ofatumumab (Kesimpta®)

Policy # 00727
Original Effective Date: 01/11/2021
Current Effective Date: 01/11/2021

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc.(collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

When Services May Be Eligible for Coverage

Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

Based on review of available data, the Company may consider ofatumumab (Kesimpta®)‡ for the treatment of relapsing forms of multiple sclerosis to be **eligible for coverage.****

Patient Selection Criteria
Coverage eligibility for ofatumumab (Kesimpta) will be considered when the following criteria are met:

- Patient has a relapsing form of multiple sclerosis (including clinically isolated syndrome, relapsing-remitting disease, active secondary progressive disease); AND
- Patient is greater than or equal to 18 years of age.

When Services Are Considered Investigational

Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.

Based on review of available data, the Company considers the use of ofatumumab (Kesimpta) when the patient selection criteria are not met to be **investigational.***

Background/Overview

Kesimpta is a CD20-directed cytolytic antibody indicated for the treatment of relapsing forms of multiple sclerosis (MS). Although the exact mechanism of action is unknown, it is believed to involve binding to CD20, a cell surface antigen present on pre-B and mature B lymphocytes.

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Kesimpta is the second drug to be approved with this mechanism to treat MS and the first that can be self-administered. Kesimpta should be administered subcutaneously at a starting dose of 20 mg on weeks 0, 1, and 2, followed by subsequent dosing of 20 mg once monthly starting at week 4.

MS is believed to have an immunologic mechanism that is characterized by demyelination in the brain and spinal cord. This is often expressed by symptoms such as visual and oculomotor abnormalities, weakness, urinary dysfunction, and mild cognitive impairment. Often patients will experience remissions and exacerbations. Treatment can include corticosteroids for acute exacerbations and immunomodulatory (disease modifying) drugs to prevent exacerbations. Disease modifying drugs include oral products such as fingolimod (Gilenya®)‡, siponimod (Mayzent®)‡, ozanimod (Zeposia®)‡, monomethyl fumarate and its prodrugs (Tecfidera®, Vumerity®, Bafiertam™)‡, teriflunomide (Aubagio®)‡, and cladribine (Mavenclad®)‡; subcutaneous and intramuscular injectable products such as glatiramer acetate (Copaxone®, Glatopa®)‡, interferon beta-1a (Avonex®, Rebif®)‡, interferon beta-1b (Extavia®, Betaseron®)‡, and peginterferon beta-1a (Plegridy®)‡; and intravenous infusions such as ocrelizumab (Ocrevus®)‡, natalizumab (Tysabri®)‡, and alemtuzumab (Lemtrada®)‡.

FDA or Other Governmental Regulatory Approval

U.S. Food and Drug Administration (FDA)
Kesimpta is approved for the treatment of relapsing forms of multiple sclerosis, to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults.

Rationale/Source

This medical policy was developed through consideration of peer-reviewed medical literature generally recognized by the relevant medical community, U.S. Food and Drug Administration approval status, nationally accepted standards of medical practice and accepted standards of medical practice in this community, Blue Cross and Blue Shield Association technology assessment program (TEC) and other non-affiliated technology evaluation centers, reference to federal regulations, other plan medical policies, and accredited national guidelines.

The efficacy of Kesimpta was demonstrated in two randomized, double-blind, double-dummy, active comparator-controlled clinical trials of identical design in patients with relapsing forms of MS. Both studies enrolled patients with at least one relapse in the previous year, 2 relapses in the

previous 2 years, or the presence of a T1 gadolinium-enhancing (GdE) lesion in the previous year. Patients were also required to have an Expanded Disability Status Scale (EDSS) from 0 to 5.5.

In both trials, patients were randomized to receive either Kesimpta 20 mg subcutaneously on days 1, 7, and 14, followed by 20 mg every 4 weeks thereafter (starting at week 4) with a daily oral placebo, or the active comparator, teriflunomide, at a dose of 14 mg orally once daily with a placebo administered subcutaneously according to the Kesimpta dosing schedule. The treatment duration for an individual patient varied based on when the end of study criteria were met, but the maximal duration of treatment for an individual patient was at 120 weeks. The primary endpoint of both trials was the annualized relapse rate (ARR) over the treatment period.

In study 1, a total of 927 patients were randomized to receive Kesimpta (n=465) or teriflunomide (n=462). Of those randomized to Kesimpta, 90% completed the study. Of those randomized to teriflunomide, 81% completed the study. At baseline, the mean number of relapses in the previous year was 1 and the mean number of T1 GdE lesions on MRI scan was 1.5. Kesimpta was found to significantly lower the ARR compared to teriflunomide (ARR of 0.11 for Kesimpta and 0.22 for teriflunomide, $p<0.001$).

In study 2, a total of 955 patients were randomized to receive Kesimpta (n= 481) or teriflunomide (n=474). Of those randomized to Kesimpta, 83% completed the study; of those randomized to teriflunomide, 82% completed the study. At baseline, the mean number of relapses in the previous year was 1.3, and the mean number of T1 GdE lesions on MRI scan was 1.6. Kesimpta was found to significantly lower the ARR compared to teriflunomide (ARR of 0.1 for Kesimpta and 0.25 for teriflunomide, $p<0.001$).

References

1. Kesimpta [package insert]. Novartis Pharmaceuticals Corporation. East Hanover, NJ. Updated August 2020.

Policy History

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12/03/2020 Medical Policy Committee review

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12/09/2020 Medical Policy Implementation Committee approval. New policy.
Next Scheduled Review Date: 12/2021

*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or
B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:
    1. Consultation with the Blue Cross and Blue Shield Association technology assessment program (TEC) or other nonaffiliated technology evaluation center(s);
    2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
    3. Reference to federal regulations.

**Medically Necessary (or "Medical Necessity") - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

A. In accordance with nationally accepted standards of medical practice;
B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

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For these purposes, "nationally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

‡ Indicated trademarks are the registered trademarks of their respective owners.

NOTICE: If the Patient's health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

NOTICE: Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.