



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.

**CONTINUED ON NEXT PAGE**



**STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES**

**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

Created: 09/20

Client Approval: 11/20

P&T Approval: 04/20