

Multiple Sclerosis
Ocrevus (ocrelizumab)
Ocrevus Zunovo (ocrelizumab hyaluronidase-ocsq)
Effective 06/01/2025

Plan	<input checked="" type="checkbox"/> MassHealth UPPL <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Notes	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
	Ocrevus and Ocrevus Zunovo are also available on the pharmacy benefit. Please see the MassHealth Drug List for coverage and criteria.		
	Additional agents from this class are available through the pharmacy benefit. Please see the MassHealth Drug List for coverage and criteria.		

Overview

Ocrevus is indicated for the treatment of:

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

Ocrevus Zunovo is for subcutaneous use in the abdomen only. It has a different dosage and administration instructions than intravenous ocrelizumab.

Coverage Guidelines

Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members when all the following criteria are met:

1. Diagnosis of ONE of the following:
 - a. Clinically isolated syndrome
 - b. Relapse-remitting multiple sclerosis
 - c. Active secondary-progressive multiple sclerosis
 - d. Primary progressive multiple sclerosis
2. Prescriber is a neurologist or consult notes from a neurology office are provided
3. For diagnosis of CIS, RRMS, and active SPMS, inadequate response, adverse reaction, or contraindication to Briumvi

4. **ONE** of the following:
 - a. For **Ocrevus (ocrelizumab)**, the requested dose is 600 mg every 6 months (if member is initiating therapy, first 600 mg dose is given as a 300 mg infusion on day 1 followed by a second 300 mg infusion two weeks later)
 - b. For **Ocrevus Zunovo (ocrelizumab/hyaluronidase-ocsq)**, the requested dose is 920 mg/23,000 units every 6 months

Continuation of Therapy

- For **PPMS** and **RRMS**: Reauthorization requires physician attestation of continuation of therapy and positive response to therapy.
- For **SPMS**: Reauthorization requires physician attestation of active disease, continuation of therapy and positive response to therapy.
- For **CIS**: Reauthorization will be evaluated on a case by case basis.

Limitations

1. Initial authorizations and reauthorizations will be granted for 12 months

References

1. National Multiple Sclerosis Society [homepage on the internet]. National Multiple Sclerosis Society; 2014 [cited 2014 Aug 15]. Available at: <http://www.nationalmssociety.org/>.
2. Fox RJ, Miller DH, Phillips T, Hutchinson M, Havrdova E, Kita M et al. Placebo-controlled phase 3 study of oral BG-12 or glatiramer in multiple sclerosis. *N Engl J Med*. 2012;367:1087-97.
3. Gold R, Kappos L, Arnold DL, Bar-Or A, Giovannoni G, Selmaj K et al. Placebo-controlled phase 3 study of oral BG-12 for relapsing multiple sclerosis. *N Engl J Med*. 2012(a);367:1098-107.
4. Goodin DS, Frohman EM, Garmany GP. Disease modifying therapies in multiple sclerosis: report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology and the MS Council for Clinical Practice Guidelines. *Neurology*. 2002;58(2):169-78.
5. Ocrevus [package insert]. South San Francisco (CA): Genentech, Inc.; 2024 Jan.
6. Ocrevus Zunovo® [package insert]. South San Francisco (CA): Genentech, Inc.; 2024 Sep.

Review History

04/25/2016 – Reviewed

04/24/2017 – Reviewed

04/17/2019 – Reviewed in P&T Meeting

10/06/2020 – Effective 1/1/21 Updated to be in compliance with the Masshealth partial unified formulary requirements

05/19/2021 – Reviewed and Updated per MH UPPL; Vumerity added as an acceptable trial for certain agents (Mayzent, Zeposia). Mayzent and Zeposia criteria updated to have medical necessary use of Gilenya and previous use of ONE other medication. Verbiage changes for “Prescriber is a neurologist or consult notes from a neurology office are provided”. Effective 07/01/2021

11/17/2021 – Reviewed and Updated; Updated to include 2 new agents Ponvory and Mavenclad. Aubagio will be preferred. Matched criteria to MH UPPL for effective 1/1/22



03/16/2022 – Reviewed and Updated for March P&T; Guideline updated to reflect that Gilenya is no longer brand preferred. Clarified Gilenya criteria to remove question requiring step through of the generic as the agent is not yet generically available. Effective 5/1/22.

11/16/2022 – Reviewed and updated for November P&T. Gilenya becomes a brand preferred product as the generic fingolimod becomes available. Tecfidera was removed as a brand preferred product. Effective 2/1/23.

03/15/23 - Reviewed and updated for Mar P&T. Added criteria for Extavia, Ocrevus, Plegridy, Tascenso to policy. Changed Gilenya to fingolimod capsules throughout policy. Effective 4/1/23.

05/10/23 – Reviewed and updated for P&T. Updated policy to include new strength and criteria for Tascenso ODT 0.5 mg. Added weight requirement to Tascenso ODT. Effective 6/5/23

07/12/23 – Reviewed and updated for P&T. Brand preferred and mandatory generic language was added under Limitations. Added new drug, Briumvi® (ublituximab-xiyy), requiring PA through pharmacy and medical benefits. Briumvi was added as a step through option for Ocrevus for requests under PB. Dalfampridine, dimethyl fumarate, fingolimod and teriflunomide will only require PA if above QL. Effective 7/31/23

09/13/23 – Reviewed and updated for P&T. Consolidated Ocrevus and Briumvi into a single alternative option given the same mechanism of action. Effective 10/2/23

04/09/25 – Reviewed and updated for P&T. Added Ocrevus Zunovo to criteria. Removed all Rx benefit drugs as these can be found on the MHDL. Split Briumvi and Ocrevus to have individual policies. Effective 5/12/25

5/14/25 – Reviewed and updated for P&T. Criteria was added to Ocrevus: “for diagnosis of CIS, RRMS, and active SPMS, inadequate response, adverse reaction, or contraindication to Briumvi”. Effective 6/1/25

