

09-J3000-84

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Revised: 01/01/23

## Subject: Ofatumumab (Kesimpta)

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

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### DESCRIPTION:

Multiple sclerosis (MS) is a chronic disease affecting the central nervous system (CNS). It is characterized by triad of inflammation, demyelination, and scarring of the central nervous system and manifests as pathological (immune-mediated CNS demyelination and axonal injury) and clinical (exacerbations, disability progression) dissemination in time and space. MS has been categorized into four types: clinically isolated syndrome (CIS), relapsing-remitting (RRMS), secondary progressive (SPMS), and primary progressive (PPMS). The most common type is RRMS, which is characterized by acute attacks followed by periods of remission. An initial attack may present as a clinically isolated syndrome (CIS); individuals presenting with this syndrome are high risk for subsequent conversion to clinically definite MS (CDMS) when coupled with MRI lesions consistent with MS. Although a cure for MS remains elusive, several treatment options slow the progression of the disease and reduce the frequency of relapses.

Ofatumumab is monoclonal antibody that is used to reduce the frequency of relapses and delay the accumulation of physical disability in patients with RRMS. It exerts its physiologic effects through binding to CD20 on the surface of B lymphocytes which results in complement-mediated cell lysis. Ofatumumab is Food and Drug administration (FDA) approved for the treatment of relapsing forms of MS to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults.

The efficacy of ofatumumab for the treatment of relapsing multiple sclerosis was compared to teriflunomide in two randomized, double-blind trials. Subjects were required to have at least one relapse in the prior year, 2 relapses in the previous 2 years, or the presence of a T1 gadolinium-enhancing lesion in the previous year. The subjects were also required to have an Expanded disability status scale score less than 5.5. The primary endpoint was the annualized relapse rate (ARR) over the treatment period. Approximately 60% of patients had previously received treatment with a non-steroid therapy for MS and a mean time since MS diagnosis of 5.6 years. In both trials, ofatumumab significantly

reduced annualized MS relapse rates compared to teriflunomide (Study 1, 0.11 vs 0.22, relative reduction = 51%; Study 2, 0.10 vs 0.25, RR=59%). The proportion of patients with 3-month confirmed disability progression was also reduced in the subjects treated with ofatumumab as compared to teriflunomide (10.9% vs 15%, relative risk reduction=34.4%). The mean number of T1 gadolinium-enhancing lesions per MRI and number of new or enlarging T2 lesions were also significantly reduced for subjects treated with ofatumumab as compared to teriflunomide. The most common adverse reactions that occurred were upper respiratory tract infection, headache, injection-related reactions, and local injection site reactions.

## POSITION STATEMENT:

### Comparative Effectiveness

The FDA has deemed the drug(s) or biological product(s) in this coverage policy to be appropriate for self-administration or administration by a caregiver (i.e., not a healthcare professional). Therefore, coverage (i.e., administration) in a provider-administered setting such as an outpatient hospital, ambulatory surgical suite, physician office, or emergency facility is not considered medically necessary.

**NOTE:** Aubagio, Avonex, Betaseron, Kesimpta, Mavenclad, Mayzent, Plegridy, Rebif, and Zeposia are the preferred brand products for treatment of relapsing forms of multiple sclerosis. The preferred generic products include dimethyl fumarate (generic), fingolimod (generic), and glatiramer acetate (generic by Mylan).

**Initiation** of ofatumumab (Kesimpta®) **meets the definition of medical necessity** when **ALL** of the following criteria are met:

1. The member is diagnosed with **ONE** of the following forms of multiple sclerosis (MS):
  - a. Relapsing remitting multiple sclerosis [RRMS]
  - b. Active secondary progressive MS [SPMS]
  - c. First clinical episode and member has MRI features consistent with MS
2. **ONE** of the following (a, b, or c):
  - a. The patient has highly active MS disease activity and **BOTH** of the following:
    - i. The patient has  $\geq 2$  relapses in the previous year
    - ii. **ONE** of the following:
      1. The patient has  $\geq 1$  gadolinium enhancing lesion on MRI
      2. The patient has significant increase in T2 lesion load compared with a previous MRI
  - b. The patient has been treated with at least 3 MS agents from different drug classes
  - c. **ONE** of the following (i, ii, iii, or iv):
    - i. The patient has tried and had an inadequate response to dimethyl fumarate (generic), fingolimod (generic), **OR** glatiramer acetate (generic by Mylan)

- ii. The patient has an intolerance (defined as an intolerance to the drug or its excipients, not to the route of administration) or hypersensitivity to dimethyl fumarate (generic), fingolimod (generic), **OR** glatiramer acetate (generic by Mylan)
  - iii. The patient has a FDA labeled contraindication to dimethyl fumarate (generic), fingolimod (generic), **AND** glatiramer acetate (generic by Mylan)
  - iv. The prescriber has provided information in support of using the requested agent over dimethyl fumarate (generic), fingolimod (generic), **AND** glatiramer acetate (generic by Mylan)
3. Ofatumumab will not be used in combination with **ANY** of the following:
- a. Alemtuzumab (Lemtrada)
  - b. Cladribine (Mavenclad)
  - c. Dimethyl fumarate (Tecfidera)
  - d. Diroximel fumarate (Vumerity)
  - e. Fingolimod (Gilenya, Tascenso ODT)
  - f. Glatiramer acetate (Copaxone, Glatopa)
  - g. Interferon beta-1a (Avonex, Rebif)
  - h. Interferon beta-1b (Betaseron, Extavia)
  - i. Mitoxantrone (Novantrone)
  - j. Monomethyl fumarate (Bafiertam)
  - k. Natalizumab (Tysabri)
  - l. Ocrelizumab (Ocrevus)
  - m. Ozanimod (Zeposia)
  - n. Peg-interferon beta-1a (Plegridy)
  - o. Ponesimod (Ponvory ODT)
  - p. Rituximab (Rituxan or biosimilars)
  - q. Siponimod (Mayzent)
  - r. Teriflunomide (Aubagio)
4. The member does not have an active Hepatitis B viral (HBV) infection
5. The initial dosage does not exceed 20 mg at week 0, 1, and 2, followed by 20 mg every 4 weeks starting at week 4

**Approval duration:** 1 year

Continuation of ofatumumab therapy **meets the definition of medical necessity** when **ALL** of the following criteria are met:

1. Member has demonstrated a beneficial response to therapy for treatment of RRMS, active SPMS, or clinically isolated syndrome
2. Authorization/reauthorization for ofatumumab has been previously approved by Florida Blue or another health plan in the past 2 years, **OR** the member currently meets all indication-specific initiation criteria
3. Ofatumumab will not be in combination with **ANY** of the following:
  - a. Alemtuzumab (Lemtrada)
  - b. Cladribine (Mavenclad)
  - c. Dimethyl fumarate (Tecfidera)
  - d. Diroximel fumarate (Vumerity)
  - e. Fingolimod (Gilenya, Tascenso ODT)
  - f. Glatiramer acetate (Copaxone, Glatopa)
  - g. Interferon beta-1a (Avonex, Rebif)
  - h. Interferon beta-1b (Betaseron, Extavia)
  - i. Mitoxantrone (Novantrone)
  - j. Monomethyl fumarate (Bafiertam)
  - k. Natalizumab (Tysabri)
  - l. Ocrelizumab (Ocrevus)
  - m. Ozanimod (Zeposia)
  - n. Peg-interferon beta-1a (Plegridy)
  - o. Ponesimod (Ponvory)
  - p. Rituximab (Rituxan or biosimilars)
  - q. Siponimod (Mayzent)
  - r. Teriflunomide (Aubagio)
4. The dose does not exceed 20 mg every 4 weeks

**Approval duration:** 1 year

## **DOSAGE/ADMINISTRATION:**

**THIS INFORMATION IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY AND SHOULD NOT BE USED AS A SOURCE FOR MAKING PRESCRIBING OR OTHER MEDICAL DETERMINATIONS. PROVIDERS SHOULD REFER TO THE MANUFACTURER'S FULL PRESCRIBING INFORMATION FOR DOSAGE GUIDELINES AND OTHER INFORMATION RELATED TO THIS MEDICATION BEFORE MAKING ANY CLINICAL DECISIONS REGARDING ITS USAGE.**

### **FDA-approved**

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

- initial dosing: 20 mg by subcutaneous injection at Weeks 0, 1, and 2
- subsequent dosing: 20 mg by subcutaneous injection once monthly starting at Week 4

Administer in the abdomen, thigh, or outer upper arm subcutaneously. Do not give injection into moles, scars, stretch marks or areas where the skin is tender, bruised, red, scaly, or hard.

**Dose Adjustments**

- Ofatumumab has not been studied in patients with renal or hepatic impairment

**Drug Availability**

20 mg/0.4 mL in a single-dose prefilled Sensoready Pen and single-dose prefilled syringe

**PRECAUTIONS:**

**Boxed Warning**

- none

**Contraindications**

- Active Hepatitis B Virus (HBV) infection

**Precautions/Warnings**

**Infections:** Delay administration in patients with an active infection until the infection is resolved. Vaccination with live-attenuated or live vaccines is not recommended during treatment and after discontinuation, until B-cell repletion.

**Injection-Related Reactions:** Management for injection-related reactions depends on the type and severity of the reaction.

**Reduction in Immunoglobulins:** Monitor the level of immunoglobulins at the beginning, during, and after discontinuation of treatment until B-cell repletion. Consider discontinuing if a patient develops a serious

opportunistic infection or recurrent infections if immunoglobulin levels indicate immune compromise.

**Fetal Risk:** May cause fetal harm based on animal data. Advise females of reproductive potential of the potential risk to a fetus and to use an effective method of contraception during treatment and for 6 months after stopping.

**BILLING/CODING INFORMATION:**

**HCPCS Coding**

J3590	Unclassified biologics
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## ICD-10 Diagnosis Codes That Support Medical Necessity

G35	Multiple sclerosis
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### REIMBURSEMENT INFORMATION:

Refer to section entitled [POSITION STATEMENT](#).

### PROGRAM EXCEPTIONS:

**Federal Employee Program (FEP):** Follow FEP guidelines.

**State Account Organization (SAO):** Follow SAO guidelines.

**Medicare Part D:** BCBSF has delegated to Prime Therapeutics authority to make coverage determinations for the Medicare Part D services referenced in this guideline.

**Medicare Advantage:** No National Coverage Determination (NCD) and/or Local Coverage Determination (LCD) were found at the time of the last guideline review date.

### DEFINITIONS:

**Clinically isolated syndrome (CIS):** the first clinical presentation of disease that shows characteristics of inflammatory demyelination that could be MS but has yet to fulfill criteria of dissemination in time.

**Primary-progressive multiple sclerosis (PPMS):** Steadily progressive course from onset; occurs in 10-15% of patients with MS.

**Relapsing-remitting multiple sclerosis (RRMS):** Characterized by acute attacks followed by periods of remission; primary form of MS that occurs in approximately 85% of patients.

**Secondary-progressive multiple sclerosis (SPMS):** An initial period of RRMS, followed by a steadily progressive course, with acute relapses (active disease) or without acute relapses (not active disease); 75-85% of patients diagnosed with RRMS will transition to SPMS.

### RELATED GUIDELINES:

[Alemtuzumab \(Lemtrada\), 09-J2000-27](#)

[Cladribine \(Mavenclad\), 09-J3000-34](#)

[Dimethyl Fumarate \(Tecfidera\), Diroximel fumarate \(Vumerity\), Monomethyl fumarate \(Bafiertam\), 09-J1000-96](#)

[Fingolimod \(Gilenya\), 09-J1000-30](#)

[Multiple Sclerosis Self Injectable Therapy, 09-J1000-39](#)

[Natalizumab \(Tysabri\) IV, 09-J0000-73](#)

[Ocrelizumab \(Ocrevus\), 09-J2000-78](#)

[Ozanimod \(Zeposia\), 09-J3000-70](#)

[Siponimod \(Mayzent\), 09-J3000-35](#)

[Teriflunomide \(Aubagio\), 09-J1000-82](#)

## OTHER:

None applicable

## REFERENCES:

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3. DRUGDEX® System [Internet]. Greenwood Village (CO): Thomson Micromedex; Updated periodically [cited 2022-09-02].
4. Hauser SL, Bar-Or A, Cohen JA et al. Ofatumumab versus teriflunomide in multiple sclerosis. *N Engl J Med*. 2020; 383: 546 – 557.
5. Kesimpta [prescribing information]. Novartis Pharmaceuticals Corporation. East Hanover, NJ. August 2020.
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9. Rae-Grant A, Day GS, Marrie RA et al. Practice guideline: Disease-modifying therapies for adults with multiple sclerosis: Report of the guideline development, dissemination, and implementation subcommittee of the American Academy of Neurology. April 2018. Available at: <https://www.aan.com/Guidelines/home/GuidelineDetail/898>.

## COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Pharmacy Policy Committee on 09/14/22.

## GUIDELINE UPDATE INFORMATION:

04/01/20	New Medical Coverage Guideline.
10/15/22	Review and revision to guideline; consisting of updating the list of agents not to be used in combination.
01/01/23	Review and revision to guideline; consisting of updating the position statement to include generic fingolimod as a preferred generic and removal of Gilenya as a preferred brand.