Mass General Brigham
Health Plan

Ocrevus (ocrelizumab)
Effective 01/01/2024

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

FDA-Approved Indications:

1. Ocrevus is indicated for the treatment of patients with relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults.
2. Ocrevus is indicated for the treatment of primary progressive MS, in adults.

All other indications are considered experimental/investigational and not medically necessary.

Coverage Guidelines

Authorization may be granted for members new to the plan 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. Diagnosis-specific criteria:
   - **A. Relapsing Forms of Multiple Sclerosis**
     Authorization of may be granted to members who have been diagnosed with a relapsing form of multiple sclerosis (including relapsing-remitting and secondary progressive disease for those who continue to experience relapse).
   - **B. Clinically isolated syndrome**
     Authorization may be granted to members for the treatment of clinically isolated syndrome of multiple sclerosis.
   - **C. Primary Progressive Multiple Sclerosis**
     Authorization may be granted to members for the treatment of primary progressive multiple sclerosis.

2. Members will not use Ocrevus concomitantly with other disease modifying multiple sclerosis agents (Note: Ampyra and Nuedexta are not disease modifying).

Continuation of Therapy

Authorization for all indications may be granted for members who are experiencing disease stability or improvement while receiving Ocrevus.

Limitations

1. Approvals will be granted for 12 months.

References

1. Ocrevus [package insert]. South San Francisco, CA: Genentech, Inc.; November 2019.

Review History

12/13/2023: Reviewed at Dec P&T, switched from SGM to Custom. Effective 1/1/2024