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

All other indications are considered experimental/investigational and are not covered benefits.

II. PRESCRIBER SPECIALTIES

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

III. CRITERIA FOR INITIAL APPROVAL

A. Relapsing Forms of Multiple Sclerosis

Authorization of 12 months may be granted to members who are 18 years of age or older for the treatment of relapsing forms of MS when at least ONE of the following criteria is met:
1. The member is newly diagnosed with MS.
2. The member is new to treatment with disease modifying therapy.
3. For members who have previously received or are currently receiving disease modifying therapy: The member's disease is not currently stabilized on existing disease modifying therapy as evidenced by disease progression or occurrence of an intolerable adverse event.

B. Primary Progressive Multiple Sclerosis

Authorization of 12 months may be granted to members who are 18 years of age or older for the treatment of primary progressive MS.

IV. CONTINUATION OF THERAPY

A. Relapsing Forms of Multiple Sclerosis

Authorization of 12 months may be granted to members requesting continuation of therapy for the treatment of relapsing forms of MS when the member has experienced disease improvement or slowing of disease progression (eg, decrease in the number of relapses, improvement or no decline in Kurtzke Expanded Disability Status Scale [EDSS] or in MRI findings) since initiating Ocrevus therapy.

B. Primary Progressive Multiple Sclerosis

Authorization of 12 months may be granted to members requesting continuation of therapy for the treatment of primary progressive MS when the member has experienced slowing of disease progression (eg, no decline in EDSS or MRI findings) since initiating Ocrevus therapy.

V. REFERENCES

1. Ocrevus [package insert]. South San Francisco, CA: Genentech, Inc.; March 2017.