

# Kesimpta (ofatumumab) Criteria

Revised: 09/01/2025

## KESIMPTA (OFATUMUMAB)

<b>Length of Authorization:</b> Initial – 6 months
Renewal – 1 year

## CHILDREN – CRITERIA TO APPROVE

N/A

## ADULTS – CRITERIA TO APPROVE

All the following:

- Diagnosis of relapsing forms of Multiple Sclerosis (MS) including clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease
- 18 years of age or older
- Prescriber is a neurologist or consult notes from a neurologist are provided
- Inadequate response, adverse reaction, or contraindication to **one** preferred medication for relapsing forms of MS not including Kesimpta
- Medication not to be used with other disease-modifying therapy for MS

## ADULTS – RENEWAL CRITERIA

All the following:

- Patient is responding well to therapy.
- Patient has not experienced any treatment-restricting adverse effects.

## DOSING

Recommended adult dose: 20 mg at weeks 0, 1, and 2, followed by 20 mg once monthly starting at week 4

## REVISION HISTORY

Date	Issues/Updates
09/01/2025	<ul style="list-style-type: none"><li>Updated verbiage on inadequate response, adverse reaction, or contraindication to one preferred medication for relapsing forms of MS not including Kesimpta.</li></ul>
08/21/2024	<ul style="list-style-type: none"><li>Created document</li></ul>