

## Pre - PA Allowance

None

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## Prior-Approval Requirements

**Age** 17 years of age and older

### Diagnosis

Patient must have the following:

Relapsing Multiple Sclerosis (MS), including relapsing-remitting disease and active secondary progressive disease

**AND ALL** of the following:

1. Inadequate response to at least two drugs indicated for the treatment of MS
2. Prescriber and patient must be enrolled in Lemtrada REMS program

**AND NONE** of the following:

1. Clinically isolated syndrome
2. Co-infection with HIV
3. Used in combination with another MS disease modifying agent
4. Used concurrently with live vaccines

## Prior - Approval Limits

**Duration** 2 years

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## Prior – Approval *Renewal* Requirements

**Age** 17 years of age and older

### Diagnosis

Patient must have the following:

Relapsing Multiple Sclerosis (MS), including relapsing-remitting disease and active secondary progressive disease

**AND ALL** of the following:

1. Prescriber and patient must be enrolled in Lemtrada REMS program



**BlueCross  
BlueShield**

Federal Employee Program.

**LEMTRADA  
(alemtuzumab)**

**AND NONE** of the following:

1. Clinically isolated syndrome
2. Co-infection with HIV
3. Used in combination with another MS disease modifying agent
4. Used concurrently with live vaccines

## **Prior – Approval *Renewal* Limits**

Same as above