COMMON GROUND
HEALTHCARE COOPERATIVE

PHARMACY POLICY STATEMENT
Common Ground Healthcare Cooperative (CGHC

DRUG NAME	Ocrevus (ocrelizumab)
BENEFIT TYPE	Medical
STATUS	Prior Authorization Required

Ocrevus, approved by the FDA in 2017, is a CD20-directed cytolytic antibody 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. It is also indicated for treatment of primary progressive MS in adults. After loading doses, Ocrevus is administered by the provider as IV infusion every 6 months.

Ocrevus (ocrelizumab) will be considered for coverage when the following criteria are met:

Primary Progressive Multiple Sclerosis (PPMS)

For **initial** authorization:
1. Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with a neurologist; AND
3. Member has a documented diagnosis of PPMS; AND
4. Member has a trial and failure of **TWO** preferred brand MS products; AND
5. Member has tested negative for active hepatitis B, or a hepatologist has been consulted; AND
6. Ocrevus will not be used concurrently with another disease-modifying agent for MS.
7. **Dosage allowed/Quantity limit:** 300 mg intravenous infusion, followed two weeks later by a second 300 mg intravenous infusion; then 600 mg intravenous infusion every 6 months.
   QL: 2 vials per 6 months

If all the above requirements are met, the medication will be approved for 12 months.

For **reauthorization**:
1. Chart notes must indicate positive clinical response such as slowed or stabilized rate of disability progression or MRI outcomes (e.g., volume of lesions, change in brain volume).

If all the above requirements are met, the medication will be approved for an additional 12 months.

Relapsing forms of Multiple Sclerosis (MS)

For **initial** authorization:
1. Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with a neurologist; AND
3. Member has a documented diagnosis of relapsing-remitting multiple sclerosis (RRMS), active secondary progressive multiple sclerosis (SPMS), or clinically isolated syndrome (CIS); AND

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4. Member has a trial and failure of **TWO** preferred brand MS products; AND 5. Member has tested negative for active hepatitis B, or a hepatologist has been consulted; AND 6. Ocrevus will not be used concurrently with another disease-modifying agent for MS. 7. **Dosage allowed/Quantity limit:** 300 mg intravenous infusion, followed two weeks later by a second 300 mg intravenous infusion; then 600 mg intravenous infusion every 6 months. Quantity limit: 2 vials per 6 months ***If all the above requirements are met, the medication will be approved for 12 months.***
For **reauthorization**: 1. Chart notes must indicate a positive clinical response such as fewer relapses, slowed or improved disability, or effect on MRI measures (e.g., no new or enlarged brain lesions). ***If all the above requirements are met, the medication will be approved for an additional 12 months.***

CareSource considers Ocrevus (ocrelizumab) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
05/09/2017	New policy for Ocrevus created.
12/06/2017	Age coverage expanded.
08/16/2021	Updated all references. Removed CIS as an exclusion and added it to RRMS criteria. Changed trial of 2 preferred drugs first for RRMS to trial of 1. Removed incorrect diagnostic requirement from RRMS section. Removed diagnostic specifics for PPMS from outdated McDonald criteria. Removed vaccination details. Removed note about switching products. Simplified HBV phrasing. Revised renewal criteria. Added office as site of care.
07/14/2022	Transferred to new template. Added new references. Simplified HBV language. For RRMS, added that they don't have to try another drug first if they have highly active disease.
09/26/2024	PPMS: added trial and failure of TWO preferred brand MS products MS: replaced inadequate response to at least one preferred disease-modifying MS drug with trial and failure of TWO preferred brand MS products, removed trial exception for highly active disease (aggressive or rapidly evolving) in the expert opinion of the prescriber

References:

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11. McGinley MP, Goldschmidt CH, Rae-Grant AD. Diagnosis and Treatment of Multiple Sclerosis: A Review [published correction appears in JAMA. 2021 Jun 1;325(21):2211]. *JAMA*. 2021;325(8):765-779. doi:10.1001/jama.2020.26858

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