

Commercial/Healthcare Exchange PA Criteria
Effective: September 18, 2020

Prior Authorization: Kesimpta

Products Affected: Kesimpta (ofatumumab) Sensoready pen

Medication Description:

Ofatumumab is a monoclonal antibody which binds specifically the extracellular (large and small) loops of the CD20 molecule (which is expressed on normal B lymphocytes and in B-cell CLL) resulting in potent complement-dependent cell lysis and antibody-dependent cell-mediated toxicity in cells that overexpress CD20. The precise mechanism by which ofatumumab exerts its therapeutic effects in multiple sclerosis is unknown.

Covered Uses: Treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults.

Exclusion Criteria:

1. Active Hepatitis B virus (HBV)

Required Medical Information:

1. Diagnosis
2. Current medication regimen

Age Restrictions: 18 years of age or older

Prescriber Restrictions: Prescribed by, or in consultation with, a neurologist or a physician who specializes in the treatment of multiple sclerosis.

Coverage Duration: 12 months

Other Criteria:

Multiple Sclerosis

1. Patient has a diagnosis of relapsing multiple sclerosis (RMS), including clinically isolated syndrome, relapsing-remitting disease, or active secondary progressive disease.

References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: September 17, 2020.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	9/18/2020