

Reference number(s)
1707-A

## SPECIALTY GUIDELINE MANAGEMENT

### OCREVUS (ocrelizumab)

#### POLICY

##### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered covered benefits provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications:

Ocrevus is indicated for the treatment of adult patients with relapsing or primary progressive forms of multiple sclerosis (MS).

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

##### II. CRITERIA FOR INITIAL APPROVAL

###### A. Relapsing Forms of Multiple Sclerosis

Authorization of 12 months may be granted to members with a diagnosis of a relapsing form of MS who have had an inadequate response, intolerance or contraindication to at least one alternative medication indicated for multiple sclerosis.

###### B. Primary Progressive Multiple Sclerosis

Authorization of 12 months may be granted to members for the treatment of primary progressive MS.

##### III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

##### IV. REFERENCES

1. Ocrevus [package insert]. South San Francisco, CA: Genentech, Inc.; March 2017.