

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 covered benefits provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

##### FDA-Approved Indications:

1. Ocrevus is indicated for the treatment of patients with relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults.
2. 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).

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**V. REFERENCES**

1. Ocrevus [package insert]. South San Francisco, CA: Genentech, Inc.; November 2019.