

Kesimpta (ofatumumab)
Effective 03/01/2021

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
Exceptions	N/A		

Overview

Kesimpta is indicated for the treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease and active secondary progressive disease, in adults.

Coverage Guidelines

Authorization may be reviewed for members new to the plan who are currently receiving treatment with Kesimpta 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, and documentation is provided:

1. The member has a diagnosis of relapsing forms of multiple sclerosis (including relapsing-remitting and secondary progressive disease who continue to experience relapse) OR clinically isolated syndrome
2. The member is ≥ 18 years of age
3. The member is not using Kesimpta with other disease modifying multiple sclerosis agents. (See Appendix A) (Note: Ampyra and Neudexta are not disease modifying)

Continuation of Therapy

Reauthorization requires physician documentation of disease stability or improvement of member's condition (ex. Decrease in relapses).

Limitations

1. Initial approvals and reauthorizations will be for 12 months.
2. The following quantity limits apply:

Kesimpta 20mg/0.4mL (0.4mL) auto-injector	1 auto-injector per 30 days
--	-----------------------------

Appendix

Appendix A: Disease Modifying Agents used for Multiple Sclerosis

1. Natalizumab (Tysabri)
2. Alemtuzumab (Lemtrada)
3. Ocrelizumab (Ocrevus)
4. Mitoxantrone (Novantrone)
5. Dimethyl fumarate (Tecfidera)
6. Diroximel fumarate (Vumerity)
7. Monomethyl fumarate (Bafiertam)
8. Teriflunomide (Aubagio)
9. Fingolimod (Gilenya)
10. Siponimod (Mayzent)
11. Ozanimod (Zeposia)
12. Cladribine (Mavenclad)
13. Interferon beta-1a (Avonex, Rebif)
14. Pegylated Interferon beta-1a (Plegridy)
15. Interferon beta-1b (Betaseron)
16. Glatiramer acetate (Copaxone, Glatopa)

References

1. Kesimpta [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; August 2020.

Review History

01/23/2021 – Created and review Jan P&T; Effective 03/01/21.

