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Lemtrada

# REIMBURSEMENT CRITERIA

# Lemtrada – Public Criteria

Province	Line of Therapy	EDSS	Failed Therapies
Alberta	2 <sup>nd</sup> line		Refractory or intolerant to at least <b>ONE</b> of the following: <b>interferon beta, glatiramer acetate, dimethyl fumarate, teriflunomide</b>
BC	<i>Not listed</i>	<i>Not listed</i>	<i>Not listed</i>
Quebec	2 <sup>nd</sup> line	≤ 5.0	<b>ONE</b> relapse must have occurred while the patient was taking a DMT listed under RAMQ list of drugs for the treatment of this disease
Manitoba	2 <sup>nd</sup> line		Inadequate response to <b>interferon beta</b> <b>OR</b> other disease-modifying therapies
New Brunswick	2 <sup>nd</sup> line	≤ 5.0	Inadequate response to a full and adequate course (at least 6 months) of <b>interferon beta</b> <b>OR</b> other disease modifying therapies
Newfoundland	<i>Not listed</i>	<i>Not listed</i>	<i>Not listed</i>
Nova Scotia	2 <sup>nd</sup> line	≤ 5.0	Inadequate response to <b>interferon beta</b> <b>OR</b> other disease-modifying therapies
Ontario	2 <sup>nd</sup> line	≤ 5.0	Failed to respond to full and adequate courses of at least <b>ONE</b> of the following therapies: <b>interferon, glatiramer acetate, dimethyl fumarate, OR teriflunomide</b> or has had a documented intolerance or contraindication to TWO or more of the listed therapies
PEI	2 <sup>nd</sup> line	≤ 5.0	
Saskatchewan	2 <sup>nd</sup> line	≤ 5.0	Inadequate response to a treatment course at least six months in length (i.e., at least one attack) to at least <b>ONE</b> disease modifying therapy listed on the Saskatchewan Formulary