# SPECIALTY GUIDELINE MANAGEMENT

### **KESIMPTA** (ofatumumab)

# POLICY

### I. INDICATIONS

The indications below including FDA-approved indications and compendia uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

### FDA-Approved Indications

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.

All other indications are considered experimental/investigational and not medically necessary.

# II. CRITERIA FOR INITIAL APPROVAL

#### A. Relapsing forms of multiple sclerosis

Authorization of 6 months may be granted to members who have been diagnosed with a relapsing form of multiple sclerosis (including relapsing-remitting and secondary progressive disease for those who continue to experience relapse) and have had a failure, intolerance, or contraindication to Ocrevus (ocrelizumab).

### B. Clinically isolated syndrome

Authorization of 6 months may be granted to members for the treatment of clinically isolated syndrome and have had a failure, intolerance, or contraindication to Ocrevus (ocrelizumab).

### **III. CONTINUATION OF THERAPY**

For all indications: Authorization of 12 months may be granted for members who meet initial criteria and are experiencing disease stability or improvement while receiving Kesimpta.

### IV. QUANTITY LIMIT

- a. Initial approval
  - i. First month: Kesimpta 20mg/0.4ml at weeks 0, 1, and 2
    - 1. 3 syringes per month
  - ii. Maintenance dosing after loading doses: Kesimpta 20mg/0.4ml1. 1 syringe per month
- b. Continuation of therapy Kesimpta 20mg/0.4ml
  - i. 1 syringe per month

### V. OTHER CRITERIA

Members will not use Kesimpta concomitantly with other disease modifying multiple sclerosis agents (Note: Ampyra and Nuedexta are not disease modifying).



Effective date: 03/01/2021 Review date: 12/2020, 06/2021, 05/2022,7/2023 Scope: Medicaid

# VI. REFERENCES

1. Kesimpta [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; June 2022.

