

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	NA

*FHK- Florida Healthy Kids

Ocrevus (ocrelizumab)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications	Quantity Limit
Ocrevus (ocrelizumab)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Ocrevus (ocrelizumab) 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); **AND**
- IV. Individual is able to ambulate without aid or rest for at least 100 meters; **AND**
- V. Individual has experienced at least two relapses within the previous two years or one relapse within the previous year.

Ocrevus (ocrelizumab) 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);

OR

- III. Individual is using to treat 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. Concurrent use with other MS disease modifying agents (such as Aubagio, Gilenya, Tecfidera, Tysabri, Lemtrada, Copaxone/Glatopa, Extavia, Rebif, Avonex, Plegridy, or Betaseron).

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	NA

*FHK- Florida Healthy Kids

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: June 28, 2018.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.
5. Olek MJ, Gonzalez-Scarano F, Dashe JF. Clinical presentation, course and prognosis of multiple sclerosis in adults. Last updated June 28, 2018. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. Accessed: June 29, 2018.
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: June 28, 2018.
7. Tarver, M. Kurtzke Expanded Disability Status Scale (EDSS). Department of Veterans Affairs: Multiple Sclerosis Centers for Excellence. Last Updated on June 21, 2017. Available at: http://www.va.gov/MS/Professionals/Diagnosis/Kurtzke_Expanded_Disability_Status_Scale.asp. Accessed on June 29, 2017.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.