Ocrevus, approved by the FDA in 2017, is a CD20-directed cytolytic antibody indicated for the treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults. It is also indicated for treatment of primary progressive MS in adults. After loading doses, Ocrevus is administered by the provider as an IV infusion every 6 months.

Ocrevus (ocrelizumab) will be considered for coverage when the following criteria are met:

**Primary Progressive Multiple Sclerosis (PPMS)**
For initial authorization:
1. Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with a neurologist; AND
3. Member has a documented diagnosis of PPMS; AND
4. Member has tested negative for active hepatitis B, or a hepatologist has been consulted; AND
5. Ocrevus will not be used concurrently with another disease-modifying agent for MS.
6. Dosage allowed/Quantity limit: 300 mg intravenous infusion, followed two weeks later by a second 300 mg intravenous infusion; then 600 mg intravenous infusion every 6 months.
   QL: 2 vials per 6 months

If all the above requirements are met, the medication will be approved for 12 months.

For reauthorization:
1. Chart notes must indicate positive clinical response such as slowed or stabilized rate of disability progression or MRI outcomes (e.g., volume of lesions, change in brain volume).

If all the above requirements are met, the medication will be approved for an additional 12 months.

**Relapsing forms of Multiple Sclerosis (MS)**
For initial authorization:
1. Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with a neurologist; AND
3. Member has a documented diagnosis of relapsing-remitting multiple sclerosis (RRMS), active secondary progressive multiple sclerosis (SPMS), or clinically isolated syndrome (CIS); AND
4. Member has documentation of at least one of the following:
   a) Inadequate response to at least one preferred disease-modifying MS drug
   b) Highly active disease (aggressive or rapidly evolving) in the expert opinion of the prescriber; AND
5. Member has tested negative for active hepatitis B, or a hepatologist has been consulted; AND
6. Ocrevus will not be used concurrently with another disease-modifying agent for MS.
7. **Dosage allowed/Quantity limit:** 300 mg intravenous infusion, followed two weeks later by a second 300 mg intravenous infusion; then 600 mg intravenous infusion every 6 months.
   QL: 2 vials per 6 months

*If all the above requirements are met, the medication will be approved for 12 months.*

For **reauthorization**:
1. Chart notes must indicate a positive clinical response such as fewer relapses, slowed or improved disability, or effect on MRI measures (e.g., no new or enlarged brain lesions).

*If all the above requirements are met, the medication will be approved for an additional 12 months.*

CareSource considers Ocrevus (ocrelizumab) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTION/DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/09/2017</td>
<td>New policy for Ocrevus created.</td>
</tr>
<tr>
<td>12/06/2017</td>
<td>Age coverage expanded.</td>
</tr>
<tr>
<td>08/16/2021</td>
<td>Updated all references. Removed CIS as an exclusion and added it to RRMS criteria. Changed trial of 2 preferred drugs first for RRMS to trial of 1. Removed incorrect diagnostic requirement from RRMS section. Removed diagnostic specifics for PPMS from outdated McDonald criteria. Removed vaccination details. Removed note about switching products. Simplified HBV phrasing. Revised renewal criteria. Added office as site of care.</td>
</tr>
<tr>
<td>07/14/2022</td>
<td>Transferred to new template. Added new references. Simplified HBV language. For RRMS, added that they don’t have to try another drug first if they have highly active disease.</td>
</tr>
</tbody>
</table>

References:


Effective date: 01/01/2023
Revised date: 07/14/2022