Ocrevus (ocrelizumab)

Effective Date: January 1, 2021     Number: MG.MM.PH.302

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Definitions

Ocrevus is a CD20-directed cytolytic antibody indicated for the treatment of relapsing forms of multiple sclerosis (MS) to include clinically isolated syndrome, relapsing remitting MS, and active secondary progressive MS in adults. Ocrevus is also indicated for primary progressive MS in adults. Ocrevus is the only MS medication indicated for use in primary progressive MS.

Dosage/Administration

<table>
<thead>
<tr>
<th>Indication</th>
<th>Dose</th>
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<tbody>
<tr>
<td>Multiple Sclerosis (MS), Relapsing Forms</td>
<td>– 300 mg by intravenous infusion, followed 2 weeks later by a second 300 mg intravenous infusion; OR</td>
</tr>
<tr>
<td>Multiple Sclerosis, Primary Progressive</td>
<td>– 600 mg by intravenous infusion once every 6 months.</td>
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</table>

Length of Authorization

Coverage will be provided for 12 months.
Multiple Sclerosis (MS), Relapsing Forms. Approve if the patients meets the following criteria (A, B, and C):

- The patient is ≥ 18 years of age; AND
- The patient has a relapsing form of multiple sclerosis (MS); AND
  Note: Examples of relapsing forms of multiple sclerosis include clinically isolated syndrome, relapsing remitting disease, and active secondary progressive disease.
- Ocrevus is prescribed by or in consultation with a physician who specializes in the treatment of multiple sclerosis (MS) and/or a neurologist.

Multiple Sclerosis, Primary Progressive. Approve if the patient meets the following criteria (A and B):

- The patient is ≥ 18 years of age; AND
- Ocrevus is prescribed by or in consultation with a physician who specializes in the treatment of MS and/or a neurologist.

Limitations/Exclusions

1. Concurrent Use with Other Disease-Modifying Agents Used for Multiple Sclerosis (MS). Ocrevus is not indicated for use in combination with other multiple sclerosis disease-modifying therapies and the safety and efficacy have not been adequately established. The concomitant use of Ocrevus with other immune-modulating or immunosuppressive therapies is anticipated to increase the risk of immunosuppression.¹
  Note: Examples include Avonex® (interferon beta-1a injection [intramuscular]), Rebif® (interferon beta-1a injection [subcutaneous]), Betaseron®/Extavia® (interferon beta-1b injection), glatiramer acetate injection (Copaxone®/Glatopa®, generic), Plegridy® (peginterferon beta-1a injection), Gilenya® (fingolimod capsules), Aubagio® (teriflunomide tablets), Mavenclad® (cladribine tablets), Mayzent® (siponimod tablets), Vumerity® (diroximel fumarate delayed-release capsules), Tysabri® (natalizumab injection for intravenous use), Bafiertam™ (monomethyl fumarate delayed-release capsules), dimethyl fumarate delayed-release capsules (Tecfidera®, generic), Zeposia® (ozanimod capsules), Kesimpta® (ofatumumab injection for subcutaneous use), and Lemtrada® (alemtuzumab injection for intravenous use).

2. Coverage is not recommended for circumstances not listed in the Guideline. Criteria will be updated as new published data are available.

Applicable Procedure Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>J2350</td>
<td>Injection, ocrelizumab, 1 mg</td>
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</table>

Applicable NDCs

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>50242-0150-xx</td>
<td>Ocrevus single use vial; 30mg/1ml solution</td>
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</tbody>
</table>

Applicable Diagnosis Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G35</td>
<td>Multiple sclerosis</td>
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</tbody>
</table>

Revision History
1/1/2021
11/11/2020

Criteria apply to Commercial, Medicare, and Medicaid members.

Annual revision.
The following changes were made:

1. **Multiple Sclerosis:** A Note was added after the requirement that the patient have a relapsing form of multiple sclerosis that examples of relapsing forms of multiple sclerosis include clinically isolated syndrome, relapsing remitting disease and active secondary progressive disease.

2. **Conditions Not Recommended for Approval:** For the criteria regarding “Concurrent Use with Other Disease-Modifying Agents Used for Multiple Sclerosis”, examples of agents were added in the Note.

References

1. Ocrevus® injection for intravenous infusion [prescribing information]. San Francisco, CA: Genentech, Inc (a Member of the Roche Group); May 2020.


