.

Because of its safety profile, the use of Lemtrada should generally be reserved for patients who have had an inadequate response to two or more drugs indicated for the treatment of MS.

Limitations of Use: Lemtrada is not recommended for use in patients with clinically isolated syndrome (CIS) because of its safety profile.

All other indications are considered experimental/investigational and not medically necessary.

Applicable Drug List:

Lemtrada

Policy/Guideline:

I. CRITERIA FOR APPROVAL

A. First Course - Relapsing forms of multiple sclerosis

1. The member is unable to take the required number of preferred formulary alternatives (2) for the given diagnosis due to a trial and inadequate treatment response, intolerance, or a contraindication.
2. The patient had an inadequate response to two or more drugs indicated for multiple sclerosis
    a. Pediatric members less than 18 years of age may be granted authorization when benefits outweigh the risks.
3. Lemtrada must be prescribed by or in consultation with a neurologist.
4. Members will not use Lemtrada concomitantly with other disease modifying multiple sclerosis agents

    Note: Ampyra and Nuedexta are not disease modifying.

B. Subsequent Courses – Relapsing forms of multiple sclerosis

1. The member has completed at least one previous course of therapy and treatment will start at least 12 months after the last dose of the prior treatment course.
2. Lemtrada must be prescribed by or in consultation with a neurologist.
3. Members will not use Lemtrada concomitantly with other disease modifying multiple sclerosis agents
    a. Ampyra and Nuedexta are not disease modifying.

Approval Duration and Quantity Restrictions:

Initial Approval:
30 days (5 dose) for first course
30 days (3 doses) for subsequent courses

Quantity Level Limit:
30 days (5 dose) for first course
30 days (3 doses) for subsequent courses

References:

1. Lemtrada [package insert]. Cambridge, MA: Genzyme Corporation; January 2023.