

Specialty Guideline Management

Ocrevus-Ocrevus Zunovo

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Ocrevus	ocrelizumab
Ocrevus Zunovo	ocrelizumab and hyaluronidase-ocsq

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^{1,2}

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

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

Prescriber Specialties

This medication must be prescribed by or in consultation with a neurologist.

Coverage Criteria

Relapsing Forms of Multiple Sclerosis^{1,2,4}

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).

Clinically Isolated Syndrome^{1,2,4}

Authorization of 12 months may be granted to members for treatment of clinically isolated syndrome of multiple sclerosis.

Primary Progressive Multiple Sclerosis^{1,2,4}

Authorization of 12 months may be granted to members for treatment of primary progressive multiple sclerosis.

Continuation of Therapy

Authorization of 12 months may be granted for members with an indication listed in the coverage criteria who are experiencing disease stability or improvement while receiving the requested drug.

Other Criteria

- Members will not use the requested drug concomitantly with other disease modifying multiple sclerosis agents (Note: Ampyra and Nuedexta are not disease modifying).
- Authorization may be granted for pediatric members less than 18 years of age when benefits outweigh risks.³

References

1. Ocrevus [package insert]. South San Francisco, CA: Genentech, Inc.; June 2024.
2. Ocrevus Zunovo [package insert]. South San Francisco, CA: Genentech, Inc.; September 2024.
3. Pediatric MS. National Multiple Sclerosis Society. Updated March 2023. Accessed March 20, 2025. <https://www.nationalmssociety.org/for-professionals/for-healthcare-professionals/managing-and-treating-ms/pediatric-ms>.
4. Rae-Grant A, Day G, Marrie R, et al. Practice guideline recommendations summary: Disease-modifying therapies for adults with multiple sclerosis. *Neurology*. 2018;90(17):777-788.