STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

OFATUMUMAB-SQ

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
OFATUMUMAB	KESIMPTA		48513	GPI-10 (6240506500)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of a relapsing form of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, **AND** meet the following criterion?
   - The patient is 18 years of age or older

   If yes, **approve the requested drug for a total of 12 months by GPID or GPI-10 as follows:**
   INITIAL REQUEST:
   - **FIRST APPROVAL: Approve for 1 month with a quantity limit of #1.2mL per 28 days.**
   - **SECOND APPROVAL: Approve for 11 months with a quantity limit of #0.4mL per 28 days (Enter a start date 3 weeks AFTER THE START DATE of the first approval).**

   SUBSEQUENT/CONTINUATION REQUEST:
   - **Approve for 12 months with a quantity limit of #0.4mL per 28 days.**

   If no, do not approve.
   DENIAL TEXT: **Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **OFATUMUMAB-SQ (Kesimpta)** requires the following rules be met for approval:
   A. You have a relapsing form of multiple sclerosis (MS: an illness where the immune system eats away at the protective covering of the nerves), which includes clinically isolated syndrome (disease occurs once), relapsing-remitting disease (symptoms go away and return), and active secondary progressive disease (advanced disease)
   B. You are 18 years of age or older

   Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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OFATUMUMAB-SQ

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Kesimpta.

REFERENCES

- Kesimpta [Prescribing Information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; August 2020.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 01/01/21

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