Reference number(s)
1707-A

SPECIALTY GUIDELINE MANAGEMENT

OCREVUS (ocrelizumab)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

A. Ocrevus is 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.
B. Ocrevus is indicated for the treatment of primary progressive MS, in adults.

All other indications are considered experimental/investigational and not medically necessary.

II. CRITERIA FOR INITIAL APPROVAL

A. Relapsing Forms of Multiple Sclerosis
Authorization of 12 months may be granted to members who have been diagnosed with a relapsing form of multiple sclerosis (including relapsing-remitting and secondary progressive disease for those who continue to experience relapse).

B. Clinically Isolated Syndrome
Authorization of 12 months may be granted to members for the treatment of clinically isolated syndrome of multiple sclerosis.

C. Primary Progressive Multiple Sclerosis
Authorization of 12 months may be granted to members for the treatment of primary progressive multiple sclerosis.

III. CONTINUATION OF THERAPY

For all indications: Authorization of 12 months may be granted for members who are experiencing disease stability or improvement while receiving Ocrevus.

IV. OTHER CRITERIA

Members will not use Ocrevus concomitantly with other disease modifying multiple sclerosis agents (Note: Ampyra and Nuedexta are not disease modifying).

V. REFERENCES

1. Ocrevus [package insert]. South San Francisco, CA: Genentech, Inc.; March 2021.