Mass General Brigham
Health Plan

Lemtrada (alemtuzumab)
Effective 10/02/2023

Plan	☒ MassHealth UPPL ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions			

Overview
Lemtrada is a monoclonal antibody disease-modifying drugs indicated for relapse remitting multiple sclerosis (RRMS) and active secondary progressive multiple sclerosis (SPMS) 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.

Coverage Guidelines
Authorizations requests will be reviewed on a case by case basis for members new to the plan who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted for members when all the following criteria are met:

1. Diagnosis of **ONE** of the following:
    a. relapse-remitting multiple sclerosis
    b. confirmed active secondary-progressive multiple sclerosis
2. Prescriber is a neurologist or consult notes from a neurology office are provided
3. Paid claims or physician attestation of inadequate response or adverse reaction to **TWO** or contraindication to **ALL** of the following disease modifying multiple sclerosis agents:
    a. teriflunomide
    b. Briumvi (ublituximab-xiiy) or Ocrevus (ocrelizumab)
    c. dimethyl fumarate or Vumerity
    d. fingolimod capsule
    e. glatiramer acetate therapy
    f. interferon therapy

g. Tysabri (natalizumab)

4. Requested dose is for **ONE** of the following:
    a. 12 mg daily for 5 days in 1st year of therapy
    b. 12 mg daily for 3 days in 2nd year of therapy

Continuation of Therapy

Reauthorization by prescriber will infer a positive response to therapy. For a diagnosis of SPMS, prescriber provided attestation confirming active disease.

Limitations

1. Initial authorizations and reauthorizations will be granted for 12 months
2. **Requests for Brand Name when generic is preferred:** In addition to any prior authorization requirements that may be listed above, if an A-rated generic equivalent is available, such prior authorization requests require medical records documenting an allergic response, adverse reaction, or inadequate response to the generic equivalent drug (history of allergic reaction to the inactive ingredients used in the manufacturing process of a certain drug is acceptable).
3. **Requests for generic when Brand Name is preferred:** There are some drugs for which the Plan has determined it will be cost effective to prefer the use of the Brand Name formulation. In this case, the generic equivalent formulation is considered non-preferred and requires prior authorization. These requests require medical records documenting an allergic response, adverse reaction, or inadequate response to the Brand Name formulation. For the most up to date list of drugs where the Brand Name formulation is preferred, see the MassHealth Brand Name Preferred Over Generic Drug List (BOGL) at www.mass.gov/druglist.

References

1. Lemtrada [package insert]. Cambridge, MA: Genzyme Corporation; July 2016.

Review History

11/18/2020 – Transitioned from SGM to Custom Criteria; separated MH vs. Comm/Exch
03/15/23 - Reviewed and updated for Mar P&T. Matched MH UPPL criteria to be in compliance with Masshealth unified formulary requirements. Effective 4/1/23.
07/12/23 – Reviewed and updated for P&T. Added Briumvi as another step through option. Brand preferred and mandatory generic language was added under Limitations. Effective 7/31/23
09/13/23 – Reviewed and updated for P&T. Consolidated Ocrevus and Briumvi into a single alternative option given the same mechanism of action. Effective 10/2/23