

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Ofatumumab (Kesimpta)

Notes:

- Quantity Limits: No

Initiation (new start) criteria, criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously, and new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **ofatumumab (Kesimpta)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by a Neurologist with expertise in Multiple Sclerosis
- Diagnosis of Relapsing form of Multiple Sclerosis (MS), including:
 - Non-Progressive Relapsing MS
 - Progressive Relapsing MS
 - Relapsing Remitting MS
- Patient has an allergy or intolerance to a rituximab product

Continued use criteria for patients previously approved per the above criteria who are currently stable on the medication: Non-formulary **ofatumumab (Kesimpta)** will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Continues to be prescribed by neurologist
- Patient has had a scheduled appointment (telephone, video, or office visit) with neurologist within the past 12 months
- Patient has completed the following labs within the past 6 months:
 - Complete blood cell count with differential (CBC w/ diff)
 - Immunoglobulin G (IgG)