UTILIZATION MANAGEMENT MEDICAL POLICY

POLICY: Multiple Sclerosis (Injectable – CD20-Directed Cytolytic Antibody) – Ocrevus Utilization Management Medical Policy
- Ocrevus® (ocrelizumab intravenous infusion – Genentech/Roche)

REVIEW DATE: 07/23/2025; selected revision 09/03/2025

OVERVIEW

Ocrevus is a CD20-directed cytolytic antibody indicated for the treatment of:[1]

- **Relapsing forms of multiple sclerosis** (MS) to include clinically isolated syndrome, relapsing remitting MS, and active secondary progressive MS, in adults.
- **Primary progressive MS**, in adults.

Disease Overview

MS is a chronic, inflammatory, demyelinating, autoimmune disease of the central nervous system that impacts almost 1,000,000 people in the US.[2-4] The condition is marked by inflammation and demyelination, as well as degenerative alterations. Patients usually experience relapses and remissions in their neurological symptoms. For most patients, the onset of MS symptoms occurs when patients are 20 to 40 years of age; however, children can get MS and new onset disease can occur in older adults. The MS disease course is heterogeneous but has some patterns. Approximately 85% to 90% of patients have a relapsing pattern at onset. However, this transitions over time in patients who are untreated to a worsening with very few or no relapses or magnetic resonance imaging (MRI) activity (secondary progressive MS). Around 10% to 15% of patients have a steady progression of symptoms over time (primary progressive MS), marked by some clinical manifestations or by MRI activity. Primary progressive MS is generally diagnosed in patients on the upper level of the typical age range (e.g., almost 40 years of age) and the distribution is equivalent among the two genders.[2-4] Advances in the understanding of the MS disease process, as well as in MRI technology, spurned updated disease course descriptions in 2013,[5] as well as in 2017.[6] The revised disease courses are clinically isolated syndrome, relapsing remitting MS, primary progressive MS, and secondary progressive MS.[2-6] Clinically isolated syndrome is now more recognized among the course descriptions of MS. It is the first clinical presentation of MS that displays characteristics of inflammatory demyelination that may possibly be MS but has yet to fulfill diagnostic criteria.

Guidelines

In September 2019, a consensus paper was updated by the MS Coalition that discusses the use of disease-modifying therapies in MS.[2] Many options from various disease classes, involving different mechanisms of action and modes of administration, have shown benefits in patients with MS.

POLICY STATEMENT

Prior Authorization is recommended for medical benefit coverage of Ocrevus. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indications. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Ocrevus as well as the monitoring required for adverse events and long-term efficacy, approval requires Ocrevus to be prescribed by or in consultation with a physician who specializes in the condition being treated.

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Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Ocrevus is recommended in those who meet one of the following criteria:

FDA-Approved Indications

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1. Multiple Sclerosis, Relapsing Forms. Approve for 1 year if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve for 1 year if the patient meets ALL of the following (i, ii, and iii):

i. Patient is ≥ 18 years of age; AND

ii. Patient has a relapsing form of multiple sclerosis; AND
Note: Examples of relapsing forms of multiple sclerosis include clinically isolated syndrome, relapsing remitting disease, and active secondary progressive disease.

iii. Medication is prescribed by or in consultation with a neurologist or a physician who specializes in the treatment of multiple sclerosis; OR

B) Patient is Currently Receiving Ocrevus for ≥ 1 Year. Approve if the patient meets ALL of the following (i, ii, iii, and iv):
Note: A patient who has received < 1 year of therapy or who is restarting therapy with Ocrevus should be considered under criterion 1A (Multiple Sclerosis [Relapsing Forms], Initial Therapy).

i. Patient is ≥ 18 years of age; AND

ii. Patient has a relapsing form of multiple sclerosis; AND
Note: Examples of relapsing forms of multiple sclerosis include clinically isolated syndrome, relapsing remitting disease, and active secondary progressive multiple sclerosis.

iii. Patient meets ONE of the following [(1) or (2)]:

(1) Patient experienced a beneficial clinical response when assessed by at least one objective measure; OR
Note: Examples include stabilization or reduced worsening in disease activity as evaluated by magnetic resonance imaging (MRI) [absence or a decrease in gadolinium enhancing lesions, decrease in the number of new or enlarging T2 lesions]; stabilization or reduced worsening on the Expanded Disability Status Scale (EDSS) score; achievement in criteria for No Evidence of Disease Activity-3 (NEDA-3) or NEDA-4; improvement on the fatigue symptom and impact questionnaire-relapsing multiple sclerosis (FSIQ-RMS) scale; reduction or absence of relapses; improvement or maintenance on the six-minute walk test or 12-Item Multiple Sclerosis Walking Scale; improvement on the Multiple Sclerosis Functional Composite (MSFC) score; and/or attenuation of brain volume loss.

(2) Patient experienced stabilization, slowed progression, or improvement in at least one symptom such as motor function, fatigue, vision, bowel/bladder function, spasticity, walking/gait, or pain/numbness/tingling sensation; AND

iv. Medication is prescribed by or in consultation with a neurologist or a physician who specializes in the treatment of multiple sclerosis.

Dosing. Approve the following dosing regimens (A and/or B):

A) Initial Dosing: 300 mg by intravenous infusion, followed 2 weeks later by a second 300 mg intravenous infusion; AND/OR

B) Maintenance Dosing: 600 mg by intravenous infusion once every 6 months.

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2. **Multiple Sclerosis, Primary Progressive.** Approve for 1 year if the patient meets BOTH of the following (A and B):
   A) Patient is ≥ 18 years of age; AND
   B) Ocrevus is prescribed by or in consultation with a neurologist or a physician who specializes in the treatment of multiple sclerosis.

   Dosing. Approve the following dosing regimens (A and/or B):
   A) Initial Dosing: 300 mg by intravenous infusion, followed 2 weeks later by a second 300 mg intravenous infusion; AND/OR
   B) Maintenance Dosing: 600 mg by intravenous infusion once every 6 months.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Ocrevus is not recommended in the following situations:

1. **Concurrent Use with Other Disease-Modifying Agents Used for Multiple Sclerosis.** These agents are not indicated for use in combination (See Appendix for examples). Additional data are required to determine if use of disease-modifying multiple sclerosis agents in combination is safe and provides added efficacy.

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

REFERENCES

1. Ocrevus® intravenous infusion [prescribing information]. San Francisco, CA: Genentech/Roche; June 2024.
2. A Consensus Paper by the Multiple Sclerosis Coalition. The use of disease-modifying therapies in multiple sclerosis. Updated September 2019.
3. McGinley MP, Goldschmidt C, Rae-Grant AD. Diagnosis and treatment of multiple sclerosis. A review. *JAMA*. 2021;325(8):765-779.
4. The Medical Letter on Drugs and Therapeutics. Drugs for multiple sclerosis. *Med Lett Drugs Ther*. 2021;63(1620):42-48.
5. Lublin FD, Reingold SC, Cohen JA, et al. Defining the clinical course of multiple sclerosis: the 2013 revisions. *Neurology*. 2014;83:278-286.
6. Thompson AJ, Banwell BL, Barkhof F, et al. Diagnosis of multiple sclerosis: 2017 revisions of the McDonald criteria. *Lancet Neurol*. 2018;17(2):162-173.

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HISTORY

Type of Revision	Summary of Changes	Review Date
Selected Revision	**Multiple Sclerosis. Relapsing Forms:** For initial criteria, the criterion was removed that according to the prescriber, the patient has experienced inadequate efficacy or significant intolerance to one disease-modifying agent used for multiple sclerosis. The criteria regarding use of Ocrevus for < 1 year was deleted as now it is the same as initial criteria. For the criteria regarding the patient is currently receiving Ocrevus for 1 year or more, a Note was added stating that a patient who has received < 1 year of therapy or who is restarting therapy with Ocrevus should be considered under criteria for Multiple Sclerosis (Relapsing Forms) [Initial Therapy]. **Conditions Not Recommended for Approval:** Regarding Concurrent Use with Other Disease-Modifying Agents for Multiple Sclerosis, Briumvi was added to the list of examples provided in the Appendix table.	03/01/2023
Early Annual Revision	No criteria changes.	11/15/2023
Update	05/14/2024: No criteria changes. Manufacturer changed from Biogen to Genentech/Roche.	NA
Annual Revision	Ocrevus Zunovo added to the Appendix.	10/09/2024
Early Annual Revision	Extavia was removed from the Appendix. The name of the policy was changed to add "Injectable – CD20-Directed Cytolytic Antibody".	07/23/2025
Selected Revision	Dosing for Multiple Sclerosis (Relapsing Forms) and Multiple Sclerosis (Primary Progressive) were revised to divide into Initial Dosing and Maintenance Dosing. Also, instead of approving only one of the following cited regimens, wording was changed so that one or both of the dosing regimens could be approved.	09/03/2025

APPENDIX

Medication	Mode of Administration
Aubagio® (teriflunomide tablets, generic)	Oral
Avonex® (interferon beta-1a intramuscular injection)	Injection (self-administered)
Bafiertam® (monomethyl fumarate delayed-release capsules)	Oral
Betaseron® (interferon beta-1b subcutaneous injection)	Injection (self-administered)
Briumvi® (ublituximab-xiiy intravenous infusion)	Intravenous infusion
Copaxone® (glatiramer acetate subcutaneous injection, generic)	Injection (self-administered)
Gilenya® (fingolimod capsules, generic)	Oral
Glatopa® (glatiramer acetate subcutaneous injection)	Injection (self-administered)
Kesimpta® (ofatumumab subcutaneous injection)	Injection (self-administered)
Lemtrada® (alemtuzumab intravenous infusion)	Intravenous infusion
Mavenclad® (cladribine tablets)	Oral
Mayzent® (siponimod tablets)	Oral
Ocrevus® (ocrelizumab intravenous infusion)	Intravenous infusion
Ocrevus Zunovo™ (ocrelizumab and hyaluronidase-ocsq subcutaneous injection)	Subcutaneous injection (not self-administered)
Plegridy® (peginterferon beta-1a subcutaneous or intramuscular injection)	Injection (self-administered)
Ponvory® (ponesimod tablets)	Oral
Rebif® (interferon beta-1a subcutaneous injection)	Injection (self-administered)
Tascenso ODT® (fingolimod orally disintegrating tablets)	Oral
Tecfidera® (dimethyl fumarate delayed-release capsules, generic)	Oral
Tyruko® (natalizumab-sztn intravenous infusion)	Intravenous infusion
Tysabri® (natalizumab intravenous infusion)	Intravenous infusion
Vumerity® (diroximel fumarate delayed-release capsules)	Oral
Zeposia® (ozanimod capsules)	Oral

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