

Ocrelizumab (Ocrevus, Ocrevus Zunovo)

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

Summary

Multiple sclerosis (MS) is a chronic, inflammatory, demyelinating disease of the central nervous system. It typically presents in young adults with symptoms such as vision problems, muscle weakness, numbness, and difficulty with balance and coordination. The most common form is relapsing-remitting MS, characterized by acute attacks followed by periods of remission. Treatment goals include reducing relapses, slowing disability progression, and managing symptoms. Disease-modifying therapies are the primary treatment approach and include injectable medications (interferons, glatiramer acetate), oral medications (dimethyl fumarate, fingolimod, teriflunomide, etc.), and infusion therapies (natalizumab, ocrelizumab).

Ocrelizumab is a humanized monoclonal antibody that selectively targets CD20-positive B cells. It is approved for:

- Relapsing forms of MS (including clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease).
- Primary progressive MS (PPMS).

Ocrelizumab is available in two formulations:

1. Ocrevus: Intravenous (IV) formulation.
2. Ocrevus Zunovo: Subcutaneous (SC) formulation containing ocrelizumab and hyaluronidase-ocsq.

Definitions

"**Clinically isolated syndrome**" refers to a first episode of neurologic symptoms lasting at least 24 hours caused by inflammation or demyelination in the central nervous system.

"**Disease-modifying therapy**" is a medication that modifies the course of MS by reducing relapses and slowing disability progression.

"**EDSS**" or "**Expanded Disability Status Scale**" refers to the most widely utilized MS assessment tool that consists of an ordinal clinical rating scale with half point increments ranging from 0 (normal neurologic examination) to 10 (death due to MS).

"**Multiple sclerosis**" is a chronic autoimmune disease of the central nervous system characterized by inflammation, demyelination, and neurodegeneration.

"**Primary Progressive MS (PPMS)**" is a form of MS characterized by worsening neurologic function from the onset of symptoms, without early relapses or remissions.

"**Relapse**" is defined as the appearance of new symptoms or the worsening of existing symptoms lasting at least 24 hours in the absence of fever or infection.

"**Relapsing-remitting MS**" refers to a disease course characterized by clearly defined attacks of new or increasing neurologic symptoms followed by periods of partial or complete recovery.

"**Secondary progressive MS**" is a disease course following relapsing-remitting MS that is characterized by a progressive worsening of neurologic function over time with or without relapses.

Medical Necessity Criteria for Initial Authorization

The Plan considers **Ocrelizumab (Ocrevus, Ocrevus Zunovo)** medically necessary when recent (within the last 3 months) clinical chart documentation provided indicates the member meets **ALL** of the following:

1. Prescribed by or in consultation with a neurologist or physician who specializes in the treatment of multiple sclerosis; **AND**
2. Is 18 years of age or older; **AND**
3. Patient has **ONE** of the following diagnoses:
 - a. Relapsing form of multiple sclerosis (including relapsing-remitting MS, active secondary progressive MS, or clinically isolated syndrome); **or**
 - b. Primary progressive multiple sclerosis (PPMS); **AND**
4. Meets **ONE** of the following:
 - a. For relapsing forms of MS:
 - i. Documentation of highly active or aggressive disease, as demonstrated by at least **ONE** of the following:
 1. Frequent relapses (≥ 2 in the past year); **or**
 2. At least 1 relapse with incomplete recovery and MRI activity; **or**
 3. Rapidly advancing disability or cognitive impairment; **or**
 4. Disabling relapse with suboptimal response to corticosteroids; **or**
 5. MRI findings showing high disease activity (e.g., new/enlarging T2 lesions, enhancing lesions); **or**
 - ii. Is unable to use, or has tried and failed at least **ONE** of the following:
 1. Dimethyl Fumarate (generic Tecfidera); **and/or**
 2. Fingolimod (generic Gilenya); **or**
 - b. For primary progressive MS:
 - i. Evidence of disability progression independent of relapses over the past year; **and**
 - ii. Expanded Disability Status Scale (EDSS) Score of ≤ 6.5 ; **AND**
5. Has been screened for hepatitis B virus **AND** does not have active infection; **AND**
6. Ocrelizumab (Ocrevus, Ocrevus Zunovo) will be used as monotherapy for multiple sclerosis (i.e., member is not using and will not use other disease-modifying MS therapies while on Ocrelizumab); **AND**
7. Ocrelizumab (Ocrevus, Ocrevus Zunovo) is being prescribed within the manufacturer's published dosing guidelines or falls within dosing guidelines found in a compendia of current literature.
 - o For Ocrevus (IV):

- *Initial doses: 300 mg IV infusion, followed two weeks later by a second 300 mg IV infusion.*
 - i. *Initial authorization: Up to 600 mg in the first 28 days.*
- *Subsequent doses: 600 mg intravenous infusion every 6 months.*
 - i. *Up to 600 mg every 6 months.*
- *For Ocrevus Zunovo (SC):*
 - i. *920 mg/23,000 units administered as a single 23 mL subcutaneous injection in the abdomen every 6 months.*

If the above prior authorization criteria are met, the requested medication will be approved for 12-months.

Medical Necessity Criteria for Reauthorization

Reauthorization for 12-months will be granted if the member has recent (within the last 6-months) clinical documentation showing **BOTH** of the following:

1. The requested medication is prescribed by or in consultation with a neurologist or a physician who specializes in the treatment of multiple sclerosis; **AND**
2. The member has experienced at least **ONE** of the following:
 - a. Improvement in at least one objective measure, such as:
 - i. Reduced disease activity on MRI; **and/or**
 - ii. Improved or stable disability scores; **and/or**
 - iii. Reduced relapse rate; **and/or**
 - iv. Improved fatigue or walking assessments; **AND/OR**
 - b. Stabilization or improvement in at least one MS symptom, such as:
 - i. Motor function; **and/or**
 - ii. Fatigue; **and/or**
 - iii. Vision; **and/or**
 - iv. Bowel/bladder function; **and/or**
 - v. Spasticity; **and/or**
 - vi. Walking/gait; **and/or**
 - vii. Pain/numbness/tingling.

Experimental or Investigational / Not Medically Necessary

Ocrelizumab (Ocrevus, Ocrevus Zunovo) for any other indication or use is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, or unproven. Non-covered indications include, but are not limited to, the following:

1. Combination therapy with other disease-modifying treatments for multiple sclerosis.
2. The treatment of other autoimmune conditions not specified in the FDA-approved indications.
3. Use in members under 18 years of age, as safety and efficacy have not been established in the pediatric population.

Applicable Billing Codes (HCPCS/CPT Codes)

Service(s) name	
CPT/HCPCS Codes considered medically necessary if criteria are met:	
<i>Code</i>	<i>Description</i>
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
C9399	Ocrevus Zunovo (ocrelizumab and hyaluronidase-ocsq) Unclassified drugs or biologicals
J2350	Injection, ocrelizumab, 1 mg
J3590	Ocrevus Zunovo (ocrelizumab and hyaluronidase-ocsq) Unclassified biologics
ICD-10 codes considered medically necessary if criteria are met:	
<i>Code</i>	<i>Description</i>
G35	Multiple sclerosis

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Clinical Guideline Revision / History Information

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