I. Medication Description

The precise mechanism by which ocrelizumab exerts its therapeutic effects in multiple sclerosis is unknown, but is presumed to involve binding to CD20, a cell surface antigen present on pre-B and mature B lymphocytes. Following cell surface binding to B lymphocytes, ocrelizumab results in antibody-dependent cellular cytolysis and complement-mediated lysis.

II. Position Statement

Coverage is determined through a prior authorization process with supporting clinical documentation for every request.

III. Policy

Coverage for Ocrevus is provided when the following criteria are met:

- For Relapsing forms of Multiple Sclerosis (MS):
  - Prescribing physician must be a neurologist AND
  - Member is 18 years of age or older AND
  - Member has an active, relapsing form of multiple sclerosis (relapsing remitting MS [RRMS], secondary-progressive MS [SPMS] with relapses, or progressive-relapsing MS [PRMS])

- For Primary Progressive MS:
  - Prescribing physician must be a neurologist AND
  - Member is 18 years of age or older

IV. Quantity Limitations

1200mg per each year are covered (allows for initial dosing schedule of 300mg at weeks 0 and 2, followed by 600mg every 6 months).

V. Coverage Duration

Coverage is provided for 12 months and may be renewed.

VI. Coverage Renewal Criteria

Coverage can be renewed based upon the following criteria:
• Member displays a reduction in the accumulation of physical disability and/or frequency of clinical exacerbations and/or demonstrated imaging benefits AND
• Absence of unacceptable toxicity from the drug

VII. Billing/Coding Information

• Available as 10mL vials containing ocrelizumab 30mg/1mL
• J2350: 1 billable unit = 1 mg
• Pertinent diagnosis- Multiple Sclerosis: G35

VIII. Summary of Policy Changes

• 7/18/17: new policy
• 10/11/17: no policy changes
• 1/1/18: billing/coding information updated

IX. References

1. UpToDate Online, retrieved August 2017.

The Plan fully expects that only appropriate and medically necessary services will be rendered. The Plan reserves the right to conduct pre-payment and post-payment reviews to assess the medical appropriateness of the above-referenced therapies.

The preceding policy is a guideline to allow for coverage of the pertinent medication/product, and is not meant to serve as a clinical practice guideline.