Ocrevus (ocrelizumab), Ocrevus Zunovo (ocrelizumab-hyaluronidase-ocsq)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications	Quantity Limit
Ocrevus (ocrelizumab) Ocrevus Zunovo (ocrelizumab/hyaluronidase-ocsq)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Ocrevus (ocrelizumab) and Ocrevus Zunovo (ocrelizumab/hyaluronidase-ocsq) may be approved if the following criteria are met:

I. Individual has a diagnosis of primary progressive multiple sclerosis (PPMS); **AND**
II. Individual is able to ambulate more than 5 meters (not considered wheelchair bound);

OR

III. Individual has a diagnosis of relapsing multiple sclerosis (RMS) (including clinically isolated syndrome, relapsing-remitting disease or active secondary progressive disease); **AND**
IV. Individual is able to ambulate without aid or rest for at least 100 meters; **AND**
V. If initiating therapy, individual has experienced at least two relapses within the previous two years or one relapse within the previous year;

AND

VI. Documentation is provided that individual has been on Ocrevus (ocrelizumab) or Ocrevus Zunovo (ocrelizumab/hyaluronidase-ocsq). Medication samples/coupons/discount cards are excluded from consideration as a trial.;

OR

VII. Documentation has been provided that individual has had a trial and inadequate response (including but not limited to clinical relapse, new or enlarged lesions on MRI or disability progression) or intolerance to dimethyl fumarate (generic Tecfidera). Medication samples/coupons/discount cards are excluded from consideration as a trial.;

OR

VIII. Documentation is provided that individual has high disease activity despite treatment with fingolimod (Gilenya, Tascenso ODT) defined as the following (AAN 2018, Devonshire 2012):

A. At least one relapse in the previous year while on therapy; **AND**
B. At least 9 T_2-hyperintense lesions in cranial MRI;

OR
C. At least one Gadolinium-enhancing lesion;

OR

IX. Documentation is provided that individual is requesting Ocrevus or Ocrevus Zunovo (ocrelizumab/hyaluronidase-ocsq) for the treatment of primary progressive multiple sclerosis.

AND

I. Documentation is provided that individual is unable to receive intravenous Ocrevus due to no venous access if requesting Ocrevus Zunovo (ocrelizumab/hyaluronidase-ocsq).

Ocrevus (ocrelizumab) and Ocrevus Zunovo (ocrelizumab/hyaluronidase-ocsq) may not be approved for the following:

I. Individual has active hepatitis B or hepatitis C virus infection or another active infection at initiation of therapy; **OR**
II. Individual has a history of life-threatening infusion reaction to Ocrevus (ocrelizumab)/ Ocrevus Zunovo (ocrelizumab/hyaluronidase-ocsq); **OR**
III. Individual is using to treat non-active secondary progressive multiple sclerosis; **OR**
IV. Individual is using to treat systemic lupus erythematosus; **OR**
V. Individual is using to treat rheumatoid arthritis; **OR**
VI. Use in combination with other MS disease modifying agents (including Aubagio, Avonex, Bafiertam, Betaseron, Briumvi, Copaxone/ Glatiramer/Glatopa, Extavia, Gilenya, Kesimpta, Lemtrada, Mavenclad, Mayzent, Plegridy, Ponvory, Rebif, Tascenso ODT, Tecfidera, Tysabri, Vumerity and Zeposia); **OR**
VII. May not be approved when the above criteria are not met and for all other indications.

Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: October 20, 2023.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Expanded Disability Status Scale (EDSS). Department of Veterans Affairs: Multiple Sclerosis Centers for Excellence. Last updated: March 18, 2021. Available at:

https://www.va.gov/MS/Professionals/diagnosis/Kurtzke_Expanded_Disability_Status_Scale.asp. Accessed: October 20, 2023.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc. Updated periodically.
5. Olek MJ, Howard J. Clinical presentation, course and prognosis of multiple sclerosis in adults. Last updated: August 30, 2023. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. Accessed: October 19, 2023.
6. Rae-Grant A, Day GS, Marrie RA, et al. Practice guideline recommendations summary: Disease-modifying therapies for adults with multiple sclerosis. Report of the Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology. Neurology. 2018; 90: 777-788. Available from: https://www.aan.com/Guidelines/home/GuidelineDetail/898. Accessed: October 27, 2023.