

Policy Name:	Ocrevus (ocrelizumab)	Policy #:	2593P
---------------------	-----------------------	------------------	-------

Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Ocrevus.

Statement of the Policy

Health Alliance Medical Plans and Health Alliance Northwest will approve the use of Ocrevus under the specialty medical benefit when the following criteria have been met.

Criteria

- 1. Coverage Criteria for Primary Progressive Multiple Sclerosis (PPMS)**
 - 1.1 Diagnosis of Primary Progressive Multiple Sclerosis
 - 1.2 Ordered by a neurologist (nervous system doctor)
- 2. Coverage Criteria for Relapsing forms of Multiple Sclerosis (RMS)**
 - 2.1 Ordered by a neurologist (nervous system doctor)
 - 2.2 Diagnosis of relapsing forms of multiple sclerosis with intent to reduce the frequency of clinically acute worsening of disease, OR diagnosis of first clinical episode and have MRI features consistent with multiple sclerosis
- 3. Exclusion Criteria**
 - 3.1 Documentation of Hepatitis B Virus Infection
- 4. Approval Period**
 - 4.1 Initial: 12 months

CPT Codes

--	--

HCPCS Codes

J2350	Injection, ocrelizumab, 1 mg
-------	------------------------------

References

1. Ocrevus (ocrelizumab) [prescribing information]. South San Francisco, CA: Genetech, Inc; January 2024.
2. Rae-Grant A, Day GS, Marrie RA, et al. Practice guideline recommendations summary: Disease-modifying therapies for adults with multiple sclerosis. *Neurology*. 2018 Apr 24;90(17):777-788.

Created Date: 08/09/17

Effective Date: 08/09/17

Posted to Website: 01/01/22

Revision Date: 08/07/24

DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ SummaryPlan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.