

Ocrevus™ (ocrelizumab)



When requesting Ocrevus™ (ocrelizumab), the individual requiring treatment must be diagnosed with an FDA-approved indication and meet the specific coverage guidelines and applicable safety criteria for the covered indication.

FDA-approved indication(s)

Ocrevus is indicated for the treatment of adult patients with relapsing or primary progressive forms of multiple sclerosis.

Approved Off-label Compendial use(s)

None

Coverage Guidelines

The individual meets **all** of the following criteria for approval:

- Has either relapsing form of multiple sclerosis (MS) or primary progressive MS
- Does not have any active infection including active hepatitis B infection
- Is 18 years of age or older
- Ocrevus will not be used in combination with other disease modifying MS agent(s)
- Will not receive any live-attenuated or live vaccines during treatment with Ocrevus
- For continuation therapy, an individual is benefiting from Ocrevus therapy (e.g., reduced rate of relapse, reduced MRI lesions, stabilized or delayed MS disability)

Approval duration (initial and renewal): 12 months

References

1. Ocrevus [prescribing information]. South San Francisco, CA; Genentech, Inc. March 2017. Available at: https://www.gene.com/download/pdf/ocrevus_prescribing.pdf. Accessed on September 21, 2017.
2. The National MS Society. The Use of Disease-Modifying Therapies in Multiple Sclerosis: Principles and Current Evidence. A Consensus Paper by the Multiple Sclerosis Coalition. Updated March 2017. Available at: http://www.nationalmssociety.org/NationalMSSociety/media/MSNationalFiles/Brochures/DMT_Consensus_MS_Coalition.pdf. Accessed on September 14, 2017.
3. Montalban X, Hauser, SL, Kappos, L, et.al. Ocrelizumab versus Placebo in Primary Progressive Multiple Sclerosis. N Engl J Med 2017;376(3):209-220. Available at: <http://www.nejm.org/doi/pdf/10.1056/NEJMoa1606468>. Accessed September 22, 2017.
4. Hauser SL, Bar-Or A, Comi G, et.al. Ocrelizumab versus Interferon Beta-1a in Relapsing Multiple Sclerosis. N Engl J Med 2017;376(3):221-234