

Utilization Management and Clinical Medical Policy

Policy Name: Alemtuzumab [Lemtrada®]	Policy Number: MP-RX-FP-52-23	Scope: ☒ MMM MA ☒ MMM MultiHealth	Origination Date: 11/30/2023 Last Review Date: 8/19/2026	Effective Date: 8/19/2026 Frequently Revision: Annual
---	--	--	---	--

Service Category:

- | | |
|--|---|
| ☐ Anesthesia | ☐ Medicine Services and Procedures |
| ☐ Surgery | ☐ Evaluation and Management Services |
| ☐ Radiology Procedures | ☐ DME/Prosthetics or Supplies |
| ☐ Pathology and Laboratory Procedures | ☐ Other: Part B Drugs |

Service Description:

This document addresses the use of *alemtuzumab (Lemtrada®)*, an infused disease modifying therapy approved by the Food and Drug Administration (FDA) for the treatment of relapsing multiple sclerosis in adults, including relapsing-remitting disease or active secondary progressive disease. Because of its safety profile, Lemtrada is not recommended to treat clinically isolated syndrome. Alemtuzumab was previously available as Campath and approved for several oncology indications. Campath is no longer commercially available but is accessible through the Campath Distribution Program to clinically appropriate individuals. Providers seeking alemtuzumab for oncologic indications can find additional information at www.clinigengroup.com/direct/en-gb/login/ or at 877.768.4303.

Background Information:

Multiple sclerosis is an autoimmune inflammatory demyelinating disease of the central nervous system. Common symptoms of the disease include fatigue, numbness, coordination and balance problems, bowel and bladder dysfunction, emotional and cognitive changes, spasticity, vision problems, dizziness, sexual dysfunction and pain. Multiple sclerosis can be subdivided into four phenotypes: clinically isolated syndrome (CIS), relapsing remitting (RRMS), primary progressive (PPMS) and secondary progressive (SPMS). Relapsing multiple sclerosis (RMS) is a general term for all relapsing forms of multiple sclerosis including CIS, RRMS and active SPMS.

The treatment goal for multiple sclerosis is to prevent relapses and progressive worsening of the disease. Currently available diseasemodifying therapies (DMT) are most effective for the relapsing-remitting form of multiple sclerosis and less effective for secondary progressive decline. DMT include injectable agents, infusion therapies and oral agents.

The American Academy of Neurology (AAN) guidelines suggest starting disease-modifying therapy in individuals with relapsing forms of multiple sclerosis with recent clinical relapses or MRI activity. The guideline does not recommend one DMT over another. However, some DMTs were recommended for certain multiple sclerosis subpopulations, including a recommendation for Lemtrada for highly active disease.

The precise mechanism by which alemtuzumab (Lemtrada) exerts its therapeutic effects in multiple sclerosis is unknown but is presumed to involve binding to CD52, a cell surface antigen present on T and B lymphocytes, and on natural killer cells, monocytes, and macrophages. Following cell surface binding to T and B lymphocytes, alemtuzumab results in antibody-dependent cellular cytotoxicity and complement-mediated lysis.

Lemtrada is a CD52-directed cytolytic monoclonal antibody indicated for the treatment of relapsing forms of multiple sclerosis (MS), to include relapsing-remitting disease and active secondary progressive disease, in

Utilization Management and Clinical Medical Policy

Policy Name: Alemtuzumab [Lemtrada®]	Policy Number: MP-RX-FP-52-23	Scope: ☒ MMM MA ☒ MMM MultiHealth	Origination Date: 11/30/2023 Last Review Date: 8/19/2026	Effective Date: 8/19/2026 Frequently Revision: Annual
---	---	---	---	--

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.

Lemtrada has black box warnings for autoimmunity, infusion reactions, stroke and malignancies. Lemtrada causes serious autoimmune diseases including immune thrombocytopenia and anti-glomerular basement membrane disease. Monitor complete blood counts with differential, serum creatinine levels and urinalysis with urine counts before starting treatment and then at monthly intervals until 48 months after the last dose. Lemtrada causes serious, life-threatening infusion reactions. Lemtrada must be administered in a setting equipped to manage anaphylaxis and serious infusion reactions. Individuals should be monitored for two hours after each infusion and informed infusion reactions can also occur after the monitoring period. Serious, life-threatening stroke has been reported within three days of Lemtrada administration. Educate individuals to seek immediate medical care if symptoms of stroke occur. Lemtrada may cause an increased risk of malignancies, including thyroid cancer, melanoma and lymphoproliferative disorders. Perform baseline and yearly skin exams. Because of these safety risks, Lemtrada should generally be reserved for individuals who have had an inadequate response to two or more agents indicated for the treatment of multiple sclerosis. Lemtrada is available only through restricted distribution under a Risk Evaluation Mitigation Strategy (REMS) Program.

Approved Indications

- A. Treatment of relapsing-remitting disease and active secondary progressive disease in adult patients with Multiple Sclerosis (MS)

Other Uses

- A. None.

Utilization Management and Clinical Medical Policy

Policy Name: Alemtuzumab [Lemtrada®]	Policy Number: MP-RX-FP-52-23	Scope: ☒ MMM MA ☒ MMM MultiHealth	Origination Date: 11/30/2023 Last Review Date: 8/19/2026	Effective Date: 8/19/2026 Frequently Revision: Annual
---	---	---	---	--

Medical Necessity Guidelines:

When a drug is being reviewed for coverage under a member's medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

Alemtuzumab (Lemtrada®)

A. Criteria For Initial Approval

Initial requests for Lemtrada (alemtuzumab) may be approved if the following criteria are met:

- i. Individual has a diagnosis of relapsing multiple sclerosis (RMS) (including relapsing-remitting disease or active secondary progressive disease); **AND**
- ii. Individual has received prior treatment with at least two alternative drug therapies indicated for the treatment of multiple sclerosis (for example, dimethyl fumarate, interferons, glatiramer) and failed to achieve an adequate response; **AND**
- iii. Individual is human immunodeficiency virus (HIV) negative.

B. Criteria For Continuation of Therapy

Continuation requests for (alemtuzumab) may be approved if the following criteria are met:

- i. Physician must document member is responding positively to therapy.

C. Authorization Duration

- i. Initial Approval Duration: Up to 12 months
- ii. Reauthorization Approval Duration: Up to 12 months

D. Conditions Not Covered

Any other use is considered experimental, investigational, or unproven, including the following (this list may not be all inclusive):

- i. Alemtuzumab (Lemtrada) may not be approved for the following:
 - A. Individual is using to treat including clinically isolated syndrome; **OR**
 - B. Individual is using to treat primary progressive MS (PPMS); **OR**
 - C. Individual is using to treat non-active secondary progressive MS (SPMS); **OR**
 - D. Concurrent use with other MS disease modifying agents (including Aubagio, Avonex, Bafiertam, Betaseron, Briumvi, Tascenso ODT, Copaxone/Glatiramer/Glatopa, Extavia, Gilenya, Kesimpta, Mavenclad, Mayzent, Ocrevus, Ocrevus Zunovo, Tyruko, Plegridy, Ponvory, Tecfidera, Tysabri, Vumerity and Zeposia); **OR**
 - E. Individual has an active acute or chronic infection at the initiation of therapy; **OR**
 - F. May not be approved when the above criteria are not met and for all other indications.

Utilization Management and Clinical Medical Policy

Policy Name: Alemtuzumab [Lemtrada®]	Policy Number: MP-RX-FP-52-23	Scope: ☒ MMM MA ☒ MMM MultiHealth	Origination Date: 11/30/2023 Last Review Date: 8/19/2026	Effective Date: 8/19/2026 Frequently Revision: Annual
---	---	---	---	--

Limits or Restrictions:

A. Therapeutic Alternatives

The list below includes preferred alternative therapies recommended in the approval criteria and may be subject to prior authorization.

- i. N/A

B. Quantity Limitations

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines. The chart below includes dosing recommendations as per the FDA-approved prescribing information.

Alemtuzumab (Lemtrada®) Quantity Limit

Drug	Recommended Dosage	Limit
Alemtuzumab (Lemtrada) 12 mg/1.2 mL (10 mg/mL) single-use vial	- Initial treatment (2 courses): - First course: 12 mg/day IV on 5 consecutive days (60 mg total dose) - Second course: 12 mg/day IV on 3 consecutive days (36 mg total dose) administered 12 months after the first treatment course - Subsequent treatment courses of 12 mg per day IV on 3 consecutive days (36 mg total dose) may be administered, as needed, at least 12 months after the last dose of any prior treatment course	3 vials per 12 months
Exceptions		
Initiation of Alemtuzumab (Lemtrada) therapy: May approve two additional vials (12 mg/1.2 mL) during the first treatment course in the first 12 months.		

Limitations of Use:

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

Utilization Management and Clinical Medical Policy

Policy Name: Alemtuzumab [Lemtrada®]	Policy Number: MP-RX-FP-52-23	Scope: ☒ MMM MA ☒ MMM MultiHealth	Origination Date: 11/30/2023 Last Review Date: 8/19/2026	Effective Date: 8/19/2026 Frequently Revision: Annual
---	---	---	---	--

Codes Information:

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

ICD-10 Diagnostic Codes:

Codes	Description
G35.A	Relapsing-remitting multiple sclerosis
G35.C1	Active secondary progressive multiple sclerosis

HCPCS Codes:

Codes	Description
J0202	Injection, alemtuzumab, 1 mg [Lemtrada]

Reference Information:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: October 22, 2025.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Genzyme Corporation. (2024). Lemtrada® (alemtuzumab) injection, for intravenous use: Prescribing information. Revised May 2024. Accessed June 18, 2026.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2026; Updated periodically.
5. Olek MJ, Howard J. Clinical presentation, course and prognosis of multiple sclerosis in adults. Last updated: April 18, 2025. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. Accessed: October 23, 2025.
6. 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. Available from: <https://www.aan.com/Guidelines/home/GuidelineDetail/898>. Accessed: October 23, 2025.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

© CPT Only – American Medical Association

Utilization Management and Clinical Medical Policy

Policy Name: Alemtuzumab [Lemtrada®]	Policy Number: MP-RX-FP-52-23	Scope: ☒ MMM MA ☒ MMM MultiHealth	Origination Date: 11/30/2023 Last Review Date: 8/19/2026	Effective Date: 8/19/2026 Frequently Revision: Annual
---	---	---	---	--

Policy History:

Type of Review	Summary of Changes	P&T Approval Date	UM/CMPC Approval Date
Annual Review 6/18/2026	Added recommended dosage to quantity limits table. Coding Review: Removed ICD-10-CM G35 and added G35.A, G35.C1. Updated reference information and incorporated new policy template.	8/14/2026	8/19/2026
Annual Review 8/29/2025	Add Ocrevus Zunovo and Tyruko to exclusion for concurrent use with other disease modifying therapy criteria.	9/5/2025	9/16/2025
Annual Review 9/27/2024	Add: Approved Indications, Other Uses, Criteria for Continuation Therapy, Approval Duration, Therapeutic Alternatives, and Federal Statement. Wording and formatting changes. Add Briumvi and Tascenso ODT to exclusion for concurrent use with other disease modifying therapy criteria. Coding Reviewed: No changes.	2/24/2025	3/6/2025
Policy Inception	9/27/2023: Elevance Health's Medical Policy adoption.	N/A	11/30/2023