

Ocrevus (ocrelizumab)
Ocrevus Zunovo (ocrelizumab and hyaluronidase-ocsq)
 Effective 01/01/2026

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange		Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit			<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.			
Contact Information	Medical Benefit Pharmacy Benefit		Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 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

Continuation of Therapy

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 on the pharmacy benefit:

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

10/08/2025 – Reviewed at October P&T. Updated policy to indicate that it no longer applies to the medical benefit. Effective 01/01/2026.

