Mass General Brigham
Health Plan

Ocrevus (ocrelizumab)
Ocrevus Zunovo (ocrelizumab and hyaluronidase-ocsq)
Effective 03/01/2025

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

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

<u>Continuation of Therapy</u>
Requests for reauthorization will be approved when the following criteria are met:

1. Member is experiencing disease stability or improvement

Limitations

1. Approvals will be granted for 12 months.
2. The following quantity limitations apply:

Drug Name and Dosage Form	Quantity Limits
Ocrevus vial	2 vials per 24 weeks

Orevus Zunovo	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.