Kesimpta® (ofatumumab)
Effective 01/01/2023

Plan	☒ MassHealth ☐ MassHealth (UPPL) ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit (NLX)		
Specialty Limitations	These medications have been designated specialty and must be filled at a contracted specialty pharmacy.		
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	N/A		

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

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, and documentation is provided:

1. Appropriate diagnosis
2. Prescriber is a neurologist or consult notes from a neurology office are provided
3. Paid claims or physician documentation of inadequate response or adverse reaction to **TWO** or contraindication to **ALL** of the following disease modifying multiple sclerosis agents:
    a. Aubagio® (teriflunomide)
    b. Gilenya® (fingolimod)
    c. glatiramer acetate therapy
    d. interferon therapy
    e. Ocrevus® (ocrelizumab)
    f. dimethyl fumarate or Vumerity®
4. Requested dose is 20 mg at weeks 0, 1, 2 and 4 then every month

Continuation of Therapy

- For RRMS: Reauthorization requires physician attestation of continuation of therapy and positive response to therapy.
- For active SPMS: Reauthorization by physician will infer a positive response to therapy if active disease is confirmed.
- For CIS: Reauthorization will be evaluated on a case by case basis.

Limitations

1. Initial authorizations and reauthorizations will be granted for 12 months

References

1. Kesimpta® [package insert]. East Hanover (NJ): Novartis Pharmaceuticals Corp.; 2020 Aug.
2. National Multiple Sclerosis Society [homepage on the internet]. National Multiple Sclerosis Society; 2014 [cited 2014 Aug 15]. Available at: http://www.nationalmssociety.org/.
3. Goodin DS, Frohman EM, Garmany GP. Disease modifying therapies in multiple sclerosis: report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology and the MS Council for Clinical Practice Guidelines. Neurology. 2002;58(2):169-78.

Review History

09/21/2022 – Reviewed and Created for Sept P&T. Matched MH criteria.

Disclaimer

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.