Kesimpta (ofatumumab)
Effective 03/01/2021

Plan	☐ MassHealth ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☒ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit (NLX)		
Specialty Limitations	This medication has 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 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 AllWays Health Partners 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

Disclaimer

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