Reference number(s)
2689-A

STANDARD MEDICARE PART B MANAGEMENT

OCREVUS (ocrelizumab)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit 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 patients with relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults. Ocrevus is also indicated for the treatment of primary progressive MS, in adults.

All other indications will be assessed on an individual basis. Submissions for indications other than those enumerated in this policy should be accompanied by supporting evidence from Medicare approved compendia.

II. CRITERIA FOR INITIAL APPROVAL

A. Relapsing Forms of Multiple Sclerosis
Authorization of 24 months 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 of 24 months may be granted to members for the treatment of clinically isolated syndrome of multiple sclerosis.

C. Primary Progressive Multiple Sclerosis
Authorization of 24 months may be granted for treatment of primary progressive multiple sclerosis.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

Authorization for 24 months may be granted when all of the following criteria are met:
1. The member is currently receiving therapy with Ocrevus.
2. Ocrevus is being used to treat an indication enumerated in Section II.
3. The member is receiving benefit from therapy.

IV. REFERENCES

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