

Standard Medicare Part B Management

Ocrevus—Ocrevus Zunovo

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Ocrevus	ocrelizumab
Ocrevus Zunovo	ocrelizumab and hyaluronidase-ocsq

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^{1,2}

- Treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults.
- Treatment of primary progressive MS, in adults.

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

Coverage Criteria

Relapsing Forms of Multiple Sclerosis^{1,2}

Authorization of 12 months may be granted to members who have been diagnosed with a relapsing form

Reference number(s)
2689-A

of multiple sclerosis (including relapsing-remitting and secondary progressive disease for those who continue to experience relapse).

Clinically Isolated Syndrome^{1,2}

Authorization of 12 months may be granted to members for treatment of clinically isolated syndrome of multiple sclerosis.

Primary Progressive Multiple Sclerosis^{1,2}

Authorization of 12 months may be granted to members for treatment of primary progressive multiple sclerosis.

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 12 months may be granted when all of the following criteria are met:

- The member is currently receiving therapy with Ocrevus and Ocrevus Zunovo.
- Ocrevus is being used to treat an indication in the coverage criteria section.
- The member is receiving benefit from therapy.

Summary of Evidence

The contents of this policy were created after examining the following resources:

- The prescribing information for Ocrevus and Ocrevus Zunovo.
- The available compendium
 - National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
 - Micromedex DrugDex
 - American Hospital Formulary Service- Drug Information (AHFS-DI)
 - Lexi-Drugs
 - Clinical Pharmacology
- Practice guideline recommendations summary: Disease-modifying therapies for adults with multiple sclerosis.

After reviewing the information in the above resources, the FDA-approved indications listed in the prescribing information for the requested drug are covered.

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Explanation of Rationale

Support for FDA-approved indications can be found in the manufacturer's prescribing information.

References

1. Ocrevus [package insert]. South San Francisco, CA: Genentech, Inc.; June 2024.
2. Ocrevus Zunovo [package insert]. South San Francisco, CA: Genentech, Inc.: September 2024.
3. Rae-Grant A, Day G, Marrie R, et al. Practice guideline recommendations summary: Disease-modifying therapies for adults with multiple sclerosis. *Neurology*. 2018;90(17):777-788.