Mass General Brigham
Health Plan

Ocrevus (ocrelizumab)
Ocrevus Zunovo (ocrelizumab and hyaluronidase-ocsq)
Effective 11/01/2025

<table>
<tr><td>Plan</td><td>☐ MassHealth UPPL
☒Commercial/Exchange</td><td rowspan="2">Program Type</td><td rowspan="2">☒ Prior Authorization
☒ Quantity Limit
☐ Step Therapy</td></tr>
<tr><td>Benefit</td><td>☒ Pharmacy Benefit
☒ Medical Benefit</td></tr>
<tr><td>Specialty Limitations</td><td colspan="3">This medication has been designated specialty and must be filled at a contracted specialty pharmacy.</td></tr>
<tr><td rowspan="4">Contact Information</td><td colspan="3">Medical and Specialty Medications</td></tr>
<tr><td>All Plans</td><td>Phone: 877-519-1908</td><td>Fax: 855-540-3693</td></tr>
<tr><td colspan="3">Non-Specialty Medications</td></tr>
<tr><td>All Plans</td><td>Phone: 800-711-4555</td><td>Fax: 844-403-1029</td></tr>
<tr><td>Exceptions</td><td colspan="3">N/A</td></tr>
</table>

Overview

Ocrevus (ocrelizumab) and Ocrevus Zunovo (ocrelizumab and hyaluronidase-ocsq) are indicated for the treatment of:

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

Coverage Guidelines

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted when the following criteria is met:

1. Member has one of the following diagnoses:
    a. Relapsing forms of multiple sclerosis (including clinically isolated syndrome, relapsing-remitting and secondary progressive disease)
    b. Primary progressive multiple sclerosis
2. Member is 18 years of age or older
3. Requested medication is prescribed by or in consultation with a neurologist

<u>Continuation of Therapy</u>

Requests for reauthorization will be approved when the following criteria are met:

1. Documentation the member is experiencing disease stability or improvement on the requested medication

Limitations

1. Approvals will be granted for 12 months.

2. The following quantity limitations apply to the pharmacy benefit:

Drug Name and Dosage Form	Quantity Limits
Ocrevus vial	2 vials per 24 weeks
Orevus Zunovo injection	1 vial per 24 weeks

References

1. Ocrevus (ocrelizumab) [prescribing information]. South San Francisco, CA: Genentech, Inc.; June 2024.
2. Ocrevus Zunovo (ocrelizumab and hyaluronidase-ocsq) [prescribing information]. South San Francisco, CA: Genentech, Inc.; September 2024.

Review History

12/13/2023: Reviewed at Dec P&T, switched from SGM to Custom. Effective 1/1/2024
12/11/2024 – Reviewed and updated at December P&T. Added Ocrevus Zunovo to policy and covering at parity with Ocrevus. Streamlined diagnosis language and removed requirement that the member is not using the requested medication concomitantly with other disease modifying MS agents. Effective 03/01/2025.
07/11/2025 – Reviewed and updated at July P&T. Updated initial criteria to require member is 18 years of age or older to align with FDA-approved package labeling. Added requirement that requested medication is prescribed by or in consultation with a neurologist. Updated reauthorization criteria to require documentation of disease stability or improvement. Effective 11/01/2025.